	-	Single Married filing jointly	Mar	ried filing separately	/ L Hea	ad of house	hold Qualifyir	g widow(e	er)			
Your first name and initial				Last name					Your social security number			
SMITA				VADNERE					913-73-8015			
Your standard			ou as a d	ependent Yo	ou were bor	n before Ja	nuary 2, 1954	You	are blind		0010	
If joint return, s	pouse's	s first name and initial		Last name					Spou	se's soci	al secur	ity number
Spouse standard		= ''					before January 2,	1954				are covera
Spouse is bli Home address		Spouse itemizes on a sep	arate retu	irn or you were dual	l-status alie	en			01	exemp	t (see in	nst.)
	čo.							Apt. no.	500000		lection C	Campaign
43 MIDCR		e, state, and ZIP code. If you have	a foreign	address sweet Co	h - 1 1 0				(see ii	ist.)	You	Spous
		ic, state, and zir code. If you have	a foreign	address, attach Sc	nedule 6.				If mor	e than fo	ur depen	ndents,
BRAMPTON Dependents	CID NO	nstructions):				2000 62-10			see in	nst. and c	heck her	e 🕨
(1) First name	(000.11	Last name		(2) Social security	y number	(3) Rela	itionship to you) Check if qu			
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Sign	Under	penalties of perjury, I declare that I hav	e examined	I this return and accom	npanvino sch	edules and e	tatements, and to the h	est of multi-	nowledge =	d bellet "	hou.	
Here	correc	t, and complete. Declaration of prepare	(other tha	n taxpayer) is based or	n all informat	ion of which	preparer has any know	ledge.	lowledge and	bellet, t	ney are t	rue,
Joint retum?	1	Your signature		Date	l vo	r occupation			If the IDO	cont	00 14	ilia Deste
See instructions.	159	979		04-09-20	2000000	r occupation			PIN, ente	rit _	an ident	tity Protection
Keep a copy for your records.	1	Spouse's signature. If a joint return, both	must sign.	D. C.		use's occupa	ition		here (see		st.)	tity Protection
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SCHEDULE 1

(Form 1040)

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040

Additional Income and Adjustments to Income

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 01

SMITA VADN	ERE		913	3-73-8015
Additional	1-9b	Reserved	1-9b	
Income	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	FERENCE STATE
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	(2,132)
	18	Farm income or (loss). Attach Schedule F	18	(2,132)
	19	Unemployment compensation	19	
	20a	Reserved	20b	TO THE REPORT OF THE PARTY
	21	Other income. List type and amount	21	
	22	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	22	(2,132)
Adjustments	23	Educator expenses		(2,132)
to Income	24	Certain business expenses of reservists, performing artists,		
		and fee-basis government officials. Attach Form 2106 24		
	25	Health savings account deduction. Attach Form 8889 25		
	26	Moving expenses for members of the Armed Forces.		
		Attach Form 3903		
	27	Deductible part of self-employment tax. Attach Schedule SE . 27		
	28	Self-employed SEP, SIMPLE, and qualified plans 28		
	29	Self-employed health insurance deduction 29	1	
	30	Penalty on early withdrawal of savings 30		
	31a	Alimony paid b Recipient's SSN ▶ 31a		
	32	IRA deduction		
	33	Student loan interest deduction		
	34	Reserved		
	35	Reserved		
***	36	Add lines 23 through 35	36	0

Schedule 1 (Form 1040) 2018

EEA

SCHEDULE 6

(Form 1040) Department of the Treasury

Foreign Address and Third Party Designee

Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment

Internal Revenue Se	ervice Go to www.ir	s.gov/Form1040 for instructions and the latest informat	ion. Sequence No. 05A
Name(s) shown on Form	m 1040	1	Your social security number
SMITA VADNE	RE		913-73-8015
Foreign	Foreign country name	Foreign postal code	
Address	CANADA	ON	L6Y0W6
Third Party	Do you want to allow another person	n to discuss this return with the IRS (see instructions)?	Yes. Complete below. No
Designee	Designee's	Personal identification number	
Doorginee	name ►	no. ►	(PIN) ▶
For Paperwork R	eduction Act Notice, see your tax re	turn instructions.	Schedule 6 (Form 1040) 2018

