

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|   |  |                                       |
|---|--|---------------------------------------|
| Taxpayer's name<br>GOPIKRISHNA YARLAGADDA |  | Social security number<br>317-73-9525 |
| Spouse's name                             |  | Spouse's social security number       |

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

|          |   |          |         |
|----------|---|----------|---------|
| <b>1</b> | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)                                 | <b>1</b> | 71,862. |
| <b>2</b> | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | <b>2</b> | 9,112.  |
| <b>3</b> | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | <b>3</b> | 9,783.  |
| <b>4</b> | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | <b>4</b> | 671.    |
| <b>5</b> | Amount you owe (Form 1040, line 22; Form 1040NR, line 75)                                       | <b>5</b> |         |

**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.

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 9 | 5 | 2 | 5 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

I authorize \_\_\_\_\_ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

beginning , 2018, and ending , 20

Identifying information section including name (GOIKRISHNA YARLAGADDA), address (10175 PARK MEADOWS DR), and identifying number (317-73-9525).

Filing Status section with checkboxes for Single nonresident alien (checked) and other options.

Table for Dependents with columns for name, identifying number, relationship, and tax credit.

Main income table with rows 8-23 including wages, interest, dividends, and total effectively connected income of 71,862.

Adjusted Gross Income section with rows 24-35, showing adjustments and final AGI of 71,862.

Tax and Credits section with rows 36-39, including itemized deductions and exemptions.

|  |   |   |        |         |
|--|---|---|--------|---------|
| <b>Tax and Credits</b><br><i>(continued)</i> | 40  | Add lines 37 through 39   | 40     | 12,000. |
|  | 41  | <b>Taxable income.</b> Subtract line 40 from line 36. If zero or less, enter -0-  | 41     | 59,862. |
|  | 42  | <b>Tax</b> (see instr.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/> | 42     | 9,112.  |
|  | 43  | <b>Alternative minimum tax</b> (see instructions). Attach Form 6251   | 43     |         |
|  | 44  | Excess advance premium tax credit repayment. Attach Form 8962   | 44     |         |
|  | 45  | Add lines 42, 43, and 44  | 45     | 9,112.  |
|  | 46  | Foreign tax credit. Attach Form 1116 if required  | 46     |         |
|  | 47  | Credit for child and dependent care expenses. Attach Form 2441  | 47     |         |
|  | 48  | Retirement savings contributions credit. Attach Form 8880   | 48     |         |
|  | 49  | Child tax credit and credit for other dependents (see instructions)   | 49     |         |
|  | 50  | Residential energy credit. Attach Form 5695   | 50     |         |
|  | 51  | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>                               | 51     |         |
|  | 52  | Add lines 46 through 51. These are your <b>total credits</b>  | 52     |         |
| 53   | Subtract line 52 from line 45. If zero or less, enter -0- | 53  | 9,112. |         |

|                    |     |  |     |        |
|--------------------|-----|--|-----|--------|
| <b>Other Taxes</b> | 54  | Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15               | 54  |        |
|                    | 55  | Self-employment tax. Attach Schedule SE (Form 1040)  | 55  |        |
|                    | 56  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 56  |        |
|                    | 57  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required                            | 57  |        |
|                    | 58  | Transportation tax (see instructions)  | 58  |        |
|                    | 59a | Household employment taxes from Schedule H (Form 1040)   | 59a |        |
|                    | 59b | b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required                                | 59b |        |
|                    | 60  | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)                | 60  |        |
|                    | 61  | <b>Total tax.</b> Add lines 53 through 60  | 61  | 9,112. |

|                 |  |  |        |        |
|-----------------|--|--|--------|--------|
| <b>Payments</b> | 62   | Federal income tax withheld from:  |        |        |
|                 | a  | Form(s) W-2 and 1099   | 62a    | 9,783. |
|                 | b  | Form(s) 8805   | 62b    |        |
|                 | c  | Form(s) 8288-A   | 62c    |        |
|                 | d  | Form(s) 1042-S   | 62d    |        |
|                 | 63   | 2018 estimated tax payments and amount applied from 2017 return  | 63     |        |
|                 | 64   | Additional child tax credit. Attach Schedule 8812  | 64     |        |
|                 | 65   | Net premium tax credit. Attach Form 8962   | 65     |        |
|                 | 66   | Amount paid with request for extension to file (see instructions)  | 66     |        |
|                 | 67   | Excess social security and tier 1 RRTA tax withheld (see instructions)   | 67     |        |
|                 | 68   | Credit for federal tax on fuels. Attach Form 4136  | 68     |        |
|                 | 69   | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 69     |        |
|                 | 70   | Credit for amount paid with Form 1040-C  | 70     |        |
| 71              | Add lines 62a through 70. These are your <b>total payments</b> | 71   | 9,783. |        |

|   |  |   |     |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|---|--|---|-----|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| <b>Refund</b><br>Direct deposit?<br>See instructions. | 72   | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you <b>overpaid</b>            | 72  | 671. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|   | 73a  | Amount of line 72 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 73a | 671. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|   | b Routing number <table border="1"> <tr><td>1</td><td>0</td><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>7</td></tr> </table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings<br>d Account number <table border="1"> <tr><td>3</td><td>0</td><td>5</td><td>0</td><td>0</td><td>6</td><td>7</td><td>5</td><td>6</td><td>1</td><td>4</td><td>7</td><td></td><td></td><td></td><td></td></tr> </table><br>e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. |   |     |      | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 7 | 3 | 0 | 5 | 0 | 0 | 6 | 7 | 5 | 6 | 1 | 4 | 7 |  |  |  |
| 1   | 0  | 3   | 0   | 0    | 0 | 0 | 1 | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| 3   | 0  | 5   | 0   | 0    | 6 | 7 | 5 | 6 | 1 | 4 | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| 74  | Amount of line 72 you want <b>applied to your 2019 estimated tax</b>   | 74  |     |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |

