

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

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

127-31-9325

Taxpayer name SONNY JOSE & ROSHNI ABRAHAM

Taxpayer address (optional)

11 MARION ROAD

MONTVALE NJ 07645

1. Your federal income tax return for _____ was filed electronically with the _____ Submission Processing Center. The electronic filing services were provided by _____.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/14/2019. The Submission ID assigned to your extension is 5872782019104022i3cz.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

Amended U.S. Individual Income Tax Return

(Rev. January 2019)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2018 2017 2016 2015

Other year. Enter one: calendar year or fiscal year (month and year ended):

Personal information section including name (SONNY JOSE), social security numbers, address (11 MARION ROAD), and phone number ((747) 228-6949).

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date.



- Single, Married filing jointly (checked), Married filing separately, Qualifying widow(er), Head of household.

Main table with columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows include Income and Deductions (Adjusted gross income, itemized deductions), Tax Liability (Tax, credits), Payments (Federal income tax withheld, EIC), and Refund or Amount You Owe (Overpayment, amount owed).

Complete and sign this form on page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 return).


 For 2018 amended returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
Note: See the Form 1040 or, for amended returns for years before 2018, the Form 1040A instructions. See also the Form 1040X instructions.				
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 return, leave line blank	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here 			<input type="checkbox"/>

Dependents (see instructions):				(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents (2018 amended returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.
 Check here if you didn't previously want \$3 to go to the fund, but now do.
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040X.

 Attach any supporting documents and new or changed forms and schedules.
 STATEMENT OF EXPLANATION ATTACHED

Remember to keep a copy of this form for your records.

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

Sign Here

 _____ BUSINESS ANALYST
 Your signature Date Your occupation
 _____ HOME MAKER
 Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

Paid Preparer Use Only

 _____ GLOBAL TAXES LLC
 Preparer's signature Date Firm's name (or yours if self-employed)
APPANA RUPA VENKATA SATYA SAI MANIKUMAR 2530 Pebble Creek Ln Cumming GA 30041
 Print/type preparer's name Firm's address and ZIP code
P02090332 Check if self-employed
 PTIN Phone number EIN

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

Your first name and initial: **SONNY** Last name: **JOSE** Your social security number: **127-31-9325**

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

If joint return, spouse's first name and initial: **ROSHNI** Last name: **ABRAHAM** Spouse's social security number: **136-91-7892**

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

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

Home address (number and street). If you have a P.O. box, see instructions. **11 MARION ROAD** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **MONTVALE NJ 07645** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
RUTH	JACOB	954-95-3169	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BEN	JACOB	954-95-3170	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: _____ Date: _____ Your occupation: **BUSINESS ANALYST**

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

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

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

Paid Preparer Use Only

Preparer's name: **APPANA RUPA VENKATA SATYA SAI MANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	100,318.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	100,318.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	100,318.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	76,318.
11	a Tax (see inst.) <u>8,778.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	8,778.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	1,000.
13	a Child tax credit/credit for other dependents <u>1,000.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	7,778.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	7,778.
16	Total tax. Add lines 13 and 14	16	17,552.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5	18	17,552.
19	Add lines 16 and 17. These are your total payments	19	9,774.
20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a	9,774.
21	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21	
22	Routing number <u>111000025</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	22	
23	Account number <u>488061348116</u>	23	
24	Amount of line 19 you want applied to your 2019 estimated tax	24	
25	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	25	
26	Estimated tax penalty (see instructions)	26	

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR
 SONNY JOSE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

127-31-9325

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	6,900.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,900.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	6,900.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,900.
9	Employer contributions made to your HSAs for 2018	9	542.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	542.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,358.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Paid Preparer's Due Diligence Checklist
 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return SONNY JOSE & ROSHNI ABRAHAM	Taxpayer identification number 127-31-9325
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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

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

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

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

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

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

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

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

Part VI Eligibility Certification

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

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 127-31-9325
- e** Spouse of U.S. citizen/resident alien } SONNY JOSE
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ _____

Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name BEN	Middle name	Last name JACOB
	1b First name	Middle name	Last name
Name at birth if different ▶ _____			

Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 11 MARION ROAD		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. MONTVALE NJ USA 07645		

Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		

Birth information	4 Date of birth (month / day / year) 02 / 12 / 2018	Country of birth INDIA	City and state or province (optional)	5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------	---	---------------------------	---------------------------------------	--

Other information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date L2 N1676700 02/08/2021	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: INDIA No.: S2009590 Exp. date: 04/15/2023 Date of entry into the United States (MM/DD/YYYY): 06/22/2018			
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ _____ First name Middle name Last name			
6g Name of college/university or company (see instructions) _____ City and state Length of stay _____				

Sign Here Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print) SONNY JOSE	
Signature	Date (month / day / year)	Phone Fax
	Name and title (type or print)	

Acceptance Agent's Use ONLY	Name of company	EIN	PTIN
	Office Code		

Do not send this sheet with your return.**Checklist for filing your Connecticut income tax return:**

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2018 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2969
Hartford CT 06104-2969
For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2968
Hartford CT 06104-2968
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1218V011555



Form CT-1040NR/PY - 2018

Connecticut Nonresident and Part-Year Resident Income Tax Return (Rev. 12/18)

Page 1 of 4

Other taxable year, beginning: and ending:

N S Y FJ N FS N HH N QW
127 - 31 - 9325 136 - 91 - 7892

SONNY JOSE N Dec. Y P
ROSHNI ABRAHAM N Dec. N N

11 MARION RD N CT-8379 N CT-2210
N CT-1040CRC

MONTVALE NJ 07645 -

Table with 3 columns: Line number, Description, Amount. Includes lines 1 through 18 for income calculation, ending with a total tax of 2260.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.



Form CT-1040NR/PY, Page 2 of 4

NRPY1218V021555



• 127319325

19. Amount from Line 18

19. • 2260

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

20a.	13	-	3924155	•	49584		1307
20b.	-	-		•	0		0
20c.	-	-		•	0		0
20d.	-	-		•	0		0
20e.	-	-		•	0		0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C. 20. 1307

21. All 2018 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. **Total payments and refundable credits:** Add Lines 20, 21, 22, 22a and 22b. 23. 1307

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want **applied to your 2019 estimated tax** 25. 0

26. CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. 27. 0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type N Ck. N Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 953

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 95

30. If late: Interest entered.

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. **Total amount due:** Add Lines 28 through 31. 32. 1048.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature		Date	Home/cell telephone number
•		•	7472286949
Spouse's signature (if joint return)		Date	Daytime telephone number
•		•	•
Paid preparer's signature		Date	Telephone number
•		•	•
Paid preparer's name		Paid Preparer's PTIN	
APPANA RUPA VENKATA SATYA SAI M		P02090332	
Firm's name, address and ZIP code		FEIN	
GLOBAL TAXES LLC		Self-employed	
• 2530 PEBBLE CREEK LN CUMMING GA 30041 -		N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name Telephone number Personal identification number (PIN)

• • •

NRPY1218V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1218V031555



• 127319325

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of Connecticut teacher's retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding year.	50a.	0
50b. <i>Reserved for future use.</i>	50b.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1218V031555

Form CT-1040NR/PY, Page 4 of 4



NRPY1218V041555



• 127319325



Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	■	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)		62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)		62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)		62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.		62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	■	63a.	0
63b. OT		63b.	0
63c. ES/W		63c.	0
63d. BCR		63d.	0
63e. SNS		63e.	0
63f. MR		63f.	0
63g. CBS	■	63g.	0
63h. MHCIA		63h.	0
63. Total Contributions: Add Lines 63a through 63h.		63.	0

Taxpayer email



NRPY1218V041555



Schedule CT-SI

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

2018

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial SONNY	Last name JOSE	Your Social Security Number 1 2 7 : 3 1 : 9 3 2 5
If joint return, spouse's first name and middle initial ROSHNI	Last name ABRAHAM	Spouse's Social Security Number 1 3 6 : 9 1 : 7 8 9 2

