

**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) ▶ 587278201905801u0yx6

|                                       |  |
|---------------------------------------|--|
| Taxpayer's name<br>GOPAL REDDY GUDURI | Social security number<br>738-09-2851          |
| Spouse's name<br>RAJITHA RANI GURRAM  | Spouse's social security number<br>958-94-4820 |

**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> | 87,207. |
| <b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)  | <b>2</b> | 6,206.  |
| <b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | <b>3</b> | 5,929.  |
| <b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | <b>4</b> |         |
| <b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)                                       | <b>5</b> | 277.    |

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 2 | 8 | 5 | 1 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

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

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

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | 4 | 8 | 2 | 0 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

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

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

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

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

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

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

Don't enter all zeros

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

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

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

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

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

738-09-2851

Taxpayer name GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

Taxpayer address (optional)

6201 WINDHAVEN PARK APT 1823

PLANO TX 75093

1.  Your federal income tax return for 2018 was filed electronically with the Austin Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 02/27/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201905801u0yx6.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

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

**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://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](http://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.

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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](http://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](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

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

### **Tax Refund Related Financial Products**

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

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

Your first name and initial: **GOPAL REDDY** Last name: **GUDURI** Your social security number: **738-09-2851**

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: **RAJITHA RANI** Last name: **GURRAM** Spouse's social security number: **958-94-4820**

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: **6201 WINDHAVEN PARK** Apt. no.: **1823** 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: **Plano TX 75093** If more than four dependents, see inst. and  here

| Dependents (see instructions): |           | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.): |                                     |
|--------------------------------|-----------|----------------------------|-------------------------|---|-------------------------------------|
| (1) First name                 | Last name |                            |                         | Child tax credit  | Credit for other dependents         |
| PREETHAM REDDY                 | GUDURI    | 958-94-4831                | Son                     | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| PRACHOTAN REDDY                | GUDURI    | 958-94-4846                | 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     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

**Paid Preparer Use Only**

|  |                      |           |            |   |
|--|----------------------|-----------|------------|---|
| Preparer's name  | Preparer's signature | PTIN      | Firm's EIN | Check if:                                   |
| APPANA RUPA VENKATA SATYA SAI MANIKUMAR                |                      | P02090332 |            | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC                         |                      | Phone no. |            | <input type="checkbox"/> Self-employed      |
| 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)

|  |            |              |
|--|------------|--------------|
| <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2  | <b>1</b>   | 86,941.      |
| <b>2a</b> Tax-exempt interest  | <b>2a</b>  |              |
| <b>3a</b> Qualified dividends  | <b>3a</b>  |              |
| <b>4a</b> IRAs, pensions, and annuities  | <b>4a</b>  |              |
| <b>5a</b> Social security benefits   | <b>5a</b>  |              |
| <b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22  | <b>6</b>   | 266. 87,207. |
| <b>7</b> 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         | <b>7</b>   | 87,207.      |
| <b>8</b> Standard deduction or itemized deductions (from Schedule A)   | <b>8</b>   | 24,000.      |
| <b>9</b> Qualified business income deduction (see instructions)  | <b>9</b>   |              |
| <b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-   | <b>10</b>  | 63,207.      |
| <b>11</b> a Tax (see inst.) 7,206. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) | <b>11</b>  | 7,206.       |
| <b>b</b> Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>  |            |              |
| <b>12</b> a Child tax credit/credit for other dependents 1,000. b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>                       | <b>12</b>  | 1,000.       |
| <b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-  | <b>13</b>  | 6,206.       |
| <b>14</b> Other taxes. Attach Schedule 4   | <b>14</b>  | 0.           |
| <b>15</b> Total tax. Add lines 13 and 14   | <b>15</b>  | 6,206.       |
| <b>16</b> Federal income tax withheld from Forms W-2 and 1099  | <b>16</b>  | 5,929.       |
| <b>17</b> Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863  | <b>17</b>  |              |
| <b>Add</b> any amount from Schedule 5  |            |              |
| <b>18</b> Add lines 16 and 17. These are your total payments   | <b>18</b>  | 5,929.       |
| <b>Refund</b> <b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid  | <b>19</b>  |              |
| <b>20a</b> Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>   | <b>20a</b> |              |
| ▶ <b>b</b> Routing number X X X X X X X X X X ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                |            |              |
| ▶ <b>d</b> Account number X  |            |              |
| <b>21</b> Amount of line 19 you want applied to your 2019 estimated tax ▶ <b>21</b>  | <b>21</b>  |              |
| <b>Amount You Owe</b> <b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ <b>22</b>                           | <b>22</b>  | 277.         |
| <b>23</b> Estimated tax penalty (see instructions) ▶ <b>23</b>   | <b>23</b>  |              |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