|                       |    |   |    |  |
|-----------------------|----|---|----|--|
| <b>Amount You Owe</b> | 75 | <b>Amount you owe.</b> Subtract line 71 from line 61. For details on how to pay, see instructions | 75 |  |
|                       | 76 | Estimated tax penalty (see instructions)  | 76 |  |

|                             |  |             |  |
|-----------------------------|--|-------------|--|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b> |             |  |
|                             | Designee's name ▶  | Phone no. ▶ | Personal identification number (PIN) ▶ |

|  |  |      |   |   |  |  |  |  |  |
|--|--|------|---|---|--|--|--|--|--|
| <b>Sign Here</b><br>Keep a copy of this return for your records. | 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. |      |   |   |  |  |  |  |  |
|  | Your signature<br>▶  | Date | Your occupation in the United States<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see instr.)<br><table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |
|  |  |      |   |   |  |  |  |  |  |

|                               |   |                      |      |   |                   |
|-------------------------------|---|----------------------|------|---|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>APPANA RUPA VENKATA SATYA SAI MANIKUMAR | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P02090332 |
|                               | Firm's name ▶ GLOBAL TAXES LLC  | Firm's EIN ▶         |      |   |                   |
|                               | Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041                | Phone no.            |      |   |                   |

**Schedule A—Itemized Deductions** (see instructions)

07

|                                  |          |  |           |           |
|----------------------------------|----------|--|-----------|-----------|
| <b>Taxes You Paid</b>            | <b>1</b> | State and local income taxes   |           |           |
|                                  | <b>a</b> | State and local income taxes . . . . .   | <b>1a</b> |           |
|                                  | <b>b</b> | Enter the smaller of line 1a and \$10,000 (\$5,000 if married) . . . . .   |           | <b>1b</b> |
| <b>Gifts to U.S. Charities</b>   | <b>2</b> | Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .  | <b>2</b>  |           |
|                                  | <b>3</b> | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if the amount of your deduction is over \$500 . . . . .                         | <b>3</b>  |           |
|                                  | <b>4</b> | Carryover from prior year . . . . .  | <b>4</b>  |           |
|                                  | <b>5</b> | Add lines 2 through 4 . . . . .  |           | <b>5</b>  |
|                                  | <b>6</b> | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . |           | <b>6</b>  |
| <b>Other Itemized Deductions</b> | <b>7</b> | Other—from list in instructions. List type and amount ►<br>-----<br>-----<br>-----<br>-----<br>-----<br>-----<br>-----   |           | <b>7</b>  |
|                                  | <b>8</b> | Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040NR, line 37 . . . . .  |           | <b>8</b>  |

**Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business** (see instructions)

| Nature of income   | Enter amount of income under the appropriate rate of tax (see instructions) | Enter amount of income under the appropriate rate of tax (see instructions) |         |         |                     |           |
|--|---|---|---------|---------|---------------------|-----------|
|  |   | (a) 10%   | (b) 15% | (c) 30% | (d) Other (specify) |           |
|  |   |   |         |         | %                   | %         |
| <b>1</b> Dividends and dividend equivalents:   |   |   |         |         |                     |           |
| <b>a</b> Dividends paid by U.S. corporations . . . . .   | <b>1a</b>   |   |         |         |                     |           |
| <b>b</b> Dividends paid by foreign corporations . . . . .  | <b>1b</b>   |   |         |         |                     |           |
| <b>c</b> Dividend equivalent payments received with respect to section 871(m) transactions . . . . .   | <b>1c</b>   |   |         |         |                     |           |
| <b>2</b> Interest:   |   |   |         |         |                     |           |
| <b>a</b> Mortgage . . . . .  | <b>2a</b>   |   |         |         |                     |           |
| <b>b</b> Paid by foreign corporations . . . . .  | <b>2b</b>   |   |         |         |                     |           |
| <b>c</b> Other . . . . .   | <b>2c</b>   |   |         |         |                     |           |
| <b>3</b> Industrial royalties (patents, trademarks, etc.) . . . . .  | <b>3</b>  |   |         |         |                     |           |
| <b>4</b> Motion picture or T.V. copyright royalties . . . . .  | <b>4</b>  |   |         |         |                     |           |
| <b>5</b> Other royalties (copyrights, recording, publishing, etc.) . . . . .   | <b>5</b>  |   |         |         |                     |           |
| <b>6</b> Real property income and natural resources royalties . . . . .  | <b>6</b>  |   |         |         |                     |           |
| <b>7</b> Pensions and annuities . . . . .  | <b>7</b>  |   |         |         |                     |           |
| <b>8</b> Social security benefits . . . . .  | <b>8</b>  |   |         |         |                     |           |
| <b>9</b> Capital gain from line 18 below . . . . .   | <b>9</b>  |   |         |         |                     |           |
| <b>10</b> Gambling—Residents of Canada only. Enter net income in column (c).<br><b>If zero or less, enter -0-.</b>   |   |   |         |         |                     |           |
| <b>a</b> Winnings _____  |   |   |         |         |                     |           |
| <b>b</b> Losses _____  | <b>10c</b>  |   |         |         |                     |           |
| <b>11</b> Gambling winnings—Residents of countries other than Canada.<br><b>Note:</b> Losses not allowed . . . . .   | <b>11</b>   |   |         |         |                     |           |
| <b>12</b> Other (specify) ► _____  | <b>12</b>   |   |         |         |                     |           |
| <b>13</b> Add lines 1a through 12 in columns (a) through (d) . . . . .   | <b>13</b>   |   |         |         |                     |           |
| <b>14</b> <b>Multiply line 13 by rate of tax at top of each column</b> . . . . .   | <b>14</b>   |   |         |         |                     |           |
| <b>15</b> <b>Tax on income not effectively connected with a U.S. trade or business.</b> Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54 . . . . . |   |   |         |         |                     | <b>15</b> |

