



YOUR TAX PROFESSIONAL TODAY:

Sukanya Chidambaram
314-432-1040
8635 Olive Blvd
Saint Louis, MO, 63132

WE'RE OPEN YEAR-ROUND:

Call 314-432-1040
Visit hrblock.com/myblock.
Download the MyBlock App.

HOW WE MINIMIZED WHAT YOU OWE:

I helped you claim the Child Tax Credit, reducing your taxes by:	\$2,500.00
I helped you claim the Dependent Care Credit, reducing your taxes by:	\$1,200.00
Since you made contributions to a qualified retirement plan through your employer with pretax dollars, we were able to reduce your taxes by:	\$110.00
In total, we reduced your tax liability by:	\$3,810.00

Because I helped you get all the deductions and credits you are entitled to, you paid 10% of your total income in taxes. This is your Effective Tax Rate for 2018.

YOUR TAX PREPARATION AND RELATED FEES:

Tax Preparation:	\$313.00
Sales Tax:	\$0.00
Coupons and Prior Payments	(\$313.00)
Total:	\$0.00

WHAT YOU CAN EXPECT:

Federal Balance Due :	\$2,994.00
Minnesota State Balance	\$409.00
See below for balance due instructions	

WHAT YOU NEED TO KNOW:

To check the status of your return, visit hrblock.com/myreturnstatus or call 866-761-1040. You'll need your Social Security number and date of birth.

Refund: Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

Balance Due: If you have a Federal balance due and did not make arrangements today to pay the full amount, go to DirectPay at IRS.gov or mail-in a check to pay the remaining balance by April 18. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit IRS.gov to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

Extension: If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 18 to avoid penalties/interest.

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

**H&R BLOCK®**

BLOCK ADVANTAGE

Ravindhar Reddy Konatam
& Shalini Bangalore Subramani

03/18/19

FEDERAL TAX RETURN SUMMARY 2018

Income	Year 2018	Year 2017	Change(\$)
Wages, salaries, tips, etc.:	\$143,291	\$0	\$0
Interest income:	\$0	\$0	\$0
Ordinary dividend income:	\$0	\$0	\$0
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	(\$486)	\$0	\$0
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$142,805	\$0	\$0

Adjustments

Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Total Adjustments:	\$0	\$0	\$0

Adjusted Gross Income (AGI)

This is your total income less total adjustments:	\$142,805	\$0	\$0
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Deductions

Standard Deductions:	\$24,000	\$0	\$0
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$0	\$0	\$0
Interest paid:	\$0	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casualty and theft losses:	\$0	\$0	\$0
Job expenses and most miscellaneous deductions:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Exemptions:	\$0	\$0	\$0

Tax Computation

Taxable Income:	\$118,805	\$0	\$0
Income Tax:	\$18,016	\$0	\$0
Tax Before Credits:	\$18,016	\$0	\$0

Other Taxes

Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
Total Taxes:	\$14,316	\$0	\$0

Credits

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.

**H&R BLOCK®**

BLOCK ADVANTAGE

Ravindhar Reddy Konatam
& Shalini Bangalore Subramani

03/18/19

Child Care Credit:	\$1,200	\$0	\$0
Child Tax Credit:	\$2,500	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$3,700	\$0	\$0

Payments

Federal income tax withheld:	\$11,376	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Other Payments:	\$0	\$0	\$0
Total Payments:	\$11,376	\$0	\$0

Balance Due

Amount Due:	\$2,994	\$0	\$0
Penalty:	\$54	\$0	\$0
Overpayment:	\$0	\$0	\$0
Refund Due:	\$0	\$0	\$0

Other Computations

Marginal tax bracket:	22%
Effective tax Rate:	13%
Filing Status:	MFJ

Married Filing Jointly	Tax Bracket
\$0 - \$19,050	10%
\$19,050 - \$77,400	12%
\$77,400 - \$165,000	22%
\$165,000 - \$315,000	24%
\$315,000 - \$400,000	32%
\$400,000 - \$600,000	35%
\$600,000 or greater	37%

--\$19,050 of your income was taxed at 10%

--\$58,350 of your income was taxed at 12%

--\$41,405 of your income was taxed at 22%

Your effective tax rate is 13%
You paid \$18,016 in federal income taxes**We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.**

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.