Your social security number

738-09-2851

|                          |   |   |   |           |  |
|--------------------------|---|---|---|-----------|--|
| <b>Additional Income</b> | <b>1-9b</b>                               | Reserved . . . . .  | <b>1-9b</b>   |           |  |
|                          | <b>10</b>                                 | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>10</b>   |           |  |
|                          | <b>11</b>                                 | Alimony received . . . . .  | <b>11</b>   |           |  |
|                          | <b>12</b>                                 | Business income or (loss). Attach Schedule C or C-EZ . . . . .  | <b>12</b>   |           |  |
|                          | <b>13</b>                                 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>   | <b>13</b>   | 266.      |  |
|                          | <b>14</b>                                 | Other gains or (losses). Attach Form 4797 . . . . .   | <b>14</b>   |           |  |
|                          | <b>15a</b>                                | Reserved . . . . .  | <b>15b</b>  |           |  |
|                          | <b>16a</b>                                | Reserved . . . . .  | <b>16b</b>  |           |  |
|                          | <b>17</b>                                 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>17</b>   |           |  |
|                          | <b>18</b>                                 | Farm income or (loss). Attach Schedule F . . . . .  | <b>18</b>   |           |  |
|                          | <b>19</b>                                 | Unemployment compensation . . . . .   | <b>19</b>   |           |  |
|                          | <b>20a</b>                                | Reserved . . . . .  | <b>20b</b>  |           |  |
|                          | <b>21</b>                                 | Other income. List type and amount ▶ _____  | <b>21</b>   |           |  |
|                          | <b>22</b>                                 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . . | <b>22</b>   | 266.      |  |
|                          | <b>Adjustments to Income</b>              | <b>23</b>   | Educator expenses . . . . .   | <b>23</b> |  |
|                          |   | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . . | <b>24</b> |  |
|                          |   | <b>25</b>   | Health savings account deduction. Attach Form 8889 . . . . .  | <b>25</b> |  |
|                          |   | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>26</b> |  |
|                          |   | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>27</b> |  |
|                          |   | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>28</b> |  |
|                          |   | <b>29</b>   | Self-employed health insurance deduction . . . . .  | <b>29</b> |  |
|                          |   | <b>30</b>   | Penalty on early withdrawal of savings . . . . .  | <b>30</b> |  |
| <b>31a</b>               |   | Alimony paid <b>b</b> Recipient's SSN ▶ _____   | <b>31a</b>  |           |  |
| <b>32</b>                |   | IRA deduction . . . . .   | <b>32</b>   |           |  |
| <b>33</b>                | Student loan interest deduction . . . . . | <b>33</b>   |   |           |  |
| <b>34</b>                | Reserved . . . . .                        | <b>34</b>   |   |           |  |
| <b>35</b>                | Reserved . . . . .                        | <b>35</b>   |   |           |  |
| <b>36</b>                | Add lines 23 through 35 . . . . .         | <b>36</b>   |   |           |  |

