

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ► 587278201904001agq3c

| | | |
|---|--|---------------------------------------|
| Taxpayer's name KRISHNA SRINIVASA B KESIRAJU | | Social security number 046-17-8853 |
| Spouse's name | | Spouse's social security number |

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

| | | | |
|----------|---|----------|---------|
| 1 | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 79,231. |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 10,729. |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 11,562. |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 833. |
| 5 | Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 7 | 8 | 8 | 5 | 3 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

046-17-8853

Taxpayer name KRISHNA SRINIVASA B KESIRAJU

Taxpayer address (optional)

7SEVENTY7 NORTH VAN BUREN STREET

MILWAUKEE WI 53202

1. Your federal income tax return for 2018 was filed electronically with the Kansas City Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/09/2019 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 587278201904001agq3c.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: KRISHNA SRINIVASA B Last name: KESIRAJU Your social security number: 046-17-8853

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

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

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

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

Home address (number and street). If you have a P.O. box, see instructions. 7SEVENTY7 NORTH VAN BUREN STREET Apt. no. 1607 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. MILWAUKEE WI 53202 If more than four dependents, see inst. and check 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 |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

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

Paid Preparer Use Only

Preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM PTIN: P02082703 Firm's EIN: 30-1017196 Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no. (212) 920-4151

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2

| | | | | |
|-----|---|----|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 79,231. |
| 2a | Tax-exempt interest | 2a | 2b | |
| 3a | Qualified dividends | 3a | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | 4b | |
| 5a | Social security benefits | 5a | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | | 6 | 79,231. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | | 7 | 79,231. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | 10 | 67,231. |
| 11 | a Tax (see inst.) 10,729. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | 11 | 10,729. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | 12 | |
| 13 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | | 13 | 10,729. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | | 15 | 10,729. |
| 16 | Total tax. Add lines 13 and 14 | | 16 | 11,562. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | 17 | |
| 18 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | | 18 | 11,562. |
| 19 | Add any amount from Schedule 5 | | 19 | 833. |
| 20a | Add lines 16 and 17. These are your total payments | | 20a | 833. |
| 21 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | 21 | |
| 22 | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | 22 | |
| 23 | Routing number 011400495 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | 23 | |
| 24 | Account number 388003959582 | | | |
| 25 | Amount of line 19 you want applied to your 2019 estimated tax ▶ | 25 | | |
| 26 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ | 26 | | |
| 27 | Estimated tax penalty (see instructions) ▶ | 27 | | |

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2018, or other tax year beginning _____, 2018 ending _____, 20____.

Check here if this is an amended return Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Your legal last name KESIRAJU, Legal first name KRISHNA SRINIVA, M.I. B, Your social security number 046178853

Home address (number and street). If you have a PO Box, see page 12 7SEVENTY7 NORTH VAN BUREN STREET, Apt. no. 1607, City or post office MILWAUKEE, State WI, Zip code 53202

Filing status [X] Single, Special conditions, County of MILWAUKEE, School district number 2940

Resident status Check the status that applies

You Spouse, [X] Part-year resident of Wisconsin from 10 09 2018 to 12 31 2018



Table with columns: Income, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (79231.00), Taxable interest (.00), Ordinary dividends (.00), etc.



PAPER CLIP check or money order here

1-0501

| Adjustments to Income | | A. Federal column | B. Wisconsin column |
|------------------------------|---|------------------------------|---------------------|
| 17 | Educator expenses (see page 33) | .00 | .00 |
| 18 | Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 33) | .00 | .00 |
| 19 | Health savings account deduction (see page 34) | .00 | .00 |
| 20 | Moving expenses for members of the Armed Forces (see page 34) | .00 | .00 |
| 21 | Deductible part of self-employment tax (see page 34) | .00 | .00 |
| 22 | Self-employed SEP, SIMPLE, and qualified plans (see page 34) | .00 | .00 |
| 23 | Self-employed health insurance deduction (see page 35) | .00 | .00 |
| 24 | Penalty on early withdrawal of savings (see page 36) | .00 | 0.00 |
| 25 | Alimony paid (see page 36) | .00 | .00 |
| 26 | IRA deduction (see page 37) | .00 | .00 |
| 27 | Student loan interest deduction (see page 37) | .00 | .00 |
| 28 | Reserved for future use | Not deductible for Wisconsin | |
| 29 | Other adjustments included on federal Schedule 1 (Form 1040), line 36 (see page 37) (list type and amount) | .00 | .00 |
| 30 | Total adjustments to income. Add lines 17 through 29 | .00 | 0.00 |
| Adjusted Gross Income | | | |
| 31 | Wisconsin income. Subtract line 30, column B from line 16, column B | | 30975.00 |
| 32 | Federal income. Subtract line 30, column A from line 16, column A | 79231.00 | |
| 33 | Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 38) | | .3909 |