H&R BLOCK®

BLOCK ADVANTAGE

We stand behind our work.



Maximum Refund Guarantee¹

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - GUARANTEED.



100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



IRS Tax Audit Assistance²

We'll help you understand details outlined in your audit notice and assist in preparing a response - at no additional cost.



We're Open Year-Round

Our experienced tax professionals are available by appointment to help in person all year long.

my **BLOCK**SM

- Check your e-file return status.
- View your tax returns.
- Review your tax checklist.
- Share tax docs with your Tax Pro.
- Access your Emerald Card®.
- Go paperless with digital docs.

Check your **email** for a message about how to get started or visit hrblock.com/myblock.

Your secure way to manage your tax life and Emerald Card®.

Login to your personalized MyBlock account for secure, 24/7 access to your returns, e-file status and more – from your smartphone, tablet or computer.

We're Open All Year! Call 800-HRBLOCK (800-472-5625) or visit hrblock.com to schedule an appointment.

¹Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

²H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

Ravindhar Reddy and Shalini!

Here are your personalized tax tips to consider:

Reduce taxable income by saving for retirement

Every dollar you contribute to an employer-sponsored retirement plan such as a 401(k) could reduce the amount of your income that is subject to income tax. So not only are you saving for retirement, you are also saving tax dollars now. Earnings on investments within your 401(k) are not taxed until you start taking distributions.

Optimize your withholdings to meet your financial needs

Some tax refunds are the result of excess withholdings or estimated tax payments, so your tax refund is simply the IRS returning your money to you. But a balance due indicates that you did not pay the government enough through withholding or tax payments, so make sure to withhold at least 90% of your tax liability to avoid a penalty. You may prefer getting a big refund back or using that money during the year, but either result can be controlled by completing a new W-4.

Take advantage of our FREE Second Look® Review of your prior year returns

We find money others miss. Find out if a credit or deduction was missed on past returns with a FREE Second Look® Review from an H&R Block tax professional. Bring in your prior year returns and we'll check to see whether you left money on the table. Bring in your prior year returns and we'll see whether we can find you more money.



Secure access to your tax documents, Emerald Card™, and much more...

- Track receipts, donations, and other tax-related items year round.
- Utilize tax tools to estimate your refund or how much you owe.
- View a personalized tax checklist to know what you'll need when it's time to file.

2019 INCOME TAX ESTIMATOR/PLANNER

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

	Current 2018	Adjustments 2019	Estimated 2019
Filing status	MFJ		MFJ
INCOME:			
Wages, salaries, tips, etc.	143,291		143,291
Interest income			
Ordinary dividend income . . . (excluding Qualified Dividends) .			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2019			
Business income or (loss) (Schedule C)			
Capital gain or (loss) (Schedule D) (including Qual Dividends)	-486		-486
Other gains or (losses) (Form 4797)			
IRA distributions and pension income			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Taxable social security income			
Other income			
Total income	142,805		142,805
ADJUSTMENTS:			
Educator expenses			
Certain business expenses of reservists, performing artist, and fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified Moving Expenses			
Deductible part of self-employment tax(Schedule SE)			
Self-employed SEP, SIMPLE and qualified plans deduction			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2019			
IRA deduction			
Student loan interest deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	142,805		142,805
DEDUCTIONS:			
Standard deduction	24,000	400	24,400
Itemized deductions:			
Medical and dental expenses			
Taxes paid	3,821		3,821
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Total itemized deductions	3,821		3,821
Deduction actually claimed	24,000	400	24,400
Qualified Business Income Deduction			