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

Schedule 1 (Form 1040) 2018

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

Your social security number

738-09-2851

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 5,498.                           | 5,267.                          | 35.   | 266.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 266.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .   | <b>16</b> | 266. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul> |           |      |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |      |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶  | <b>18</b> |      |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶  | <b>19</b> |      |
| <b>20</b> | Are lines 18 and 19 <b>both</b> zero or blank?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                                     |           |      |
| <b>21</b> | If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:<br><br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>  | <b>21</b> | ( )  |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.   |           |      |
| <b>22</b> | Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.   |           |      |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: **GOPAL REDDY GUDURI & RAJITHA RANI GURRAM**  
Social security number or taxpayer identification number: **738-09-2851**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | BOX A  | 02/18/18                                | 09/19/18  | 3,388.   | 3,150.   |   |                                | 238.   |
|  | BOX B  | 03/14/18                                | 10/21/18  | 2,110.   | 2,117.   | W   | 35.                            | 28.  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
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|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶ |  |   |   | 5,498.   | 5,267.   |   | 35.                            | 266.   |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

|  |  |
|--|--|
| Taxpayer name(s) shown on return<br><b>GOPAL REDDY GUDURI &amp; RAJITHA RANI GURRAM</b>  | Taxpayer identification number<br><b>738-09-2851</b> |
| Enter preparer's name and PTIN<br><b>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</b> <span style="float:right"><b>P02090332</b></span> |  |

**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/<br>ACTC/ODC                    | AOTC                     | HOH                      |
|---|---|-------------------------------------|--------------------------|--------------------------|
|   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>2</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> |                                     |                          |                          |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• 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.<br>• 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>4</b> 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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |                                     |                          |                          |
| <b>b</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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |                                     |                          |                          |
| <b>5</b> 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) . . . . .<br>List those documents, if any, that you relied on.<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>6</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> |                                     |                          |                          |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>            |                                     |                          |                          |
| <b>8</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>            |                                     |                          |                          |

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

|   | EIC  | CTC/<br>ACTC/ODC | AOTC | HOH |
|---|--|------------------|------|-----|
| <b>9a</b> 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>b</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                                 |                  |      |     |
| <b>c</b> 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<br><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/<br>ACTC/ODC  | AOTC | HOH |
|---|-----|---|------|-----|
| <b>10</b> 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                                 |      |     |
| <b>11</b> 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<br><input type="checkbox"/> N/A            |      |     |
| <b>12</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input 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/<br>ACTC/ODC | AOTC   | HOH |
|---|-----|------------------|--|-----|
| <b>13</b> 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/<br>ACTC/ODC | AOTC | HOH  |
|--|-----|------------------|------|--|
| <b>14</b> 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.**

|   |   |
|---|---|
| <b>15</b> 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 |
|---|---|



ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending \_\_\_\_\_, 20\_\_

PROSERIES

Primary's Legal First Name: GOPAL REDDY, MI: GUDURI, Last Name: GUDURI, Primary's Social Security Number: 738-09-2851. Spouse's Legal First Name: RAJITHA RANI, MI: GURRAM, Last Name: GURRAM, Spouse's Social Security Number: 958-94-4820. Mailing Address: 6201 WINDHAVEN PARK, APT. 1823, City: PLANO, State or Province: TX, Zip: 75093.

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN. NONRESIDENT: (List State of residence) PART YEAR RESIDENT: (Dates Lived in AR) 01/01/2018 07/16/2018

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

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

7A. Yourself 65 or Over 65 Special Blind Deaf Head of Household/Qualifying Widow(er) Spouse 65 or Over 65 Special Blind Deaf

Multiply number of boxes checked 7A 2 X \$26 = 52.00

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Includes dependents PREETHAM REDDY GUDURI and PRACHOTAN REDDY GUDURI.

7B. Multiply number of DEPENDENTS from above 7B 2 X \$26 = 52.00

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) Multiply number of individuals from 7C 7C X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 34) 7D 104.00

Table with 3 columns: (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only, (C) Arkansas Income Only. Rows include Wages, salaries, tips, U.S. Military compensation, Interest income, Dividend income, Alimony and separate maintenance received, Business or professional income, Capital gains/(losses) from stocks, bonds, etc., Other gains or (losses), Non-Qualified IRA distributions and taxable annuities, U.S. Military pension, Your/Spouse Employer pension plan(s)/Qualified IRA(s), Rents, royalties, partnerships, estates, trusts, etc., Farm income, Unemployment, Other income/depreciation differences, TOTAL INCOME, TOTAL ADJUSTMENTS, ADJUSTED GROSS INCOME.