See instructions on Page 28 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶ 1	49,584	
2. Taxable interest	▶ 2		
3. Ordinary dividends	▶ 3		
4. Alimony received	▶ 4		
5. Business income or (loss)	▶ 5		
6. Capital gain or (loss)	▶ 6		
7. Other gains or (losses)	▶ 7		
8. Taxable amounts of IRA, pension and annuities	▶ 8		
9. <i>Reserved for future use</i>	▶ 9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶ 10		
11. Farm income or (loss)	▶ 11		
12. Unemployment compensation	▶ 12		
13. Taxable amount of social security benefits	▶ 13		
14. Other income: See instructions.	▶ 14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶ 15	49,584	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	▶ 16		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	▶ 17		
18. Health savings account deduction	▶ 18	0	
19. Moving expenses for members of the armed forces	▶ 19		
20. Deductible part of self-employment tax	▶ 20		
21. Self-employed SEP, SIMPLE, and qualified plans	▶ 21		
22. Self-employed health insurance deduction	▶ 22		
23. Penalty on early withdrawal of savings	▶ 23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ ▶	▶ 24		
25. IRA deduction	▶ 25		
26. Student loan interest deduction	▶ 26		
27. <i>Reserved for future use</i>	▶ 27		
28. <i>Reserved for future use</i>	▶ 28		
29. Total adjustments: Add Lines 16 through 27.	▶ 29	0	
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶ 30	49,584	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 32.

A. Working days (or other basis) outside Connecticut	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B.	C	
D. Nonworking days (Holidays, weekends, etc.)	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G	

Schedule CT-1040AW

Part-Year Resident Income Allocation

2018

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial SONNY	Last name JOSE	Your Social Security Number 1 2 7 : 3 1 : 9 3 2 5
If joint return, spouse's first name and middle initial ROSHNI	Last name ABRAHAM	Spouse's Social Security Number 1 3 6 : 9 1 : 7 8 9 2

Part 1 – Adjusted Gross Income		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period	Connecticut Nonresident Period	
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>
1. Wages, salaries, tips, etc.....	1	100,318	49,584	50,734	0
2. Taxable interest.....	2				
3. Ordinary dividends.....	3				
4. Alimony received.....	4				
5. Business income or (loss).....	5				
6. Capital gain or (loss).....	6				
7. Other gains or (losses).....	7				
8. Taxable amounts of IRA, pension and annuities.....	8				
9. <i>Reserved for future use</i>	9				
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	10				
11. Farm income or (loss).....	11				
12. Unemployment compensation.....	12				
13. Taxable amount of social security benefits.....	13	0		0	
14. Other income: See instructions.....	14				
15. Add Lines 1 through 14..... ▶	15	100,318 00 ▶	49,584 00 ▶	50,734 00 ▶	0 00

Part 2 – Adjustments to Income		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period	Connecticut Nonresident Period	
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>
16. Educator expenses.....	16				
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17				
18. Health savings account deduction.....	18	0	0	0	0
19. Moving expenses for members of the armed forces.....	19				
20. Deductible part of self-employment tax.....	20				
21. Self-employed SEP, SIMPLE, and qualified plans..	21				
22. Self-employed health insurance deduction.....	22				
23. Penalty on early withdrawal of savings.....	23				
24. Alimony paid.....	24				
25. IRA deduction.....	25				
26. Student loan interest deduction.....	26				
27. <i>Reserved for future use</i>	27				
28. <i>Reserved for future use</i>	28				
29. Total adjustments: Add Lines 16 through 27.....	29	0	0	0	0
30. Subtract Line 29 from Line 15..... ▶	30	100,318 00 ▶	49,584 00 ▶	50,734 00 ▶	0 00

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.
 Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-Year Resident Information

Moved Into Connecticut

- Date **you** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____
- Date **your spouse** moved into Connecticut ____ / ____ / ____ and state of **prior** residence: _____

Moved Out of Connecticut

- Date **you** moved out of Connecticut 06 / 23 / 18 and state of **new** residence: PA _____
- Date **your spouse** moved out of Connecticut 06 / 23 / 18 and state of **new** residence: PA _____

Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? Yes No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No

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

127319325 136917892
JOSE
SONNY Occupation BUSINESS A
ROSHNI Occupation HOME MAKER
ABRAHAM
11 MARION ROAD
MONTVALE NJ 07645
747-228-6949 12270

Y Extension. N Amended Return.
P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 062418 to 123118
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name CAMERON COUNT

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

Table with 2 columns: Line Number and Amount. Rows include 1a (14353), 1b (0), 1c (14353), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (14353), 10 (0), 11 (14353).