2019 INCOME TAX ESTIMATOR/PLANNER

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

	Current 2018	Adjustments 2019	Estimated 2019
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	118,805	-400	118,405
Tax	18,016	-88	17,928
Alternative minimum tax			
Excess advance premium tax credit repayment			
Tax rate	22%		22%
CREDITS:			
Foreign tax credit			
Child care credit	1,200		1,200
Education credit			
Retirement Savings contribution credit			
Child and other dependents tax credit	2,500		2,500
Other credits			
Total credits	3,700		3,700
OTHER TAXES:			
Self-employment tax			
Additional tax on IRA's			
Health Care (Individual Responsibility)(repealed after 2018)			Not Applicable
Other taxes			
Total other taxes			
PAYMENTS:			
Federal income tax withheld	11,376		11,376
Estimated payments			
Earned income credit			
Additional child tax credit			
American Opportunity Credit			
ACA Premium Tax Credit			
Other payments			
Total payments	11,376		11,376
AMOUNT DUE / REFUND:			
Amount overpaid			
Overpayment applied to next year			
Refund			
Amount due	2,940	-88	2,852

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2019 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2019 tax return prepared using the actual 2019 tax forms issued by the Internal Revenue Service and your actual 2019 source documents.

ADDITIONAL DISCLOSURES:

SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2018 WITHHOLDING IS BEING USED TO CALCULATE THE 2019 ESTIMATED TAX REFUND OR BALANCE DUE. BEGINNING IN JANUARY 2019 THE IRS HAS CHANGED THE WAY W4 SHOULD BE PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING. ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW FORMAT.

HRB TAX GROUP INC
8635 OLIVE BLVD
SAINT LOUIS MO 63132
3144321040

03-18-2019

RAVINDHAR REDDY KONATAM
SHALINI BANGALORE SUBRAMANI

INSTRUCTIONS FOR FILING 2018 FEDERAL FORM 1040

- .Your return has a balance due of \$2,994.00. (Penalty Incl)
- .You have elected to file your Federal return ELECTRONICALLY.
- .You & your spouse must sign the 8879, unless e-signature pad was used.
- .You have elected EFW from your bank account on 04-01-2019.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.

INSTRUCTIONS FOR FILING 2018 FORM MINNESOTA M1

- .Your return has a balance due of \$409.00.
- .Your underpayment penalty is included.
- .You have elected to file your State return ELECTRONICALLY.
- .You have elected EFW from your bank account on 04/01/2019.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO MINNESOTA.

Form	1040	Department of the Treasury--Internal Revenue Service (99) U.S. Individual Income Tax Return	2018	OMB No. 1545-0074	IRS Use Only--Do not write or staple in this space.
Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)					
Your first name and initial RAVINDHAR REDDY			Last name KONATAM		Your social security number 322-29-7480
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind					
If joint return, spouse's first name and initial SHALINI			Last name BANGALORE SUBRAMANI		Spouse's social security number 201-25-3786
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.) <input type="checkbox"/> Spouse is blind <input type="checkbox"/> 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. 1314 MARQUETTE AVE				Apt. no. 601	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. MINNEAPOLIS MN 55403					If more than four dependents, see inst. and ✓ here <input type="checkbox"/>
Dependents (see instructions):					
(1) First name		Last name		(2) Social security no.	(3) Relationship to you
LIYA REDDY		KONATAM		965-97-0497	DAUGHTER
MAYA REDDY		KONATAM		192-43-8629	DAUGHTER
Sign Here Joint return? <input type="checkbox"/> See instructions. Keep a copy for your records.					
Your signature		Date		Your occupation	
				IT	
Spouse's signature. If a joint return, both must sign.		Date		Spouse's occupation	
				IT	
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 SUKANYA CHIDAMBARAM		Preparer's signature PTIN P00674612 Firm's EIN 431871840	
Firm's name ▶ HRB TAX GROUP INC		Phone no. 314-432-1040			
Firm's address ▶ 8635 OLIVE BLVD SAINT LOUIS MO 63132		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed			