Primary SSN 738-09-2851

| TAX COMPUTATION   | (A) Primary/Joint Income |   | (B) Spouse's Income Status 4 Only              |  |
|---|--------------------------|---|--|--|
|   | Line                     | Amount                                    | Line   | Amount   |
| 26. ADJUSTED GROSS INCOME: (From Line 25, Columns A and B).....   | 26                       | 87,207.00                                 | 26   | 00   |
| 27. Select tax table: (Check the appropriate box)<br><input type="checkbox"/> LOW INCOME Table <input checked="checked" type="checkbox"/> REGULAR Table<br>If you qualify for the Low Income Tax Table, enter zero (0) on Line 27A. If not, then:<br>Enter the larger of your: <ul style="list-style-type: none"> <li><input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3)</li> <li>OR    If your spouse itemizes on a separate return, check here <input type="checkbox"/></li> <li><input checked="checked" type="checkbox"/> Standard Deduction (See Instructions, Line 27).....</li> </ul> |                          |   |  |  |
| 27  |                          | 4,400.00                                  | 27   | 00   |
| 28. NET TAXABLE INCOME: (Subtract Line 27 from Line 26).....  | 28                       | 82,807.00                                 | 28   | 00   |
| 29. TAX: (Enter tax from tax table).....  | 29                       | 4,614.00                                  | 29   | 00   |
| 30. Combined tax: (Add amounts from Line 29, Columns A and B).....  | 30                       |   |  | 4,614.00   |
| 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD).....   | 31                       |   |  | 00   |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required).....   | 32                       |   |  | 00   |
| 33. TOTAL TAX: (Add Lines 30 through 32).....   | 33                       |   |  | 4,614.00   |
| <b>TAX CREDITS</b>  |                          |   |  |  |
| 34. Personal Tax Credit(s): (Enter total from Line 7D).....   | 34                       | 104.00                                    |  |  |
| 35. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441).....   | 35                       | 00  |  |  |
| 36. Other Credits: (Attach AR1000TC).....   | 36                       | 00  |  |  |
| 37. TOTAL CREDITS: (Add Lines 34 through 36).....   | 37                       |   |  | 104.00   |
| 38. NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter 0).....  | 38                       |   |  | 4,510.00   |
| <b>PRORATION</b>  |                          |   |  |  |
| 38A. Enter the amount from Line 25, Column C:.....  | 38A                      | 49,062.00                                 |  |  |
| 38B. Enter the total amount from Line 25, Columns A and B:.....   | 38B                      | 87,207.00                                 |  |  |
| 38C. Divide Line 38A by 38B: (See Instructions).....  | 38C                      |   |  | 0.562592   |
| 38D. APPORTIONED TAX LIABILITY: (Multiply Line 38 by Line 38C).....   | 38D                      |   |  | 2,537.00   |
| <b>PAYMENTS</b>   |                          |   |  |  |
| 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G)...  | 39                       | 2,672.00                                  |  |  |
| 40. Estimated tax paid or credit brought forward from 2017:.....  | 40                       | 00  |  |  |