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

PA-40 - 2018

Social Security Number

127319325

Name(s) SONNY JOSE & ROSHNI ABRAHAM

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2017 PA Income Tax return.

15 2018 Estimated Installment Payments. REV-459B included.

16 2018 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2019 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		441
13		441
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		441
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

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

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

E-File Opt Out Y

Firm FEIN

Preparer's PTIN

P02090332



PA SCHEDULE W-2S
Wage Statement Summary

1801910025

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

2018

OFFICIAL USE ONLY

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

Name shown first on the PA-40 (if filing jointly) SONNY JOSE	Social Security Number (shown first) 127-31-9325
--	--

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

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

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

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

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

Part A - Federal Forms W-2						SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2	
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17		
T	13-3924155	100,318	100,318	14,353	441		
Total Part A- Add the Pennsylvania columns				14,353	441		

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

TOTAL - Add the totals from Parts A and B	14,353	441
--	---------------	------------

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

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





Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning

IT-203

18

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SONNY		Your last name (for a joint return, enter spouse's name on line below) JOSE		Your date of birth (mmddyyyy) 12281981	Your social security number 127319325
Spouse's first name and middle initial ROSHNI		Spouse's last name ABRAHAM		Spouse's date of birth (mmddyyyy) 09111983	Spouse's social security number 136917892
Mailing address (see instructions, page 14) (number and street or PO box) 11 MARION ROAD				Apartment number	New York State county of residence NR
City, village, or post office MONTVALE		State NJ	ZIP code 07645	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2018

(2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
RUTH	JACOB	DAUGHTER	954953169	11182011
BEN	JACOB	SON	954953170	02122018

If more than 6 dependents, mark an X in the box.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
127319325

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions/annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Rental real estate included in line 11; Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income; Add lines 1 through 11 and 13 through 16; Total federal adjustments to income; Federal adjusted gross income.

New York additions (see page 25)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include items like Interest income on state and local bonds and obligations; Public employee 414(h) retirement contributions; Other; Add lines 19 through 22.

New York subtractions (see page 26)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include items like Taxable refunds, credits, or offsets of state and local income taxes; Pensions of NYS and local governments and the federal government; Taxable amount of social security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 24 through 29; New York adjusted gross income.

32 Enter the amount from line 31, **Federal amount** column 32 100318.00

Standard deduction or itemized deduction (see page 28)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 33-36 include items like Enter your standard deduction or your itemized deduction; Subtract line 33 from line 32; Dependent exemptions; New York taxable income.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37	82268 .00
38 New York State tax on line 37 amount (see page 29)	38	4579 .00
39 New York State household credit (page 29, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	4579 .00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	4579 .00
43 New York State earned income credit (see page 30)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	4579 .00
45 Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text"/> 71051 .00 ÷ Federal amount from line 31 <input type="text"/> 100318 .00 = Round result to 4 decimal places	45	0.7083
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	3243 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	3243 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	3243 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base 52b <input type="text"/> .00			
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0.00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00	57o Veterans' Homes	57o	.00
57b Missing/Exploited Children	57b	.00	57p Love Your Library Fund	57p	.00
57c Breast Cancer Research	57c	.00	57q Lupus Fund	57q	.00
57d Alzheimer's Fund	57d	.00	57r Military Family Fund	57r	.00
57e Olympic Fund (\$2 or \$4)	57e	.00	57s CUNY Fund	57s	.00
57f Prostate Cancer	57f	.00			
57g 9/11 Memorial	57g	.00			
57h Volunteer Firefighting	57h	.00			
57i Teen Health Education	57i	.00			
57j Veterans Remembrance	57j	.00			
57k Homeless Veterans	57k	.00			
57l Mental Illness Anti-Stigma	57l	.00			
57m Women's Cancers Fund	57m	.00			
57n Autism Fund	57n	.00			