**Capital Gains and Losses From Sales or Exchanges of Property**

|  | (a) Kind of property and description<br>(if necessary, attach statement of descriptive details not shown below)                   | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) <b>LOSS</b><br>If (e) is more than (d), subtract (d) from (e) | (g) <b>GAIN</b><br>If (d) is more than (e), subtract (e) from (d) |
|--|---|--------------------------------------|----------------------------------|-----------------|-------------------------|---|---|
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).<br><br>Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
|  |   |                                      |                                  |                 |                         |   |   |
| <b>17</b>  | Add columns (f) and (g) of line 16 . . . . .  |                                      |                                  |                 |                         | <b>17</b> (      )  |   |
| <b>18</b>  | <b>Capital gain.</b> Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ► |                                      |                                  |                 |                         |   | <b>18</b>   |

**Schedule OI—Other Information** (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? India
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States?  Yes  No

- D** Were you ever:
1. A U.S. citizen?  Yes  No
  2. A green card holder (lawful permanent resident) of the United States?  Yes  No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  Yes  No  
If you answered "Yes," indicate the date and nature of the change. ▶ \_\_\_\_\_

- G** List all dates you entered and left the United States during 2018. See instructions.  
**Note:** If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H.  Canada  Mexico

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:  
2016 365, 2017 365, and 2018 365.

- I** Did you file a U.S. income tax return for any prior year?  Yes  No  
If "Yes," give the latest year and form number you filed. ▶ 1040NR

- J** Are you filing a return for a trust?  Yes  No  
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person?  Yes  No

- K** Did you receive total compensation of \$250,000 or more during the tax year?  Yes  No  
If "Yes," did you use an alternative method to determine the source of this compensation?  Yes  No

- L** Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|---|---|
|             |                        |   |   |
|             |                        |   |   |
|             |                        |   |   |

**(e) Total.** Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12. ▶ \_\_\_\_\_

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?  Yes  No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination?  Yes  No  
If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶
  2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ▶

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

GOPIKRISHNA YARLAGADDA

Your social security number

317-73-9525

**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

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | HYDERABAD HYDERABAD TELANGANA IN 500072                           |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 7   |  | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   | <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 |
|------------------|--|-------------|---|----------|---|---|
| <b>3</b>         | Rents received . . . . .   | <b>3</b>    |   | 500.     |   |   |
| <b>4</b>         | Royalties received . . . . .   | <b>4</b>    |   |          |   |   |
| <b>Expenses:</b> |  |             |   |          |   |   |
| <b>5</b>         | Advertising . . . . .  | <b>5</b>    |   | 150.     |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .   | <b>6</b>    |   |          |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .   | <b>7</b>    |   |          |   |   |
| <b>8</b>         | Commissions. . . . .   | <b>8</b>    |   |          |   |   |
| <b>9</b>         | Insurance . . . . .  | <b>9</b>    |   |          |   |   |
| <b>10</b>        | Legal and other professional fees . . . . .  | <b>10</b>   |   |          |   |   |
| <b>11</b>        | Management fees . . . . .  | <b>11</b>   |   |          |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)   | <b>12</b>   |   |          |   |   |
| <b>13</b>        | Other interest. . . . .  | <b>13</b>   |   | 1,600.   |   |   |
| <b>14</b>        | Repairs. . . . .   | <b>14</b>   |   |          |   |   |
| <b>15</b>        | Supplies . . . . .   | <b>15</b>   |   |          |   |   |
| <b>16</b>        | Taxes . . . . .  | <b>16</b>   |   |          |   |   |
| <b>17</b>        | Utilities. . . . .   | <b>17</b>   |   |          |   |   |
| <b>18</b>        | Depreciation expense or depletion . . . . .  | <b>18</b>   |   | 1,250.   |   |   |
| <b>19</b>        | Other (list) ▶ . . . . .   | <b>19</b>   |   |          |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .   | <b>20</b>   |   | 3,000.   |   |   |
| <b>21</b>        | 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 . . . . .  | <b>21</b>   |   | -2,500.  |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .   | <b>22</b>   | ( | -2,500.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>  |   | 500.     |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>  |   |          |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>  |   |          |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>  |   | 1,250.   |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b>  |   | 3,000.   |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .  | <b>24</b>   |   |          |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .   | <b>25</b>   | ( | 2,500.)  |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> 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. . . . . | <b>26</b>   |   | -2,500.  |   |   |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: GOPIKRISHNA YARLAGADDA, Sch E HYDERABAD, 317-73-9525

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 rows for lines 1-5 and 6-13. Line 1: 1,000,000. Line 3: 2,500,000. Line 13: 13

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

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

Table with 3 rows for lines 14-16. Line 14: 1,250. Line 16: 16

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

Section A

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

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i

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

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows 20a-d

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 21: 21. Line 22: 1,250. Line 23: 23



IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (GOPIKRISHNA YARLAGADDA) and Social Security Number (317-73-9525)

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

Form with checkboxes for Taxpayer entered PIN and ERO entered Taxpayer's PIN (checked)

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.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN 12345

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.

Taxpayer's PIN (5 numbers) . . . . . 39525

Date . . . . . 02/16/2019

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

Nonresident Alien Information Worksheet

2018

Keep for your records

QuickZoom to Form 1040NR
QuickZoom to Client Status

Part I - Personal Information

Last name: YARLAGADDA, Middle initial:
First name: GOPIKRISHNA, Suffix:
Social security number: 317-73-9525, Occupation: SOFTWARE ENGINEER
Date of birth: 05/26/1991, or age as of 1-1-2019: 27
Work phone: (720) 717-3085, Home phone:
Extension: , E-mail address:
Cell phone: (720) 717-3085, Foreign phone:
Fax number:

Country of which client was a citizen or national during year: INDIA
Check this box if your client is a resident of the Republic of Korea (ROK):

Best contact phone number: Taxpayer work phone (720) 717-3085

Present home address:

US Address:

Address: 10175 PARK MEADOWS DR, Apt no.: 112
City: LONE TREE, State: CO, U.S. ZIP code: 80124

Foreign Address: Check this box to use foreign address:

Address: , Apt no.:
City:
Country code: , Country:
Province/country: , Postal Code:

Address outside the United States to which any refund check should be mailed, if different from the present home address above.