| 41. Payment made with extension: (See Instructions).....  | 41                       | 00  |  |  |
| 42. AMENDED RETURNS ONLY - Previous payments: (See instructions).....   | 42                       | 00  |  |  |
| 43. Early childhood program: Certification Number: _____<br>(20% of federal credit; Attach federal Form 2441 and Form AR1000EC).....  | 43                       | 00  |  |  |
| 44. TOTAL PAYMENTS: (Add Lines 39 through 43).....  | 44                       |   |  | 2,672.00   |
| 45. AMENDED RETURNS ONLY - Previous refund: (See instructions).....   | 45                       | 00  |  |  |
| 46. Adjusted Total Payments: (Subtract Line 45 from Line 44).....   | 46                       |   |  | 2,672.00   |
| <b>REFUND OR TAX DUE</b>  |                          |   |  |  |
| 47. AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38D, enter difference).....  | 47                       |   |  | 135.00   |
| 48. Amount to be applied to 2019 estimated tax:.....  | 48                       | 00  |  |  |
| 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO).....   | 49                       | 00  |  |  |
| 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47).....  | REFUND 50                |   |  | 135.00   |
| DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/>  |                          |   |  |  |
| Routing Number  |                          | Account Number                            |  | <input type="checkbox"/> Checking or<br><input type="checkbox"/> Savings   |
| 51. AMOUNT DUE: (If Line 46 is less than Line 38D, enter difference; If over \$1,000, continue to 52A).. <b>TAX DUE 51</b>  | 51                       |   |  | 00   |
| 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box <b>52A</b>   | <input type="checkbox"/> | Penalty <b>52B</b>                        | <input type="checkbox"/>                       | 00   |
| 52C. Add Lines 51 and 52B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions..... <b>TOTAL DUE 52C</b>   |                          |   |  | 00   |
| <b>ID</b>   |                          |   |  |  |
| DL# / State ID <u>940127942</u>   | Your state <u>AR</u>     | Issue Date (mm/dd/yyyy) <u>05/04/2018</u> | Expiration Date (mm/dd/yyyy) <u>02/03/2021</u> |  |
| DL# / State ID _____  | Spouse state _____       | Issue Date (mm/dd/yyyy) _____             | Expiration Date (mm/dd/yyyy) _____             |  |
| FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS  |                          |   |  |  |
| PLEASE 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.   |                          |   |  |  |
| Primary's Signature   |                          | Date                                      | Telephone (410) 349-6600                       | May the Arkansas Revenue Agency discuss this return with the preparer of the return?<br><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No |
| Spouse's Signature  |                          | Date                                      | Telephone                                      |  |
| Paid Preparer's Signature   |                          | ID Number/Social Security Number          |  | For Department Use Only  |
| Preparer's Name GLOBAL TAXES LLC  |                          | P02090332                                 |  | A  |
| E-mail  |                          | City/State/Zip CUMMING GA 30041           |  | Telephone  |



