

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

Your first name and initial **KHUSHI S** Last name **DEVRE** Your social security number **189-80-0454**

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.)

Home address (number and street). **1214 SIMONDS ROAD** Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **WILLIAMSTOWN, MA 01267**

Dependents (see instructions): If more than four dependents, see inst. and check here ☐

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see inst.):           |
|----------------|-----------|----------------------------|-------------------------|---|
|                |           |                            |                         | 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

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

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

Your signature **84211** Date **03-20-2019** Your occupation **STUDENT** 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 signature **Patricia A Strzepek** PTIN **P00142221** Firm's EIN **27-1314771** Check if: ☒ 3rd Party Designee ☐ Self-employed

Preparer's name **Patricia A Strzepek** Phone no. **413-743-4933**

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**

|            |   |            |              |
|------------|---|------------|--------------|
| <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2  | <b>1</b>   | <b>468</b>   |
| <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>   | <b>468</b>   |
| <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>   | <b>468</b>   |
| <b>8</b>   | Standard deduction or itemized deductions (from Schedule A)   | <b>8</b>   | <b>1,050</b> |
| <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>  | <b>0</b>     |
| <b>11</b>  | a Tax (see inst.) <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/> b Add any amount from Schedule 2 and check here | <b>11</b>  | <b>0</b>     |
| <b>12</b>  | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 & check here  | <b>12</b>  | <b>0</b>     |
| <b>13</b>  | Subtract line 12 from line 11. If zero or less, enter -0-   | <b>13</b>  | <b>0</b>     |
| <b>14</b>  | Other taxes. Attach Schedule 4  | <b>14</b>  |              |
| <b>15</b>  | Total tax. Add lines 13 and 14  | <b>15</b>  | <b>0</b>     |
| <b>16</b>  | Federal income tax withheld from Forms W-2 and 1099   | <b>16</b>  | <b>22</b>    |
| <b>17</b>  | Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863  | <b>17</b>  |              |
| <b>18</b>  | Add any amount from Schedule 5  | <b>18</b>  | <b>22</b>    |
| <b>19</b>  | Add lines 16 and 17. These are your total payments  | <b>19</b>  | <b>22</b>    |
| <b>20a</b> | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid   | <b>20a</b> | <b>22</b>    |
| <b>21</b>  | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here  | <b>21</b>  |              |
| <b>22</b>  | Amount of line 19 you want applied to your 2019 estimated tax   | <b>22</b>  |              |
| <b>23</b>  | Estimated tax penalty (see instructions)  | <b>23</b>  |              |

**Standard Deduction for-**  
 • Single or married filing separately, \$12,000  
 • Married filing jointly or Qualifying widow(er), \$24,000  
 • Head of household, \$18,000  
 • If you checked any box under Standard deduction, see instructions.

## Refund

Direct deposit? See instructions.

Amount You Owe **22** Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions



**2018 Form 1**

MA18001011024

**Massachusetts Resident Income Tax Return**

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2018 or other taxable

Year beginning

Ending

KHUSHI

S DEVRE

189-80-0454

1214 SIMONDS ROAD

WILLIAMSTOWN

MA 01267

Fill in if: ☒ Original return ☐ Amended return ☐ Amended return due to federal change**State Election Campaign Fund:**

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

a. Total federal income 468

b. Federal adjusted gross income 468

1. Filing status (select one only):

☒ Single

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

**2. Exemptions**

a. Personal exemptions

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

c. Age 65 or over before 2019 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18

Apt. no.