| Tax Computation | | | |
|-----------------|--|-----|--------------------------|
| 34 | Fill in the larger of Wisconsin income from line 31, column B or federal income from line 32, column A. But , if Wisconsin income from line 31 is zero or less, fill in 0 (zero) | 34 | 79231.00 |
| 35a | If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 38 | 35a | <input type="checkbox"/> |
| 35b | Aliens (see page 38 to determine if you must check line 35b) | 35b | <input type="checkbox"/> |
| 35c | Find the standard deduction for amount on line 32 using table on page 57 | 35c | 2900.00 |
| 36 | Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero) | 36 | 76331.00 |
| 37 | Exemptions (Caution: see page 39) | | |
| a | Fill in exemptions allowed <u>1</u> x \$700 | 37a | 700.00 |
| b | Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 | 37b | .00 |
| c | Add lines 37a and 37b | 37c | 700.00 |
| 38 | Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero) | 38 | 75631.00 |
| 39 | Tax (see table on page 60) | 39 | 4434.00 |
| 40 | Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR) | 40 | .00 |
| 41 | School property tax credits (part-year and full-year residents only) | | |
| a | Rent paid in 2018—heat included <u>.00</u> } Find credit from table page 42 | 41a | .00 |
| | Rent paid in 2018—heat not included <u>.00</u> } | | |
| b | Property taxes paid on home in 2018 <u>.00</u> } Find credit from table page 43 | 41b | .00 |
| 42 | Add credits on lines 40, 41a, and 41b | 42 | .00 |
| 43 | Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero) | 43 | 4434.00 |
| 44 | Fill in ratio from line 33 | 44 | .3909 |
| 45 | Multiply line 43 by ratio on line 44 | 45 | 1733.00 |



| | |
|---|---|
| Name(s) shown on Form 1NPR KRISHNA SRINIVASA B KESIRAJU | Your social security number 046178853 |
|---|---|

| | | | |
|-----------|--|---|----------------|
| 46 | Fill in amount from line 45 | 46 | 1733.00 |
| 47 | Armed forces member credit. (Full-year Wisconsin residents only) | 47 | .00 |
| 48 | Working families tax credit. (Full-year Wisconsin residents only) | 48 | .00 |
| 49 | Certain nonrefundable credits from line 12 of Schedule CR | 49 | .00 |
| 50 | Add lines 47 through 49 | 50 | .00 |
| 51 | Subtract line 50 from line 46. If line 50 is more than line 46, fill in 0 (zero) | 51 | 1733.00 |
| 52 | Alternative minimum tax. Enclose Schedule MT | 52 | 0.00 |
| 53 | Add lines 51 and 52 | 53 | 1733.00 |
| 54 | Married couple credit. Complete Schedule 2 (page 4, Form 1NPR) | 54 | .00 |
| 55 | Other credits from Schedule CR, line 35. Enclose Schedule CR | 55 | .00 |
| 56 | Net income tax paid to another state. Enclose Schedule OS | 56 | .00 |
| 57 | Add lines 54, 55, and 56 | 57 | .00 |
| 58 | Subtract line 57 from line 53. If line 57 is more than line 53, fill in 0 (zero). This is your net tax | 58 | 1733.00 |
| 59 | Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 46) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/> | 59 | .00 |
| 60 | Donations (decreases refund or increases amount owed) | | |
| | a Endangered resources .00 | e Military family relief .00 | |
| | b Cancer research .00 | f Second Harvest/Feeding Amer. .00 | |
| | c Veterans trust fund .00 | g Red Cross WI Disaster Relief .00 | |
| | d Multiple sclerosis .00 | h Special Olympics Wisconsin .00 | |
| | Total (add lines a through h) . . . → | | 60i .00 |
| 61 | Penalties on IRAs, other retirement plans, MSAs, etc. (see page 48) <input type="checkbox"/> .00 x .33 = | 61 | .00 |
| 62 | Other penalties (see page 48) | 62 | .00 |
| 63 | Add lines 58 through 62 | 63 | 1733.00 |

Payments and Credits

| | | | |
|-----------|--|------------|---------|
| 64 | Wisconsin income tax withheld. Enclose readable withholding statements | 64 | 1856.00 |
| 65 | 2018 Wisconsin estimated tax paid and amount applied from 2017 return | 65 | .00 |
| 66 | Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="checkbox"/> Federal credit <input type="checkbox"/> .00 x <input type="checkbox"/> % = | 66 | .00 |
| 67 | Farmland preservation credit. a. Schedule FC, line 17 | 67a | .00 |
| | b. Schedule FC-A, line 13 | 67b | .00 |
| 68 | Repayment credit | 68 | .00 |
| 69 | Homestead credit. (Full-year Wisconsin residents only) | 69 | .00 |
| 70 | Eligible veterans and surviving spouses property tax credit | 70 | .00 |
| 71 | Refundable credits from Schedule CR, line 41 | 71 | .00 |
| 72 | AMENDED RETURN ONLY – amount previously paid (see page 53) | 72 | .00 |
| 73 | Add lines 64 through 72 | 73 | 1856.00 |
| 74 | AMENDED RETURN ONLY – amount previously refunded (see page 53) | 74 | .00 |
| 75 | Subtract line 74 from line 73 | 75 | 1856.00 |