Address:
City: , Province:
Country code: , Postal Code:

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a permanent resident. If same as present home address, write 'Same'.

Address lines for permanent resident.

Part II - Federal Filing Status

Check the box for filing status:

Form with checkboxes for filing status: 2 (Single resident of Canada or Mexico, or a single U.S. national / Other single nonresident alien), 5 (Married resident of Canada or Mexico, or married U.S. national / Married resident of the Republic of Korea / Other married nonresident alien), 6 (Qualifying widow(er) with dependent child).

Check this box if client is eligible for benefits of Article 21(2) of U.S. - India Income Tax Treaty:

Identity Verification Worksheet

2018

See tax help for more information on identity verification

Name(s) Shown on Return
GOPIKRISHNA YARLAGADDA

Social Security Number
317-73-9525

Taxpayer's Driver's License Detail (Spouse not required for 1040NR)

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

Box for Taxpayer

Note: Alabama does not allow this option

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

Box for Taxpayer

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 . . . . . CO
License number . . . . . 17-079-3747
Issue date . . . . . 01/14/2019
Expiration date . . . . . 01/14/2022
Does not expire . . . . .
NY Document number (first 3 chars)\* . . . . .

Spouse:

Issuing state . . . . .
License number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . .
NY Document number (first 3 chars)\* . . . . .

State Identification Card Detail

Taxpayer:

Issuing state . . . . .
Identification number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . .
NY Document number (first 3 chars)\* . . . . .

Spouse:

Issuing state . . . . .
Identification number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . .
NY Document number (first 3 chars)\* . . . . .

\* 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:

- Box for New client
Box for Returning client to same preparer and firm
Box for 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
GOPIKRISHNA YARLAGADDA

Social Security Number
317-73-9525

Payment by Check (Form 1040-V) - Federal Balance Due
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.
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name: GLOBAL TAXES LLC
ERO Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Country:
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: APPANA RUPA VENKATA SATYA SAI MANIKUMAR
Address: 2530 Pebble Creek Ln
City: Cumming, State: GA, ZIP Code: 30041
Country:
Social Security Number or PTIN: P02090332
Employer Identification Number:
Phone Number:
Fax Number:
E-mail Address:

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

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.

Table with 2 columns: State/City \* and checkboxes for selecting amended returns.

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".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: 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. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

Name(s) Shown on Return  
GOPIKRISHNA YARLAGADDA

Social Security Number  
317-73-9525

| Form W-2 Employer        | SP | Wages          | Federal Tax   | State Wages    | State Tax     |
|--------------------------|----|----------------|---------------|----------------|---------------|
| LINKPRO TECHNOLOGIES INC |    | 14,280.        | 1,675.        | 14,820.        | 597.          |
| COGNIZANT TECHNOLOGY     |    | 7,156.         | 763.          | 7,156.         | 286.          |
| TIMESQUAREIT INC         |    | 52,926.        | 7,345.        | 52,926.        | 2,230.        |
|                          |    |                |               |                |               |
|                          |    |                |               |                |               |
|                          |    |                |               |                |               |
|                          |    |                |               |                |               |
|                          |    |                |               |                |               |
|                          |    |                |               |                |               |
| <b>Totals</b>            |    | <b>74,362.</b> | <b>9,783.</b> | <b>74,902.</b> | <b>3,113.</b> |

Form W-2 Summary

| Box No. | Description  | Taxpayer | Spouse | Total   |
|---------|--|----------|--------|---------|
| 1       | Total wages, tips and compensation:                |          |        |         |
|         | Non-statutory & statutory wages not on Sch C . . . | 74,362.  |        | 74,362. |
|         | Statutory wages reported on Schedule C . . . . .   |          |        |         |
|         | Foreign wages included in total wages. . . . .     |          |        |         |
|         | Unreported tips. . . . .                           | 0.       |        | 0.      |
| 2       | Total federal tax withheld . . . . .               | 9,783.   |        | 9,783.  |
| 3 & 7   | Total social security wages/tips . . . . .         | 996.     |        | 996.    |
| 4       | Total social security tax withheld . . . . .       | 62.      |        | 62.     |
| 5       | Total Medicare wages and tips . . . . .            | 996.     |        | 996.    |
| 6       | Total Medicare tax withheld . . . . .              | 14.      |        | 14.     |
| 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 . . . . .                        | 1,097.   |        | 1,097.  |
| b       | Elective deferrals to qualified plans . . . . .    |          |        |         |
| 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 . . . . .            | 1,097.   |        | 1,097.  |
| 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 . . . . .               | 74,902.  |        | 74,902. |
| 17      | Total state tax withheld . . . . .                 | 3,113.   |        | 3,113.  |
| 19      | Total local tax withheld. . . . .                  | 4.       |        | 4.      |

► Keep for your records

GOPIKRISHNA YARLAGADDA

317-73-9525 Page 2

| Form W-2G Payer         | SP | Winnings | Federal Tax | State Tax | Local Tax |  |
|-------------------------|----|----------|-------------|-----------|-----------|--|
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
|                         |    |          |             |           |           |  |
| <b>Totals . . . . .</b> |    |          |             |           |           |  |

**Form W-2G Summary**

| Box No. | Description                          | Taxpayer | Spouse | Total |
|---------|--------------------------------------|----------|--------|-------|
| 1       | Total reportable winnings . . . . .  |          |        |       |
| 4       | Total federal tax withheld . . . . . |          |        |       |
| 15      | Total state tax withheld . . . . .   |          |        |       |
| 17      | Total local tax withheld . . . . .   |          |        |       |



► Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>GOPIKRISHNA YARLAGADDA | Social Security Number<br>317-73-9525 |
|---|---------------------------------------|