**ARKANSAS INDIVIDUAL INCOME TAX  
CAPITAL GAINS**

|   |   |
|---|---|
| Primary's Legal Name<br>G GUDURI & R GURRAM | Primary's Social Security Number<br>738-09-2851 |
|---|---|

**In Arkansas only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.**

**Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars (\$10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.**

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, Schedule 1, Line 13. The amount of capital loss that can be deducted after offsetting capital gains is limited to \$3,000 (\$1,500 per taxpayer for filing Status 4 or 5). See instructions for Line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, if any, in the federal and Arkansas amounts using Lines 2, 5 and 10. \*

\*(Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.)

Full Year Resident Filers - Complete columns (A) and (B) only.

Nonresident or Part Year Resident Filers - Complete columns (A), (B), and (C).

|  | Federal<br>Schedule D | (A)<br>Primary | (B)<br>Spouse | (C)<br>Arkansas Only |
|--|-----------------------|----------------|---------------|----------------------|
| 1. Enter federal long-term capital gain or loss reported on Line 15, federal Schedule D or Form 1040, Schedule 1, Line 13.....1  | 00                    | 00             | 00            | 00                   |
| 2. Enter adjustment, if any, for depreciation differences in federal and state amounts.....2   |                       | 00             | 00            | 00                   |
| 3. Arkansas long-term capital gain or loss, add (or subtract) Line 1 and Line 2.....3  | ●                     | 00 ●           | 00 ●          | 00                   |
| 4. Enter federal net short-term capital loss, if any, reported on Line 7, federal Schedule D .....4  | 00                    | 00             | 00            | 00                   |
| 5. Enter adjustment, if any, for depreciation differences in federal and state amounts.....5   |                       | 00             | 00            | 00                   |
| 6. Arkansas net short-term capital loss, add (or subtract) Line 4 and Line 5.....6   | ●                     | 00 ●           | 00 ●          | 00                   |
| 7a. Arkansas net capital gain or loss (If gain, subtract Line 6 from 3. If loss add Lines 6 and 3.).....7a   | ●                     | 00 ●           | 00 ●          | 00                   |
| 7b. If the amount on Line 7a is over \$10,000,000, only enter \$10,000,000. If less than \$10,000,000, enter the total amount.....7b   |                       | 00             | 00            | 00                   |
| 8. Arkansas taxable amount, if a gain multiply Line 7b by 50 percent (.50), otherwise enter loss.....8   |                       | 00             | 00            | 00                   |
| 9. Enter federal short-term capital gain, if any, reported on Line 7, federal Schedule D.....9   | 266 .00               | 266 .00        | 00            | 0 .00                |
| 10. Enter adjustment, if any, for depreciation differences in federal and state amounts.....10   |                       | 00             | 00            | 00                   |
| 11. Arkansas short-term capital gain, add (or subtract) Line 9 and Line 10.....11  | ●                     | 266 .00 ●      | 00 ●          | 00                   |
| 12. Total taxable Arkansas capital gain or loss, add Lines 8 and 11. <b>(Loss limited to \$3,000, for filing status 1, 2, 3 and 6, \$1,500 per taxpayer if filing status 4 or 5.)</b> Enter here. <b>Filing Status 1,2,3,5 and 6:</b> Add Line 12, Columns A and B and enter on AR1000F/AR1000NR, Line 14. <b>Filing Status 4:</b> Enter Line 12, Column A on AR1000F/AR1000NR, Line 14, Column A. Enter Line 12, Column B on AR1000F/AR1000NR, Line 14, Column B. |                       | 266 .00        | 0 .00         | 0 .00                |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: GOPAL REDDY; Last Name: GUDURI; Primary's Social Security Number: 738-09-2851; Spouse's Legal First Name and Middle Initial: RAJITHA RANI; Last Name: GURRAM; Spouse's Social Security Number: 958-94-4820; Mailing Address: 6201 WINDHAVEN PARK, APT. 1823; Telephone: (410) 349-6600; City: PLANO; State or Province: TX; ZIP: 75093; Check if address is outside U.S. Foreign Country: [ ]

Table with 5 rows and 3 columns: Line, Description, Amount. Row 1: Total Income (Form AR1000F or AR1000NR, Line 23) 87,207.00; Row 2: Net Tax (Form AR1000F or AR1000NR, Line 38) 2,537.00; Row 3: State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39) 2,672.00; Row 4: Refund (Form AR1000F or AR1000NR, Line 47) 135.00; Row 5: Tax Due (Form AR1000F or AR1000NR, Line 51) 00

PART II - DECLARATION OF TAXPAYER

6a. [ ] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account shown on the AR1000F/AR1000NR, line 50.
6b. [X] I do not want direct deposit of my refund or I am not receiving a refund.
6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).
6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

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

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

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

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

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

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

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

Paid Preparer's Use Only Preparer's Signature Date Check if self-employed [ ] P02090332 Preparer's SSN or PTIN APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's name and address FEIN

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

Your first name and initial: **GOPAL REDDY** Last name: **GUDURI** Your social security number: **738-09-2851**

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: **RAJITHA RANI** Last name: **GURRAM** Spouse's social security number: **958-94-4820**

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: **6201 WINDHAVEN PARK** Apt. no.: **1823** 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: **Plano TX 75093** 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         |
| PREETHAM REDDY                 | GUDURI    | 958-94-4831                | Son                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| PRACHOTAN REDDY                | GUDURI    | 958-94-4846                | 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     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

**Paid Preparer Use Only**

|  |                      |           |            |   |
|--|----------------------|-----------|------------|---|
| Preparer's name  | Preparer's signature | PTIN      | Firm's EIN | Check if:                                   |
| APPANA RUPA VENKATA SATYA SAI MANIKUMAR                |                      | P02090332 |            | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC                         |                      | Phone no. |            | <input type="checkbox"/> Self-employed      |
| 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)