57 Total voluntary contributions (add lines 57a through 57s)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	3243 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
127319325

59 Enter amount from line 58 59 3243 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 37 through 39)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 38 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2019 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 39) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 111000025 73c Account number 488061348116

74 Electronic funds withdrawal (see page 39) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's signature, Preparer's printed name APPANA RUPA VENKATA SATY, Firm's name GLOBAL TAXES LLC, Preparer's PTIN or SSN P02090332, Address 2530 PEBBLE CREEK LN CUMMING GA 30041, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation BUSINESS ANALYST, Spouse's signature and occupation HOME MAKER, Date, Daytime phone number (747) 228 6949, E-mail: SONNYTEAMS@GMAIL.COM

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

127319325

Box b Employer identification number (EIN)

133924155

Box c Employer's information

Employer's name			
COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT			
Employer's address (number and street)			
211 QUALITY CIR STE 150			
City	State	ZIP code	Country (if not United States)
COLLEGE STATION	TX	77845	

Box 1 Wages, tips, other compensation

100318.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

42.00

Code

C

Box 12b Amount

542.00

Code

W

Box 12c Amount

7354.00

Code

D D

Box 12d Amount

.00

Code

Box 14a Amount

7.00

Description

PA SUI

Box 14b Amount

26.00

Description

NY SDI

Box 14c Amount

86.00

Description

NY PFL

Box 14d Amount

3869.00

Description

TXREL

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

71051.00

Box 17a NYS income tax withheld

3955.00

Other state information:

Box 15b other state

C T

Box 16b Other state wages, tips, etc.

49584.00

Box 17b Other state income tax withheld

1307.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555





185050013

OR FISCAL YEAR BEGINNING 2018, ENDING

Print Using Blue or Black Ink Only

127319325

Social Security Number

136917892

Spouse's Social Security Number

SONNY

First Name

MI

JOSE

Last Name

ROSHNI

Spouse's First Name

MI

ABRAHAM

Spouse's Last Name

11 MARION ROAD

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

MONTVALE

City or Town

NJ

State

07645

ZIP Code + 4

Maryland County
City, Town or Taxing Area
Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

FILING STATUS See Instruction 1 to determine if you are required to file.

CHECK ONE BOX

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse's SSN

- 4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. PA

If PA resident, enter both County LANSDALE and City, Borough or Township

Were you a resident of another state for the entire year of 2018? If no, attach explanation. Yes No

Are you or your spouse a member of the military? Yes No

Did you file a Maryland income tax return for 2017? Yes No If "Yes," was it a Resident or a Nonresident return?

Dates you resided in Maryland for 2018. If none, enter "NONE": FROM None TO None (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

A. Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 6400

B. 65 or over 65 or over

Blind Blind Enter number checked X \$1,000 B. \$

C. Enter number from line 3 of Dependent Form 502B 2 See Instruction 10 C. \$ 6400

D. Enter Total Exemptions (Add A, B and C.) 4 Total Amount D. \$ 12800

Place your W-2 wage and tax statements and ATTACH HERE with ONE stapler. Do not attach check or money order to Form 505. Attach check or money order to Form PV.