Page 2

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

Your social security number

13

Caution:	The IRS compares a	mounts reported on your tax re	oturn with an and I			G	913-73-	8015	
Part II	Income or L	.oss From Partnershi	ps and S Corpor	n on Schedu	ule(s) K-1.				
W. 1825 - 193 - 19	stock, or receive	a loan repayment from an S c	ornoration you must sh	acions - N	lote: If you report a loss, r	eceive	a distribution,	dispose of	
	computation. If ye	ou report a loss from an at-risk	activity for which and	eck the box i	n column (e) on line 28 ar	nd attac	the required	basis	
	line 28 and attack	ou report a loss from an at-risk n Form 6198 (see instructions)	nount is not	at risk, you must check t	ne box	in column (f) o	n	
27 Are	you reporting any lo	ss not allowed in a prior year	/·						
una	llowed loss from a pa	ss not allowed in a prior year	due to the at-risk, exces	s farm loss,	or basis limitations, a pri	or year			
you	answered "Yes," see	assive activity (if that loss was e instructions before completi	ng this postion	8582), or uni	reimbursed partnership e	xpense	s? If		
28	1000		(b) Enter P for		· · · · · · · · · · · · · · · · · · ·		· · Yes	No No	
.00.00		(a) Name	partnership; S	(c) Check if foreign	(d) Employer identification	h	(e) Check if	(f) Check if	
ASHRE	E HOSPITAI	LITY LLC	for S corporation	partnership	number		asis computation is required	any amount is not at risk	
B C			F		81-4191614				
D									
	Passive Inco	ome and Loss		U					
(g)	Passive loss allowed	NOW.		No	onpassive Income and L	oss.			
	Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive from Schedule i		(j) Section 179 expens	е	(k) Nonpas	ssive income	
4		and the second s			deduction from Form 456	2	from Sch	edule K-1	
3				2,132					
				_					
9a Total	s								
b Totals	s								
	columns (h) and (k)	of line 20-		2,132				阿以西沙 丁	
1 Add	columns (g), (i), and	(i) of E 001	********			. 30			
2 Total	partnership and 6	(j) of line 29b	********			. 31	(2,132)	
Part III	Income or Lo	corporation income or (loss	s). Combine lines 30 and	131		. 32	1 ((2,132)	
	modifie of Ed	iss i for Estates and	Irusts				1	2,132)	
3		(a) N	ame			1	(h) F		
		(F) 1.					(b) Employe identification null		
191W E		Passive Income and Loss			Nonpassive In	come :	and Loss		
(c) Pa	assive deduction or loss a attach Form 8582 if require	24/	d) Passive income		(e) Deduction or loss			201	
,,	masi i omi osez ii requin	ed) fr	rom Schedule K-1		from Schedule K-1		(f) Other income from Schedule K-1		
a Totals		Section 1				-			
b Totals									
	olumns (d) and (f) of		· · · · · · · · · · · · · · · · · · ·			35		#*=1.00 d, 2	
	olumns (c) and (e) of				• • • • • • • • • • • •	36	1		
Total o	state and trust inc	ome or (loss). Combine lines	35 and 36				,)	
artiv	income or Los	ss From Real Estate I	Mortgage Investn	nent Con	duits (REMICs) - R	hisa	ual Holdon		
	(a) Name	(b) Employer identification	(e) Excess inclusion i			Colu			
	1 N 2-2002	number	Schedules Q, line 2 (see instructions	2c	d) Taxable income (net loss) from Schedules Q, line 1b		(e) Income fro		
		La Carlo de					Schedules Q, line	3 3b	
Combin	ne columns (d) and ((e) only. Enter the result here	and include in the total	on line 41 he	low				
	outilitial y			STITLE TI DE	10W	39			
Net farr	m rental income or (I	oss) from Form 4835. Also, co	omplete line 42 below		V and the property was the party of		-1-7/2-2		
iotal ir	ncome or (loss). Co	ombine lines 26, 32, 37, 39, and 40. Enter the	result here and as Caballa as			40			
		and norming income. Effet v	OULdrose	1040), line 17, or F	orm 1040NR, line 18	41	(2	(2, 132)	
larming	and fishing income	reported on Form 4835, line	7: Schedule K-1						
(1-01111	1065), box 14, code	B; Schedule K-1 (Form 1120s	S) box 17 code						
AC; and	Schedule K-1 (For	m 1041), box 14, code F (see	instructions)	40		* 7 G			
Recond	ciliation for real esta	ate professionals. If you were	e a real estata	. 42					
professi	ional (see instruction	ns), enter the net income or (le	oss) vou sand						
anywhe	re on Form 1040 or	Form 1040NR from all rental	real estate setting						
in which	VOU materially next		real estate activities	Arze John					

43

in which you materially participated under the passive activity loss rules

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 instuctions)		
2	Notibusiness capital losses before limitation. Enter as a next in the limitation of	1	(14,132
3	Nonbusiness capital gains (without regard to any species 1999		
4	If line 2 is more than line 3, enter the difference Others		
5	If line 3 is more than line 2, enter the difference.		
	Otherwise enter 0		
6	Northwest		
7	Nonbusiness income other than capital gains (see	0	
	instructions)		
8	Add lines 5 and 7		
9	Add lines 5 and 7		
10	If line 6 is more than line 8, enter the difference. Otherwise, enter -0- If line 8 is more than line 6, enter the difference.	9	12,000
100000	Otherwise, enter -0 But don't enter more than		12,000
	line 5		
11	Business capital losses hefers live to 10		
12	Business capital losses before limitation. Enter as a positive number		
13	172 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
14	Subtract line 12 feet line 14 feet		
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		
17	through 21 and enter on line 22 the amount from line 15		
18	Section 1202 exclusion. Enter as a positive number Subtract line 17 from line 16 Known and 17 from line 16 Known and 17 from line 17 from line 18 Known and 17 from line 18 Known and 18 k	17	
19	Subtract line 17 from line 16. If zero or less, enter -0-		
5. 75 11	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		
20	If line 18 is more than line 10.	AT	
21	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-		
22	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-	21	
23	Subtract line 20 from line 15. If zero or less, enter -0-	22	
24	Domestic production activities deduction from your 2018 return. See instructions NOL deduction for losses from all severe and activities deduction from your 2018 return.	23	-
25	NOL Combine lines 1.9.17 and 21 through 0.4 Months as a positive number	24	
	The combine lines 1, 9, 17, and 21 through 24. If the result is less than zero enter it have		
EA	page 1, line 1a. If the result is zero or more, you don't have an NOL	25	(2 120)
			(2,132) rm 1045 (2018)