|            |  |            |              |
|------------|--|------------|--------------|
| <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2   | <b>1</b>   | 86,941.      |
| <b>2a</b>  | Tax-exempt interest  | <b>2b</b>  |              |
| <b>3a</b>  | Qualified dividends  | <b>3b</b>  |              |
| <b>4a</b>  | IRAs, pensions, and annuities  | <b>4b</b>  |              |
| <b>5a</b>  | Social security benefits   | <b>5b</b>  |              |
| <b>6</b>   | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22   | <b>6</b>   | 266. 87,207. |
| <b>7</b>   | 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        | <b>7</b>   | 87,207.      |
| <b>8</b>   | Standard deduction or itemized deductions (from Schedule A)  | <b>8</b>   | 24,000.      |
| <b>9</b>   | Qualified business income deduction (see instructions)   | <b>9</b>   |              |
| <b>10</b>  | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-   | <b>10</b>  | 63,207.      |
| <b>11</b>  | a Tax (see inst.) 7,206. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) | <b>11</b>  | 7,206.       |
| <b>12</b>  | b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>   | <b>12</b>  | 1,000.       |
| <b>13</b>  | a Child tax credit/credit for other dependents 1,000. b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>                       | <b>13</b>  | 6,206.       |
| <b>14</b>  | Subtract line 12 from line 11. If zero or less, enter -0-  | <b>14</b>  | 0.           |
| <b>15</b>  | Other taxes. Attach Schedule 4   | <b>15</b>  | 6,206.       |
| <b>16</b>  | Total tax. Add lines 13 and 14   | <b>16</b>  | 5,929.       |
| <b>17</b>  | Federal income tax withheld from Forms W-2 and 1099  | <b>17</b>  |              |
| <b>18</b>  | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863  | <b>18</b>  | 5,929.       |
| <b>19</b>  | Add any amount from Schedule 5   | <b>19</b>  |              |
| <b>20a</b> | Add lines 16 and 17. These are your total payments   | <b>20a</b> |              |
| <b>21</b>  | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid  | <b>21</b>  |              |
| <b>22</b>  | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>  | <b>22</b>  | 277.         |
| <b>23</b>  | Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  | <b>23</b>  |              |
| <b>24</b>  | Account number X   | <b>24</b>  |              |
| <b>25</b>  | Amount of line 19 you want applied to your 2019 estimated tax ▶ <b>25</b>  | <b>25</b>  |              |
| <b>26</b>  | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ <b>26</b>   | <b>26</b>  |              |
| <b>27</b>  | Estimated tax penalty (see instructions) ▶ <b>27</b>   | <b>27</b>  |              |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

Your social security number

738-09-2851

|                          |   |   |   |           |  |
|--------------------------|---|---|---|-----------|--|
| <b>Additional Income</b> | <b>1-9b</b>                               | Reserved . . . . .  | <b>1-9b</b>   |           |  |
|                          | <b>10</b>                                 | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>10</b>   |           |  |
|                          | <b>11</b>                                 | Alimony received . . . . .  | <b>11</b>   |           |  |
|                          | <b>12</b>                                 | Business income or (loss). Attach Schedule C or C-EZ . . . . .  | <b>12</b>   |           |  |
|                          | <b>13</b>                                 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>   | <b>13</b>   | 266.      |  |
|                          | <b>14</b>                                 | Other gains or (losses). Attach Form 4797 . . . . .   | <b>14</b>   |           |  |
|                          | <b>15a</b>                                | Reserved . . . . .  | <b>15b</b>  |           |  |
|                          | <b>16a</b>                                | Reserved . . . . .  | <b>16b</b>  |           |  |
|                          | <b>17</b>                                 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>17</b>   |           |  |
|                          | <b>18</b>                                 | Farm income or (loss). Attach Schedule F . . . . .  | <b>18</b>   |           |  |
|                          | <b>19</b>                                 | Unemployment compensation . . . . .   | <b>19</b>   |           |  |
|                          | <b>20a</b>                                | Reserved . . . . .  | <b>20b</b>  |           |  |
|                          | <b>21</b>                                 | Other income. List type and amount ▶ _____  | <b>21</b>   |           |  |
|                          | <b>22</b>                                 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . . | <b>22</b>   | 266.      |  |
|                          | <b>Adjustments to Income</b>              | <b>23</b>   | Educator expenses . . . . .   | <b>23</b> |  |
|                          |   | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . . | <b>24</b> |  |
|                          |   | <b>25</b>   | Health savings account deduction. Attach Form 8889 . . . . .  | <b>25</b> |  |
|                          |   | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>26</b> |  |
|                          |   | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>27</b> |  |
|                          |   | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>28</b> |  |
|                          |   | <b>29</b>   | Self-employed health insurance deduction . . . . .  | <b>29</b> |  |
|                          |   | <b>30</b>   | Penalty on early withdrawal of savings . . . . .  | <b>30</b> |  |
| <b>31a</b>               |   | Alimony paid <b>b</b> Recipient's SSN ▶ _____   | <b>31a</b>  |           |  |
| <b>32</b>                |   | IRA deduction . . . . .   | <b>32</b>   |           |  |
| <b>33</b>                | Student loan interest deduction . . . . . | <b>33</b>   |   |           |  |
| <b>34</b>                | Reserved . . . . .                        | <b>34</b>   |   |           |  |
| <b>35</b>                | Reserved . . . . .                        | <b>35</b>   |   |           |  |
| <b>36</b>                | Add lines 23 through 35 . . . . .         | <b>36</b>   |   |           |  |