185050113

Name SONNY JOSE & ROSHNI ABRAHAM SSN 127319325

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

	(1) FEDERAL INCOME (LOSS)	(2) MARYLAND INCOME (LOSS)	(3) NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc	100318	0	100318
2. Taxable interest income			
3. Dividend income			
4. Taxable refunds, credits or offsets of state and local income taxes			
5. Alimony received			
6. Business income or (loss)			
7. Capital gain or (loss)			
8. Other gains or (losses) (from federal Form 4797)			
9. Taxable amount of pensions, IRA distributions, and annuities.			
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.)			
11. Farm income or (loss)			
12. Unemployment compensation (insurance)			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits			
14. Other income (including lottery or other gambling winnings)			
15. Total income (Add lines 1 through 14.)	100318	0	100318
16. Total adjustments to income from federal return (IRA, alimony, etc.)	0	0	0
17. Adjusted gross income (Subtract line 16 from line 15.) ▶	100318	0	100318

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments.			
19. Other (Enter code letter(s) from Instruction 12.) ▶			
20. Total additions (Add lines 18 and 19.) ▶			
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)			100318

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶			
23. Other (Enter code letter(s) from Instruction 13.) ▶			
24. Total subtractions (Add lines 22 and 23.) ▶			
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)			100318

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.) <input checked="" type="checkbox"/> ▶ 26a. 4500			
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.) <input type="checkbox"/>			
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.			
c. State and local income taxes (See Instruction 16.) ▶ 26c.			
d. Net itemized deductions (Subtract line 26c from line 26b.) ▶ 26d.			
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e. 1.000000 (from worksheet in Instruction 14.) ▶ 26.			4500
27. Net income (Subtract line 26 from line 25.) ▶ 27.			95818
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 ▶ 28.			12800
29. Enter your AGI factor (from worksheet in Instruction 14) ▶ 29.			1.000000
30. Maryland exemption allowance (Multiply line 28 by line 29.) ▶ 30.			12800
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. ▶ 31.			83018

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.) ▶ 32a.		0
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) ▶ 32b.		0
c. Total Maryland tax (Add lines 32a and 32b.) ▶ 32c.		0
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.		



185050213

Name SONNY JOSE & ROSHNI ABRAHAM SSN 127319325

- 34. Other income tax credits for individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.) 34.
35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) 36.
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. 37. 0
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) 38.
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) 39.
40. Contribution to Maryland Cancer Fund (See Instruction 21.) 40.
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) 41.
42. Total Maryland income tax and contributions (Add lines 37 through 41.) 42. 0
43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) 43. 275
44. 2018 estimated tax payments, amount applied from 2017 return, payments made with an extension request and Form MW506NRS 44.
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) 45.
46. Refundable income tax credits from Part CC, line 6 of Form 502CR (Attach Form 502CR. See Instruction 22.) 46.
47. Total payments and credits (Add lines 43 through 46.) 47. 275
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) 48.
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) 49. 275
50. Amount of overpayment TO BE APPLIED TO 2019 ESTIMATED TAX. 50.
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 REFUND 51. 275
52. Interest charges from Form 502UP or for late filing (See Instruction 23.) Total 52.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form PV. 53.

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box [] and see Instruction 23.

54. For the direct deposit option, complete the following information, clearly and legibly: 54a. Type of account: [X] Checking [] Savings

54b. Routing number (9-digit) 111000025 54c. Account number 488061348116

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 25). Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date Signature of preparer other than taxpayer

Spouse's signature Date 2530 PEBBLE CREEK LN Street address of preparer

7472286949 Daytime telephone no. CUMMING GA 30041 City, State, ZIP Code + 4

Home telephone no. Telephone number of preparer 02090332 Preparer's PTIN (Required by law)

CODE NUMBERS (3 digits per line)

For returns filed without payments, mail your completed return to: Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001
For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to: Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888



18505N013

Print Using
Blue or Black Ink Only

SONNY _____ JOSE _____ 127319325 _____
First Name MI Last Name Social Security Number
ROSHNI _____ ABRAHAM _____ 136917892 _____
Spouse's First Name MI Spouse's Last Name Spouse's Social Security Number

**If you are filing Form 505, use the Form 505NR Instructions appearing on page 2 of this form.
If you are filing Form 515, use the Form 505NR Instructions appearing in Instruction 18 of the Form 515 Instructions.**

PART I - CALCULATION OF TAX WITHOUT ALLOWING CERTAIN MODIFICATIONS

1. Enter Taxable net income from Form 505, line 31 (or Form 515, line 32) 1. 83018 .
2. Enter tax from Tax Table or Computation Worksheet Schedules I or II. Continue to Part II. 2. 3891 .