\$1 You \$1 Spouse TOTAL

You Spouse

You Spouse

☒ You Spouse

Name/address changed since 2017

Fill in if noncustodial parent

Fill in if filing Schedule TDS

2a

4400

X \$1,000 = 2b

X \$700 = 2c

X \$2,200 = 2d

2e

2f

2g

4400

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

03-20-2019 08:12:24



**2018 Form 1, pg. 2**

MA18001021024

Massachusetts Resident Income Tax Return

189-80-0454

|      |   |                |      |
|------|---|----------------|------|
| 3.   | Wages, salaries, tips   | 3              |      |
| 4.   | Taxable pensions and annuities  | 4              |      |
| 5.   | Mass. bank interest: a.   |                |      |
|      | - b. exemption  | = 5            |      |
| 6a.  | Business/profession income/loss   | 6a             |      |
| 6b.  | Farming income/loss   | 6b             |      |
| 7.   | Rental, royalty and REMIC, partnership, S corp., trust income/loss  | 7              |      |
| 8a.  | Unemployment  | 8a             |      |
| 8b.  | Mass. lottery winnings  | 8b             |      |
| 9.   | Other income from Schedule X, line 5  | 9              |      |
| 10.  | <b>TOTAL 5.1% INCOME</b>  | 10             | 468  |
| 11a. | Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement   | 11a            | 36   |
| 11b. | Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement  | 11b            |      |
| 12.  | Child under age 13, or disabled dependent/spouse care expenses  | 12             |      |
| 13.  | Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/18, or disabled dependent(s) |                |      |
|      | Not more than two. a.   |                |      |
| 14.  | Rental deduction. a.  | x \$3,600 = 13 |      |
| 15.  | Other deductions from Schedule Y, line 19   | + 2 = 14       |      |
| 16.  | <b>Total deductions.</b> Add lines 11 through 15  | 15             |      |
| 17.  | <b>5.1% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. <b>Not less than "0"</b>  | 16             | 36   |
| 18.  | Exemption amount  | 17             | 432  |
| 19.  | <b>5.1% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. <b>Not less than "0"</b>  | 18             | 4400 |
| 20.  | <b>INTEREST AND DIVIDEND INCOME</b>   | 19             |      |
| 21.  | <b>TOTAL TAXABLE 5.1% INCOME.</b> Add lines 19 and 20   | 20             |      |
|      |   | 21             | 0    |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





**2018 Form 1, pg. 3**

MA18001031024

Massachusetts Resident Income Tax Return

189-80-0454

|  |            |   |
|--|------------|---|
| 22. TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585                     | 22         | 0 |
| 23. 12% INCOME. Not less than "0." a.  | x .12 = 23 |   |
| 24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS<br>Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 | 24         |   |
| 25. Credit recapture amount (from Credit Recapture Schedule)   | 25         |   |
| 26. Additional tax on installment sale   | 26         |   |
| 27. If you qualify for No Tax Status, fill in and enter "0" on line 28   | X          |   |
| 28. TOTAL INCOME TAX. Add lines 22 through 26  | 28         | 0 |
| 29. Limited Income Credit  | 29         | 0 |
| 30. Income tax due to another state or jurisdiction  | 30         |   |
| 31. Other credits from Credit Manager Schedule   | 31         |   |
| 32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"  | 32         | 0 |
| 33. Voluntary Contributions  |            |   |
| a. Endangered Wildlife Conservation  | 33a        |   |
| b. Organ Transplant Fund   | 33b        |   |
| c. Massachusetts AIDS Fund   | 33c        |   |
| d. Massachusetts U.S. Olympic Fund   | 33d        |   |
| e. Massachusetts Military Family Relief Fund   | 33e        |   |
| f. Homeless Animal Prevention and Care   | 33f        |   |
| Total. Add lines 33a through 33f   | 33         |   |
| 34. Use tax due on Internet, mail order and other out-of-state purchases   | 34         | 0 |
| 35. Health care penalty a. You + b. Spouse - c. Fed. health care penalty   | 35         |   |
| 36. Amended return only. Overpayment from original return  | 36         |   |
| 37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35   | 37         | 0 |