Employer EIN . . . . . 46-5624646  
 Employer Name . . . . . LINKPRO TECHNOLOGIES INC  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 4324 NORTH BELT LINE ROAD IRVING, TX 75038 317-73-9525 4324 NORTH BELT L  
 City IRVING State TX ZIP 75038  
 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 . . . . . 14,280 . 2 Federal tax withheld . . . . . 1,675 .  
 3 Social security wages . . . . . \_\_\_\_\_ 4 Social sec tax withheld . . . . . \_\_\_\_\_  
 5 Medicare wages and tips . . . . . \_\_\_\_\_ 6 Medicare tax withheld . . . . . \_\_\_\_\_  
 7 Social security tips . . . . . \_\_\_\_\_ 8 Allocated tips . . . . . \_\_\_\_\_  
 13 b  Retirement plan  
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is:  |
|-------------|---------------|---|
| _____       | _____         | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| CO           | 31338149                  | 14,820 .                       | 597 .                   |
| _____        | _____                     | _____                          | _____                   |
| _____        | _____                     | _____                          | _____                   |
| _____        | _____                     | _____                          | _____                   |

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) . . . ►  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

GOPIKRISHNA YARLAGADDA

317-73-9525 Page 2

Employer Name . . . . . LINKPRO TECHNOLOGIES INC

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. . . . . 317-73-9525
First name M.I. Last name Suff.
GOPIKRISHNA YARLAGADDA
Address City St ZIP code
10175 PARK MEADOWS DR , Apt. 112 LONE TREE CO 80124
Foreign Province/County Foreign Postal Code
Foreign Country

► Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>GOPIKRISHNA YARLAGADDA | Social Security Number<br>317-73-9525 |
|---|---------------------------------------|

Employer EIN . . . . . 13-3924155  
 Employer Name . . . . . COGNIZANT TECHNOLOGY  
 Name (cont.) SOLUTIONS US CORPORAT  
 Street Address or P. O. Box 211 QUALITY CIR STE 150  
 City COLLEGE STATION State TX ZIP 77845  
 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 . . . . . | 7,156. | 2 | Federal tax withheld . . . . .    | 763. |
| 3 | Social security wages . . . . .   | 996.   | 4 | Social sec tax withheld . . . . . | 62.  |
| 5 | Medicare wages and tips . . . . . | 996.   | 6 | Medicare tax withheld . . . . .   | 14.  |
| 7 | Social security tips . . . . .    |        | 8 | Allocated tips . . . . .          |      |

13 b  Retirement plan  
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is:  |
|-------------|---------------|---|
| C           | 1.            | A: Enter amount attributable to RRTA Tier 2 tax . . . . .               |
| DD          | 1,096.        | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| CO           | 02815168                  | 7,156.                         | 286.                    |
|              |                           |                                |                         |
|              |                           |                                |                         |

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 |
|----------------------|--------------------------------|-------------------------|------------------|
| GREENW V             | 7,156.                         | 4.                      | CO               |
|                      |                                |                         |                  |
|                      |                                |                         |                  |

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

|   |                    |
|---|--------------------|
| GOPIKRISHNA YARLAGADDA                            | 317-73-9525 Page 2 |
| <b>Employer Name . . . .</b> COGNIZANT TECHNOLOGY |                    |

**Part I Statutory employees**

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

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

|   |                      |  |
|---|----------------------|--|
| <b>Clergy only:</b>   | <b>D</b><br><b>E</b> |  |
| <b>D</b> Designated housing or parsonage allowance . . . . .  |                      |  |
| <b>E</b> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . |                      |  |
| <b>F</b> <b>If no FICA was withheld</b> , 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   |                      |  |
| <b>Non-Clergy only:</b>   |                      |  |
| <b>G</b> <b>If no FICA was withheld</b> , 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**

|   |   |  |
|---|---|--|
| <b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .   | <b>H1</b><br><b>H2</b><br><b>H3</b><br><b>H4</b><br><b>H5</b> |  |
| <b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .                                      |   |  |
| <b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .  |   |  |
| <b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .                                      |   |  |
| <b>5</b> Tips paid out through a tip-sharing arrangement . . . . .  |   |  |
| <b>6</b> <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. . . . . 317-73-9525

First name M.I. Last name Suff.

GOPIKRISHNA YARLAGADDA

Address City St ZIP code

10175 PARK MEADOWS DR , Apt. 112 LONE TREE CO 80124

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>GOPIKRISHNA YARLAGADDA | Social Security Number<br>317-73-9525 |
|---|---------------------------------------|

Employer EIN . . . . . 81-4225214  
 Employer Name . . . . . TIMESQUAREIT INC  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 11055 CALLAWAY DR  
 City .DULUTH State GA ZIP 30097  
 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 . . . . . | 52,926 . | 2 | Federal tax withheld . . . . .    | 7,345 . |
| 3 | Social security wages . . . . .   | _____    | 4 | Social sec tax withheld . . . . . | _____   |
| 5 | Medicare wages and tips . . . . . | _____    | 6 | Medicare tax withheld . . . . .   | _____   |
| 7 | Social security tips . . . . .    | _____    | 8 | Allocated tips . . . . .          | _____   |

13 b  Retirement plan  
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is:  |
|-------------|---------------|---|
| _____       | _____         | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| CO           | 41754698                  | 52,926 .                       | 2,230 .                 |
| _____        | _____                     | _____                          | _____                   |
| _____        | _____                     | _____                          | _____                   |

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

GOPIKRISHNA YARLAGADDA

317-73-9525 Page 2

Employer Name . . . . . TIMESQUAREIT INC

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. . . . . 317-73-9525
First name M.I. Last name Suff.
GOPIKRISHNA YARLAGADDA
Address City St ZIP code
10175 PARK MEADOWS DR , Apt. 112 LONE TREE CO 80124
Foreign Province/County Foreign Postal Code
Foreign Country