PART II - CALCULATION OF MARYLAND TAX

3. Enter your federal adjusted gross income from Form 505 (or Form 515), line 17 (Column 1) 3. 100318 .
3a. Earned Income (See instructions.) ▶ 3a. 100318 .
4. Enter your federal adjusted gross income plus additions from Form 505 (or 515) line 21. 4. 100318 .
5. Enter the Taxable Military Income of a Nonresident from line 22 of Form 505. 5. _____ .
6a. Enter your subtractions from line 23 of Form 505 or Form 515 6a. _____ .
6b. Enter non-Maryland income from Form 505 (or 515) not included on lines 5 or 6a of this form (See instructions.) ▶ 6b. 100318 .
7. Add lines 5 through 6b. 7. 100318 .
8. Maryland Adjusted Gross Income. Subtract line 7 from line 4. 8. 0 .

If you are using the standard deduction, recalculate the standard deduction based on the income on line 8 and enter on line 8a . . 8a. 3000 .

9. Maryland Income Factor. Divide line 8 by line 3. The factor cannot exceed 1.000000 and cannot be less than 0. If line 8 is 0 or less, the factor is 0. If line 8 is greater than 0 and line 3 is 0 or less, the factor is 1.000000. 9. .000000 .
10. Deduction amount.
If you are using the standard deduction, multiply the standard deduction on line 8a by line 9 of this form and enter on line 10a . . 10a. 0 .
If you are itemizing your deductions, multiply the deduction on Form 505, line 26d, by line 9 of this form and enter on line 10b. . . 10b. _____ .

Form 515 Users, see Instruction 18 in Form 515 Instructions.

11. Net income (Subtract line 10a or 10b from line 8.) 11. 0 .
12. Exemption amount. Multiply the total exemption amount on Form 505, line 28 (or Form 515, line 29) by line 9. 12. 0 .
13. Maryland Taxable Net Income (Subtract line 12 from line 11.) 13. 0 .
14. Enter the tax amount from line 2 of this form. 14. 3891 .
15. Maryland Nonresident factor: Divide the amount on line 13 on this form by line 1. If more than 1.000000, enter 1.000000. If 0 or less, the factor is 0. 15. .000000 .
16. Maryland Tax. Multiply line 14 by line 15. Enter this amount on Form 505, line 32a (Form 515, line 33) 16. 0 .
17. Special nonresident tax. Multiply line 13 of this form by .0175. Enter this amount on Form 505, line 32b. If line 13 is 0 or less, enter 0. 17. 0 .

FOR FORM 515 FILERS ONLY.

If you are: (1) a nonresident employed in Maryland and (2) you are a resident of a local jurisdiction that imposes a local income or earnings tax on Maryland residents, then you must file a Form 515 to report and pay a tax on your Maryland wages. Form 515 filers pay a local income tax instead of the Special Nonresident Tax.

18. Local Income Tax. Multiply line 13 of this form by the local rate of the Maryland county (or Baltimore City) where you are employed. Enter this amount on Form 515, line 39. If line 13 is 0 or less, enter 0 18. _____ .



18502B013

127319325

Your Social Security Number

136917892

Spouse's Social Security Number

SONNY

Your First Name

MI

JOSE

Your Last Name

ROSHNI

Spouse's First Name

MI

ABRAHAM

Spouse's Last Name



Print Using Blue or Black Ink Only

Summary

- 1. Enter the total number checked below for Regular dependents (4) ... 1. 2
2. Enter the total number checked below for dependents 65 or over (5) ... 2.
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ... 3. 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

Form for Dependent 1: RUTH JACOB, Daughter, Regular checked, 65 or over not checked.

Form for Dependent 2: BEN JACOB, Son, Regular checked, 65 or over not checked.

Form for Dependent 3: Blank fields.

Form for Dependent 4: Blank fields.

Form for Dependent 5: Blank fields.

Form for Dependent 6: Blank fields.