**2018 Form 1, pg. 4**

MA18001041024

Massachusetts Resident Income Tax Return

189-80-0454

|  |  |    |    |
|--|--|----|----|
| 38.  | Massachusetts income tax withheld  | 38 | 22 |
| 39.  | 2017 overpayment applied to your 2018 estimated tax  | 39 |    |
| 40.  | 2018 Massachusetts estimated tax payments  | 40 |    |
| 41.  | Payments made with extension   | 41 |    |
| 42.  | <b>Amended return only.</b> Payments made with original return. Not less than "0"                      | 42 |    |
| 43.  | Earned Income Credit. a. Number of qualifying children 0 b. Amount from U.S. return 0 X .23 = 43       | 43 | 0  |
| Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception |  |    |    |
| 44.  | Senior Circuit Breaker Credit  | 44 |    |
| 45.  | Other Refundable Credits   | 45 |    |
| 46.  | <b>TOTAL.</b> Add lines 38 through 45  | 46 | 22 |
| 47.  | <b>Overpayment.</b> Subtract line 37 from line 46  | 47 | 22 |
| 48.  | Amount of overpayment you want <b>applied to your 2019 estimated tax</b>                               | 48 |    |
| 49.  | <b>Refund.</b> Subtract line 48 from line 47. Mail to Massachusetts DOR, PO Box 7000, Boston, MA 02204 | 49 | 22 |

Direct deposit of refund. Type of account      checking  
RTN #      account #      savings

50. Tax due. Pay online at [www.mass.gov/dor/payonline](http://www.mass.gov/dor/payonline). Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204

|          |         |             |    |
|----------|---------|-------------|----|
| Interest | Penalty | M-2210 amt. | 50 |
|----------|---------|-------------|----|

EX enclose  
Form M-2210

Fill in if the Department of Revenue may discuss this return with the preparer shown here  
I do not want preparer to file my return electronically

Print paid preparer's name  
**PATRICIA A STRZEPEK**

Paid preparer's signature

**X**

(this may delay your refund)

Date      Check if self-employed

03202019

Paid preparer's phone

413-743-4933

Paid preparer's

SSN/PTIN

P00142221

Paid preparer's EIN

27-1314771

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1**



**2018 Schedule INC**  
MA18INC011024

KHUSHI

S DEVRE

189-80-0454

**Form W-2 and 1099 Information**

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 45-4171207           | 22                    | 468                   | 36                      |                       | W2                       |

|        |    |     |    |  |  |
|--------|----|-----|----|--|--|
| TOTALS | 22 | 468 | 36 |  |  |
|--------|----|-----|----|--|--|



Form M-8453  
Individual Income Tax Declaration  
for Electronic Filing

2018  
Massachusetts  
Department of  
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1 - December 31, 2018.

Your first name and initial Last name Your Social Security number  
KHUSHI S DEVRE 189-80-0454  
If a joint return, spouse's first name and initial Last name Spouse's Social Security number

Present street address (and apartment number)

1214 SIMONDS ROAD

City/Town/Post Office

WILLIAMSTOWN

State

MA

Zip

01267

Filing status:

☒ Single

☐ Married filing separately

☐ Married filing jointly

☐ Head of household

Part 1. Tax Return Information for Electronic Filing

|  |   |     |
|--|---|-----|
| 1 Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12)                 | 1 | 468 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)          | 2 |     |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)             | 3 |     |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) | 4 | 22  |
| 5 Refund amount (from Form 1, line 49, or Form 1-NR/PY, line 53)                     | 5 | 22  |
| 6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54)                           | 6 |     |

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2018 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature

Date

Spouse's signature (if joint return, both must sign)

Date

03-20-2019

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN PATRICIA A STRZEPEK

Date

EIN

P00142221

03-20-2019

27-1314771

☐ Check if self-employed

Firm name (or yours, if self-employed) and address

City/Town

State

Zip

MIDTOWN TAX AND BOOKKEEPING CO INC

44 SPRING STREET

ADAMS MA

01220

☒ Check if also paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN

Date

EIN

☐ Check if self-employed

Firm name (or yours, if self-employed) and address

City/Town

State

Zip

03-20-2019 08:12:24