# Tax Payments Worksheet

2018

▶ Keep for your records

Name(s) Shown on Return  
GOPIKRISHNA YARLAGADDA

Social Security Number  
317-73-9525

**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                                   |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
|                                     |          |        |          |        |    |          |        |    |
| <b>Tot Estimated Payments . . .</b> |          |        |          |        |    |          |        |    |

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

| Taxes Withheld From: |   |    |     | Federal | State  | Local |
|----------------------|---|----|-----|---------|--------|-------|
| 10                   | Forms W-2 . . . . .                                     |    |     | 9,783.  | 3,113. | 4.    |
| 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 . . . . .                                   | St | Loc |         |        |       |
| 18 a                 | Other withholding . . . . .                             | St | Loc |         |        |       |
| 18 b                 | Other withholding . . . . .                             | St | Loc |         |        |       |
| 18 c                 | Other withholding . . . . .                             | St | Loc |         |        |       |
| 18 d                 | Additional Medicare Tax . . . . .                       |    |     |         |        |       |
| 18 e                 | Form 8288-A and Form 8805 . . . . .                     |    |     |         |        |       |
| 19                   | <b>Total Withholding</b> Lines 10 through 18e . . . . . |    |     | 9,783.  | 3,113. | 4.    |
| 20                   | <b>Total Tax Payments for 2018</b> . . . . .            |    |     | 9,783.  | 3,113. | 4.    |

| Prior Year Taxes Paid In 2018<br>(If multiple states or localities, see Tax Help) |  |  | State | ID | Local | ID |
|---|--|--|-------|----|-------|----|
| 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) . . . . . |  |       |    |       |    |

Keep for your records

Name(s) shown on return
GOPIKRISHNA YARLAGADDA

Social Security No.
317-73-9525

General Information:

Property description . . . . . APARTMENT
Property type. . . 7 Self-Rental 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
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?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
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 |
|--|------|----------------|-------|
| <b>3 Enter</b> 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.  |
| <b>4 Enter</b> 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)<br>Total | (b)<br>Enter %<br>if not<br>100.00 | (c)<br>Reported On<br>Schedule E | (d)<br>Vacation<br>Home Loss<br>Limitation | (e)<br>Allocated to<br>Personal<br>use |
|--|--------------|------------------------------------|----------------------------------|--|--|
| <b>5</b> Advertising . . . . .                         | 150.         |                                    | 150.                             |  |  |
| <b>6 a</b> Auto . . . . .                              |              |                                    |                                  |  |  |
| <b>b</b> Travel . . . . .                              |              |                                    |                                  |  |  |
| <b>7</b> Cleaning and maint . . . . .                  |              |                                    |                                  |  |  |
| <b>8</b> Commissions . . . . .                         |              |                                    |                                  |  |  |
| <b>9 a</b> Mort insur qualified . . . . .              |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total mort insur qual . . . . .                        |              |                                    |                                  |  |  |
| <b>b</b> Other Insurance . . . . .                     |              |                                    |                                  |  |  |
| <b>10</b> Legal & other prof fees . . . . .            |              |                                    |                                  |  |  |
| <b>11</b> Management fees . . . . .                    |              |                                    |                                  |  |  |
| <b>12 a</b> Mortgage int qualified . . . . .           |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total mort int qualified . . . . .                     |              |                                    |                                  |  |  |
| <b>b</b> Mort int other . . . . .                      |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total mort int other . . . . .                         |              |                                    |                                  |  |  |
| <b>13</b> Other interest . . . . .                     | 1,600.       |                                    | 1,600.                           |  |  |
| <b>14</b> Repairs . . . . .                            |              |                                    |                                  |  |  |
| <b>15</b> Supplies . . . . .                           |              |                                    |                                  |  |  |
| <b>16 a</b> Real estate taxes . . . . .                |              |                                    |                                  |  |  |
| From Form 1098 import . . . . .                        |              |                                    |                                  |  |  |
| Total real estate taxes . . . . .                      |              |                                    |                                  |  |  |
| <b>b</b> Other taxes . . . . .                         |              |                                    |                                  |  |  |
| <b>17</b> Utilities . . . . .                          |              |                                    |                                  |  |  |
| <b>18 a</b> Depreciation . . . . .                     | 1,250.       |                                    | 1,250.                           |  |  |
| <b>b</b> Depletion . . . . .                           |              |                                    |                                  |  |  |
| <b>c</b> Depreciation carryover . . . . .              |              |                                    |                                  |  |  |
| <b>19</b> Other expenses . . . . .                     |              |                                    |                                  |  |  |
| <b>a</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>b</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>c</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>d</b> . . . . .                                     |              |                                    |                                  |  |  |
| <b>e</b> Indirect operating exp . . . . .              |              |                                    |                                  |  |  |
| <b>f</b> Operating exp carryover . . . . .             |              |                                    |                                  |  |  |
| <b>g</b> Vehicle rental . . . . .                      |              |                                    |                                  |  |  |
| <b>h</b> Amortization . . . . .                        |              |                                    |                                  |  |  |
| <b>20</b> Add lines 5 through 19 . . . . .             | 3,000.       |                                    | 3,000.                           |  |  |
| <b>21</b> Income or (loss) . . . . .                   |              |                                    | -2,500.                          |  |  |
| <b>22</b> Deductible rental real estate loss . . . . . |              |                                    | -2,500.                          |  |  |

# Federal Carryover Worksheet

**2018**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name(s) Shown on Return<br>GOPIKRISHNA YARLAGADDA | Social Security Number<br>317-73-9525 |
|---|---------------------------------------|

**2017 State and Local Income Tax Information**

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

**2017 State Extension Information**

| (a)<br>State | (b)<br>Paid With Extension |
|--------------|----------------------------|
|              |                            |
|              |                            |
|              |                            |

**2017 Locality Extension Information**

| (a)<br>Locality | (b)<br>Paid With Extension |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |

**2017 State Estimates Information**

| (a)<br>State | (c)<br>Estimates Paid After 12/31 |
|--------------|-----------------------------------|
|              |                                   |
|              |                                   |
|              |                                   |

**2017 Locality Estimates Information**

| (a)<br>Locality | (c)<br>Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
|                 |                                   |
|                 |                                   |
|                 |                                   |

**2017 State Taxes Due Information**

| (a)<br>State | (e)<br>Paid With Return |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |

**2017 Locality Taxes Due Information**

| (a)<br>Locality | (e)<br>Paid With Return |
|-----------------|-------------------------|
|                 |                         |
|                 |                         |
|                 |                         |

**2017 State Refund Applied Information**

| (a)<br>State | (g)<br>Applied Amount |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |

**2017 Locality Refund Applied Information**

| (a)<br>Locality | (g)<br>Applied Amount |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |

**2017 State Tax Refund Information**

| (a)<br>State | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|--------------|-------------------------------|-----------------------------|
|              |                               |                             |
|              |                               |                             |
|              |                               |                             |

**2017 Locality Tax Refund Information**

| (a)<br>Locality | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|-----------------|-------------------------------|-----------------------------|
|                 |                               |                             |
|                 |                               |                             |
|                 |                               |                             |

| Other Tax and Income Information |  | 2017                     | 2018                     |
|----------------------------------|--|--------------------------|--------------------------|
| 1                                | Filing status . . . . .  |                          | 1 Single                 |
| 2                                | Number of exemptions for blind or over 65 (0 - 4) . . . . .      |                          |                          |
| 3                                | Itemized deductions . . . . .                                    |                          | 3,117.                   |
| 4                                | Check box if required to itemize deductions . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                | Adjusted gross income . . . . .                                  |                          | 71,862.                  |
| 6                                | Tax liability for Form 2210 or Form 2210-F . . . . .             |                          |                          |
| 7                                | Alternative minimum tax . . . . .                                |                          | 0.                       |
| 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 . . . . . |

| Credit Carryovers |  |          |   | 2017        | 2018 |
|-------------------|--|----------|---|-------------|------|
| <b>18</b>         | General business credit . . . . .                          |          |   | <b>18</b>   |      |
| <b>19</b>         | Adoption credit from:                                      | <b>a</b> | 2018 . . . . .                          | <b>19 a</b> |      |
|                   |  | <b>b</b> | 2017 . . . . .                          | <b>b</b>    |      |
|                   |  | <b>c</b> | 2016 . . . . .                          | <b>c</b>    |      |
|                   |  | <b>d</b> | 2015 . . . . .                          | <b>d</b>    |      |
|                   |  | <b>e</b> | 2014 . . . . .                          | <b>e</b>    |      |
|                   |  | <b>f</b> | 2013 . . . . .                          | <b>f</b>    |      |
| <b>20</b>         | Mortgage interest credit from:                             | <b>a</b> | 2018 . . . . .                          | <b>20 a</b> |      |
|                   |  | <b>b</b> | 2017 . . . . .                          | <b>b</b>    |      |
|                   |  | <b>c</b> | 2016 . . . . .                          | <b>c</b>    |      |
|                   |  | <b>d</b> | 2015 . . . . .                          | <b>d</b>    |      |
| <b>21</b>         | Credit for prior year minimum tax . . . . .                |          |   | <b>21</b>   |      |
| <b>22</b>         | District of Columbia first-time homebuyer credit . . . . . |          |   | <b>22</b>   |      |
| <b>23</b>         | Residential energy efficient property credit . . . . .     |          |   | <b>23</b>   |      |
| Other Carryovers  |  |          |   | 2017        | 2018 |
| <b>24</b>         | Section 179 expense deduction disallowed . . . . .         |          |   | <b>24</b>   |      |
| <b>25</b>         | Excess<br>foreign<br>housing<br>deduction:                 | <b>a</b> | Taxpayer (Form 2555, line 46) . . . . . | <b>25 a</b> |      |
|                   |  | <b>b</b> | Taxpayer (Form 2555, line 48) . . . . . | <b>b</b>    |      |
|                   |  | <b>c</b> | Spouse (Form 2555, line 46) . . . . .   | <b>c</b>    |      |
|                   |  | <b>d</b> | Spouse (Form 2555, line 48) . . . . .   | <b>d</b>    |      |

**Charitable Contribution Carryovers**

| <b>26</b> | 2017 Carryover of<br>charitable contributions<br>from: | Other Property |         | Capital Gain |         | Cash    |
|-----------|--|----------------|---------|--------------|---------|---------|
|           |  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% | (e) 60% |
| <b>a</b>  | 2017 . . . . .   |                |         |              |         |         |
| <b>b</b>  | 2016 . . . . .   |                |         |              |         |         |
| <b>c</b>  | 2015 . . . . .   |                |         |              |         |         |
| <b>d</b>  | 2014 . . . . .   |                |         |              |         |         |
| <b>e</b>  | 2013 . . . . .   |                |         |              |         |         |
| <b>27</b> | 2018 Carryover of<br>charitable contributions<br>from: | Other Property |         | Capital Gain |         | Cash    |
|           |  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% | (e) 60% |
| <b>a</b>  | 2018 . . . . .   |                |         |              |         |         |
| <b>b</b>  | 2017 . . . . .   |                |         |              |         |         |
| <b>c</b>  | 2016 . . . . .   |                |         |              |         |         |
| <b>d</b>  | 2015 . . . . .   |                |         |              |         |         |
| <b>e</b>  | 2014 . . . . .   |                |         |              |         |         |





## Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

| <b>Students/Business Apprentices from India Smart Worksheet</b>  |   |
|--|---|
| Use this worksheet if your client is a student or business apprentice from India who is eligible for the benefits of Article 21(2) of the United States – India Income Tax Treaty. |   |
| <b>A</b>   | Standard deduction allowed under United States – India Income Tax Treaty . . . <u>12,000.</u> |
| <b>B</b>   | Net Qualified Disaster Loss . . . . . _____   |
| <b>C</b>   | Standard deduction claimed with Qualified Disaster Loss . . . . . <u>12,000.</u>              |
| <b>Note:</b> If your client is married and the spouse itemizes deductions on a separate return <b>do not</b> enter an amount on line <b>A</b> above.                               |   |

