

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

Your first name and initial **SMITA** Last name **VADNERE** Your social security number **913-73-8015**

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) **43 MIDCREST CIRCLE** Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check 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? ☐ Your signature **15979** Date **04-09-2019** Your occupation  
 See instructions. Keep a copy for your records. 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.) ☐ ☐ ☐ ☐ ☐ ☐  
 If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐ ☐ ☐ ☐ ☐ ☐

**Paid Preparer Use Only**  
 Preparer's signature **Patricia A Strzepek** PTIN **P00142221** Firm's EIN **27-1314771** Check if: ☒ 3rd Party Designee  
 Preparer's name **Patricia A Strzepek** Phone no. **413-743-4933** ☐ Self-employed  
 Firm's name **Midtown Tax and Bookkeeping Co Inc**  
 Firm's address **44 Spring Street, Adams, MA 01220**

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

Form 1040 (2018) Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	(2,132)
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	(2,132)
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	0
11	a Tax (see inst.) (check if 0 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	11	0
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 & check here	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0
14	Other taxes. Attach Schedule 4	14	
15	Total tax. Add lines 13 and 14	15	0
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) 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	0
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
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	



**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

Your social security number

<b>SMITA VADNERE</b>		<b>913-73-8015</b>	
<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>
<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>
<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>
			<b>0</b>

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

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Schedule 1 (Form 1040) 2018

**SCHEDULE 6**

(Form 1040)

Department of the Treasury  
Internal Revenue Service**Foreign Address and Third Party Designee**

▶ 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. **05A**

Name(s) shown on Form 1040

**SMITA VADNERE**

Your social security number

**913-73-8015****Foreign  
Address**

Foreign country name

**CANADA**

Foreign province/county

**ON**

Foreign postal code

**L6Y0W6****Third Party  
Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?

☐ Yes. Complete below.☐ NoDesignee's  
name ▶Phone  
no. ▶Personal identification number  
(PIN) ▶      

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

Schedule 6 (Form 1040) 2018

EEA



Name(s) shown on return. Do not enter name and social security number if shown on page 1.

SMITA VADNERE

Your social security number

913-73-8015

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** - **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SHREE HOSPITALITY LLC	P	<input type="checkbox"/>	81-4191614	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562
A		2,132	
B			
C			
D			
29a Totals		2,132	
29b Totals		2,132	
30 Add columns (h) and (k) of line 29a			
31 Add columns (g), (i), and (j) of line 29b			
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31	( 2,132 )		

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
34b Totals			
35 Add columns (d) and (f) of line 34a			
36 Add columns (c) and (e) of line 34b			
37 Total estate and trust income or (loss). Combine lines 35 and 36	( )		

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	(2,132)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	



**Schedule A - NOL** (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)			1	(14,132)
2	Nonbusiness capital losses before limitation. Enter as a positive number	2			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3			
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-	4			
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions)	6	12,000		
7	Nonbusiness income other than capital gains (see instructions)	7			
8	Add lines 5 and 7	8			
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			9	12,000
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. <b>But don't enter more than line 5</b>	10			
11	Business capital losses before limitation. Enter as a positive number	11			
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12	13			
14	Subtract line 13 from line 11. If zero or less, enter -0-	14			
15	Add lines 4 and 14	15			
16	Enter the loss, if any, from line 16 of your 2018 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16			
17	Section 1202 exclusion. Enter as a positive number			17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18			
19	Enter the loss, if any, from line 21 of your 2018 Schedule D (Form 1040). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19			
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-	20			
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			21	
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	
23	Domestic production activities deduction from your 2018 return. See instructions			23	
24	NOL deduction for losses from other years. Enter as a positive number			24	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you <b>don't</b> have an NOL			25	(2,132)

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