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	143,291
2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
5a Social security benefits	5a	5b Taxable amount	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	142,805
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	142,805
8 Standard deduction or itemized deductions (from Schedule A)		8	24,000
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	118,805
11 a Tax (see instr.) 18,016 (check if any from: 1 Form(s) 8814 2 Form 4972 3)		11	18,016
b Add any amount from Schedule 2 and check here		12	3,700
12 a Child tax credit/credit for other dependents 2,500		13	14,316
b Add any amount from Schedule 3 and check here		14	
13 Subtract line 12 from line 11. If zero or less, enter -0-		15	14,316
14 Other taxes. Attach Schedule 4		16	11,376
15 Total tax. Add lines 13 and 14		17	
16 Federal income tax withheld from Forms W-2 and 1099		18	11,376
17 Refundable credits: a EIC (see instr.) b Sch. 8812 c Form 8863		19	
Add any amount from Schedule 5		20a	
18 Add lines 16 and 17. These are your total payments		21	
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		22	2,994
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		23	54
b Routing number c Type: Checking Savings			
d Account number			
21 Amount of line 19 you want applied to your 2019 estimated tax			
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			
23 Estimated tax penalty (see instructions)			

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.

RefundDirect deposit?
See instructions.

Amount You Owe

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2018)

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 for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040

R KONATAM AND S BANGALORE SUBRAMANI

Your social security number

322-29-7480

Additional Income	1-9b	Reserved	1-9b	
	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 ► <input type="checkbox"/>	13	-486
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	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	-486
Adjustments to Income	23	Educator expenses	23	
	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	26	
	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	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **03**

Name(s) shown on Form 1040

R KONATAM AND S BANGALORE SUBRAMANI

Your social security number

322-29-7480

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	1,200
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	1,200

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

Schedule 3 (Form 1040) 2018

SCHEDULE 6
(Form 1040)**Foreign Address and Third Party Designee**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1040.**▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.****2018**Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

R KONATAM AND S BANGALORE SUBRAMANI

Your social security number

322-29-7480

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**

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

**Yes.** Complete below.**No**

Designee's

Phone

Personal identification number

name ▶ HRB TAX GROUP INC

no. ▶ 314-432-1040

(PIN) ▶ 22169

For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 6 (Form 1040) 2018**

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service(99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to 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.

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

R KONATAM AND S BANGALORE SUBRAMANI

Your social security number

322-29-7480

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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	2,016	2,502		(486)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). 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 page 2				7 (486)

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15

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

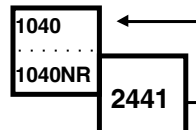
Schedule D (Form 1040) 2018

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	(486)
	<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, 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. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) </div> <div style="border-left: 1px solid black; padding-left: 10px; flex-grow: 1;"> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div>	21	(486)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.**2018**Attachment
Sequence No. **21**

Name(s) shown on return

R KONATAM AND S BANGALORE SUBRAMANI

Your social security number

322-29-7480

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

Part I Persons or Organizations Who Provided the Care — You must complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
YWCA CHILDREN'S	1130 NICOLLET AVENUE MINNEAPOLIS MN 55403	41-0693891	10,819

Did you receive
dependent care benefits?

No —————> Complete only Part II below.

Yes —————> Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		
LIYA REDDY	KONATAM	965-97-0497	10,819
MAYA REDDY	KONATAM	192-43-8629	

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

3 6,000

4 Enter your **earned income**. See instructions.

4 77,358

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

5 65,933

6 Enter the **smallest** of line 3, 4, or 5

6 6,000

7 Enter the amount from Form 1040, line 7; or Form 1040NR, line 36

7 142,805

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 15,000		.35
15,000 - 17,000		.34
17,000 - 19,000		.33
19,000 - 21,000		.32
21,000 - 23,000		.31
23,000 - 25,000		.30
25,000 - 27,000		.29
27,000 - 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 - 31,000		.27
31,000 - 33,000		.26
33,000 - 35,000		.25
35,000 - 37,000		.24
37,000 - 39,000		.23
39,000 - 41,000		.22
41,000 - 43,000		.21
43,000 - No limit		.20

8 x .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions

9 1,200

10 Tax liability limit. Enter the amount from the Credit

Limit Worksheet in the instructions

10 18,016

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10

here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47

11 1,200

For Paperwork Reduction Act Notice, see your tax return instructions.Form **2441** (2018)