I-050ai



Refund or Amount You Owe

Table with 4 rows: 76 Amount overpaid 123.00, 77 Refunded to you 123.00, 78 Applied to tax 0.00, 79 Amount you owe .00, 80 Underpayment interest .00

Third Party Designee: Do you want to allow another person to discuss this return... Yes/No, Name, Phone, PIN

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here: Your signature, Spouse's signature, Date

Mail your return to: Wisconsin Department of Revenue (if tax is due) PO Box 268 Madison WI 53790-0001 (if refund or no tax due) PO Box 59 Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table with 9 rows: Medical and dental expenses, Interest paid, Gifts to charity, Casualty losses, Add lines 1 through 4, Wisconsin standard deduction, Subtract line 6 from line 5, Rate of credit is .05 (5%), Multiply line 7 by line 8

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table with 8 rows: Wages, salaries, tips, etc., Net profit or (loss) from self-employment, Combine lines 1 and 2, Add amounts on Form 1NPR, Subtract line 4 from line 3, Compare the amount in columns (A) and (B), Rate of credit is .03 (3%), Multiply line 6 by line 7



Legal Residence (Domicile) Questionnaire

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME (S)KRISHNA SRINIVASA B KESIRAJU SOCIAL SECURITY NUMBER 046178853

Please ✓ one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2018.
- Changed legal residence from Wisconsin during 2018; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2018; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from NH (state or country) on 10-09-2018 (date) during 2018; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2018. Resident of _____ (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2017 or 2018 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? _____
 b. When you moved from Wisconsin, did you intend to move back to Wisconsin? _____ If yes, when? _____
 c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. _____
2. Did you establish a legal residence in another state? _____ If yes, in which state and on what date? _____
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. _____
4. When were you physically present in your new state of legal residence (please list dates)? _____
5. Did your spouse and dependent children (if any) move to your new state of legal residence? _____ If yes, when? _____
6. a. On what date did you begin working in your new state of legal residence? _____
 b. Was your job permanent, temporary, or seasonal? Check one and explain _____
7. In your new state of legal residence, referred to in question 2, did you:
 - a. Register to vote? _____ If yes, when? _____ If no, why not? _____
 - b. Purchase a home? _____ If yes, when? _____ If no, why not? _____
 - c. Obtain a driver's license? _____ If yes, when? _____ If no, why not? _____
 - d. Register an auto or other vehicle? _____ If yes, when? _____ If no, why not? _____
 - e. File resident income tax returns? _____ If yes, what years filed? _____ If no, why not? _____
8. Since changing your legal residence from Wisconsin, have you:
 - a. Performed services for income in Wisconsin? _____ If yes, when? _____
 - b. Purchased/renewed Wisconsin auto license plates? _____ If yes, when? _____
 - c. Renewed a Wisconsin driver's license? _____ If yes, when? _____
 - d. Voted in Wisconsin, in person or by absentee ballot? _____ If yes, when? _____
 - e. Attended or sent your children to Wisconsin schools? _____ If yes, when? _____
 - f. Purchased a Wisconsin resident hunting, fishing, or trapping license? _____ If yes, when? _____
 Type of license? _____ County purchased in? _____
 - g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? _____
 - h. Listed Wisconsin as your state of legal residence for purposes of your will? _____
 - i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? _____ If yes, when? _____
 - j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? _____ If yes, when? _____
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. _____
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? _____ If yes, have you disposed of it? _____ If yes, when? _____ If you still own the Wisconsin home, what use do you make of it and how often? _____
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2018 tax returns, please explain. _____

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

Your first name and initial: KRISHNA SRINIVASA B Last name: KESIRAJU Your social security number: 046-17-8853

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

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

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

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

Home address (number and street). If you have a P.O. box, see instructions. 7SEVENTY7 NORTH VAN BUREN STREET Apt. no. 1607 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. MILWAUKEE WI 53202 If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

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

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

Paid Preparer Use Only

Preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM PTIN: P02082703 Firm's EIN: 30-1017196 Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no. (212) 920-4151

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2

| | | | |
|----------------|---|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 79,231. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 | 79,231. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 79,231. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 67,231. |
| 11 | a Tax (see inst.) 10,729. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 11 | 10,729. |
| 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 12 | 10,729. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 10,729. |
| 14 | Other taxes. Attach Schedule 4 | 14 | 0. |
| 15 | Total tax. Add lines 13 and 14 | 15 | 10,729. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | 11,562. |
| 17 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5 | 17 | |
| 18 | Add lines 16 and 17. These are your total payments | 18 | 11,562. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 19 | 833. |
| 20a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 20a | 833. |
| ▶ b | Routing number 011400495 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| ▶ d | Account number 388003959582 | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | 21 | |
| Amount You Owe | 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 22 | |
| 23 | Estimated tax penalty (see instructions) | 23 | |