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

Schedule 1 (Form 1040) 2018



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

Your social security number

738-09-2851

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 5,498.                           | 5,267.                          | 35.   | 266.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 266.   |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .  |                                  |                                 |  | <b>15</b>   |

**Part III Summary**

|  |               |      |
|--|---------------|------|
| <p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul> | <b>16</b>     | 266. |
| <p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |               |      |
| <p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>  | <b>18</b>     |      |
| <p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>  | <b>19</b>     |      |
| <p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>   |               |      |
| <p><b>21</b> If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> ( ) |      |
| <p><b>22</b> Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>   |               |      |

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

GOPAL REDDY GUDURI & RAJITHA RANI GURRAM

Social security number or taxpayer identification number

738-09-2851

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
|  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | BOX A  | 02/18/18                                | 09/19/18  | 3,388.   | 3,150.   |   |                                | 238.   |
|  | BOX B  | 03/14/18                                | 10/21/18  | 2,110.   | 2,117.   | W   | 35.                            | 28.  |
|  |  |   |   |  |  |   |                                |  |
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|  |  |   |   |  |  |   |                                |  |
|  |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |   | 5,498.   | 5,267.   |   | 35.                            | 266.   |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

|  |  |
|--|--|
| Taxpayer name(s) shown on return<br><b>GOPAL REDDY GUDURI &amp; RAJITHA RANI GURRAM</b>    | Taxpayer identification number<br><b>738-09-2851</b> |
| Enter preparer's name and PTIN<br><b>APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332</b> |  |

**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/<br>ACTC/ODC                    | AOTC                     | HOH                      |
|---|---|-------------------------------------|--------------------------|--------------------------|
|   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>2</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> |                                     |                          |                          |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>4</b> 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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |                                     |                          |                          |
| <b>b</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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |                                     |                          |                          |
| <b>5</b> 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) . . . . .<br>List those documents, if any, that you relied on.<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>6</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                     |                                     |                          |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)   | <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> |                                     |                          |                          |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>            |                                     |                          |                          |
| <b>8</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>            |                                     |                          |                          |

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

|   | EIC  | CTC/<br>ACTC/ODC | AOTC | HOH |
|---|--|------------------|------|-----|
| <b>9a</b> 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>b</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                                 |                  |      |     |
| <b>c</b> 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<br><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/<br>ACTC/ODC  | AOTC | HOH |
|---|-----|---|------|-----|
| <b>10</b> 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                                 |      |     |
| <b>11</b> 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<br><input type="checkbox"/> N/A            |      |     |
| <b>12</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input 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/<br>ACTC/ODC | AOTC   | HOH |
|---|-----|------------------|--|-----|
| <b>13</b> 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/<br>ACTC/ODC | AOTC | HOH  |
|--|-----|------------------|------|--|
| <b>14</b> 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.**

|   |   |
|---|---|
| <b>15</b> 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 |
|---|---|