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

| <b>Tax Smart Worksheet</b> |  |
|----------------------------|--|
| <b>A</b>                   | Tax . . . . . <u>9,112.</u>  |
| Check if from:             |  |
| <b>1</b>                   | Tax Table . . . . . <input checked="" type="checkbox"/>  |
| <b>2</b>                   | Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>                        |
| <b>3</b>                   | Schedule D Tax Worksheet . . . . . <input type="checkbox"/>  |
| <b>4</b>                   | Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>                  |
| <b>5</b>                   | Schedule J . . . . . <input type="checkbox"/>  |
| <b>6</b>                   | Form 8615 . . . . . <input type="checkbox"/>   |
| <b>B</b>                   | Additional tax from Form 8814 . . . . . _____  |
| <b>C</b>                   | Additional tax from Form 4972 . . . . . _____  |
| <b>D</b>                   | Tax from additional Form(s) 4972 . . . . . _____   |
| <b>E</b>                   | IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____                            |
| <b>F</b>                   | Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount . . . . . _____                 |
| <b>G</b>                   | <b>Tax.</b> Add lines A through F. Enter the result here and on line <b>42</b> . . . . . <u>9,112.</u> |

SMART WORKSHEET FOR: Nonresident Alien Information Worksheet

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

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)

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



SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

| <b>Qualified Business Income Deduction Info</b> |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|---|---|----------------------|---|--|---|---|--|---|--------------------------------------|---|---|---|---|---|---|---|--|--|---|---|---|---|---|--|---|---|--|
| <b>A</b>  | Is this activity a qualified trade or business? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b><br><i>This rental qualifies as a business under the safe harbor requirements of Notice 2019-07</i> <input type="checkbox"/>   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>B</b>  | Trade or Business Name . . . . . _____  |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>C</b>  | Trade or Business ID Number . . . . . _____   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>D</b>  | Specified Service Trade or Business (SSTB)? . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If No, is income attributable to SSTB? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If income is attributable to SSTB, select QBI worksheet of associated SSTB. . . . . _____<br>Percentage of qualified income attributable to SSTB _____ %   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>E</b>  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Tentative Schedule E profit (loss) from this business . . . . .</td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td>Reductions to qualified business income</td> <td></td> </tr> <tr> <td>3</td> <td>Schedule E qualified business income</td> <td></td> </tr> <tr> <td>4</td> <td>Allowable Schedule E profit (loss) after passive/at-risk limits</td> <td></td> </tr> <tr> <td>4</td> <td>Portion of Schedule E profit (loss) attributable to co-owned SSTB</td> <td></td> </tr> <tr> <td>5</td> <td>Allowable Schedule E profit (loss) allocated to SSTB</td> <td></td> </tr> <tr> <td>6</td> <td>Allowable Schedule E profit (loss) from this business</td> <td></td> </tr> </table>   | 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 |   |   |  |   |   |  |
| 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   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>F</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">Ordinary G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Ordinary gain (loss) from business assets . . . . .</td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td>Ordinary gain (loss) not part of QBI. . . . .</td> <td></td> </tr> <tr> <td>3</td> <td>Qualified ordinary gain (loss) . . . . .</td> <td></td> </tr> <tr> <td>4</td> <td>Allowable ordinary qualified gain (loss) after passive/at-risk limits . . . . .</td> <td></td> </tr> <tr> <td>5</td> <td>Allowable ordinary gain (loss) allocated to SSTB . . . . .</td> <td></td> </tr> <tr> <td>6</td> <td>Allowable ordinary gain (loss)/recapture from this business . . . . .</td> <td></td> </tr> </table>   | Description of Asset | Ordinary G/L  |  |   |   |  |   |                                      | 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 . . . . . |  |
| Description of Asset                            | Ordinary G/L  |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|   |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|   |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|   |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| 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 . . . . .   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>G</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Description of Asset</th> <th style="width: 20%;">1231 G/L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Section 1231 gain (loss) from business assets . . . . .</td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td>Section 1231 gain (loss) not related to qualified business income . . . . .</td> <td></td> </tr> <tr> <td>3</td> <td>Section 1231 gain (loss) from qualified business . . . . .</td> <td></td> </tr> <tr> <td>4</td> <td>Allowable ordinary 1231 qualified gain (loss) after passive/at-risk limits. . . . .</td> <td></td> </tr> <tr> <td>5</td> <td>Allowable ordinary 1231 gain (loss) allocated to SSTB . . . . .</td> <td></td> </tr> <tr> <td>6</td> <td>Allowable ordinary 1231 gain (loss) from this business . . . . .</td> <td></td> </tr> </table> | Description of Asset | 1231 G/L  |  |   |   |  |   |                                      | 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 . . . . .      |  |
| Description of Asset                            | 1231 G/L  |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|   |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|   |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
|   |   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| 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 . . . . .  |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| <b>H</b>  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Allowable QBI (E6 plus F6 plus G6) . . . . .</td> <td style="width: 10%;"></td> </tr> <tr> <td>2</td> <td>Qualified business income allocated to SSTB (E5 plus F5 plus G5). . . . .</td> <td></td> </tr> </table>   | 1                    | Allowable QBI (E6 plus F6 plus G6) . . . . .                    |  | 2 | Qualified business income allocated to SSTB (E5 plus F5 plus G5). . . . . |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| 1   | Allowable QBI (E6 plus F6 plus G6) . . . . .  |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |
| 2   | Qualified business income allocated to SSTB (E5 plus F5 plus G5). . . . .   |                      |   |  |   |   |  |   |                                      |   |   |   |   |   |   |   |  |  |   |   |   |   |   |  |   |   |  |