Health Savings Accounts (HSAs)**2018**Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1040 or Form 1040NR.**▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR

SHALINI BANGALORE SUBRAMANI

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

201-25-3786

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)		2	
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter		3	6,900
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	6,900
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter		6	6,900
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions).		7	
8	Add lines 6 and 7		8	6,900
9	Employer contributions made to your HSAs for 2018	9	3,650	
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11	3,650	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,250	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13		

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	0
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8889** (2018)

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

OMB No. 1545-0074

2018Attachment
Sequence No. **70**Department of the Treasury
Internal Revenue Service► **To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.**► **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Taxpayer name(s) shown on return

R KONATAM AND S BANGALORE SUBRAMANI

Taxpayer identification number

322-29-7480

Enter preparer's name and PTIN

SUKANYA CHIDAMBARAM P00674612

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

For Paperwork Reduction Act Notice, see separate instructions.Form **8867** (2018)

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

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

15 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
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2018 WAGES AND SALARIES SUMMARY ATTACHMENT

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
IBM INDIA PVT LTD	52-2061430	S	65,933	5,210	4,088	MN	65,933	2,795	
PERFICIENT INC	74-2853258	T	19,625	1,628	1,248	MN	19,625	1,026	
MARK INFOTEC INC	20-0249065	T	57,733	4,538	3,579	TX			
TOTAL			143,291	11,376	8,915		85,558	3,821	

2018 FEDERAL TAX WITHHOLDINGS ATTACHMENT

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

W-2	IBM INDIA PVT LTD	5,210
W-2	PERFICIENT INC	1,628
W-2	MARK INFOTEC INC	4,538
TOTAL TO FORM 1040 LINE 16		11,376

2018 FORM 2441 CREDIT LIMIT WORKSHEET – LINE 10

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

Complete this worksheet to figure the amount to enter on line 10.

1. Enter the amount from Form 1040, line 11; or Form 1040NR, line 45 1. 18,016
2. Enter the amount from Schedule 3 (Form 1040), line 48; or Form 1040NR, line 46 2. _____
3. Subtract line 2 from line 1. Enter this amount on Form 2441, line 10. But if
zero or less, **stop**; you cannot take the credit 3. 18,016

2018 FORM 2441 EARNED INCOME WORKSHEET - LINES 4 AND 5

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

	Taxpayer (a)	Spouse (b)	Taxpayer (c)	Spouse (d)
1. Amount from Form 1040, line 1			77,358	65,933
2. Scholarship amount included on Form 1040, line 1				
3. Form 2555, line 43 or Form 2555-EZ, line 18, excluded as foreign earned income				
4. Medicaid waiver payment included on Form 1040, line 1, and excluded on Sch 1, line 21				
5. If member of clergy, amount from line 1 also reported on Schedule SE				
6. If church employee with \$108.28 or more of church income, amount from line 1 also reported on Schedule SE				
7. Amount received for work performed while an inmate in a penal institution				
8. Amount received as a pension or annuity from a nonqualified deferred compensation plan (Form W-2, box 11)				
9. Add lines 2 through 8				
10. Subtract line 9 from line 1			77,358	65,933
11. Amount from Schedule SE, line 3				
12. Schedule SE deduction claimed on Schedule 1, line 27				
13. Subtract line 12 from line 11				
14. Amount from Schedule SE, line 4b				
15. Amount from Schedule SE, line 5a				
16. Add lines 14 and 15				
17. Amount from Schedule C, line 1, if filing as a statutory employee				
18. Amount of nontaxable combat pay				
19. Self-employment loss from Schedule C, Schedule F, and partnership K-1				
20. Self-employment net earnings less than \$400 from Schedule C, Schedule F, and partnership K-1				
21. Add lines 17, 18, 19, and 20				
22. Student/disabled allowance				
23. Total earned income. Add lines 10, 13, 16, 21, and 22			77,358	65,933

Enter taxpayer earned income (line 23, column c) on Form 2441, line 4.
Enter spouse earned income (line 23, column d) on Form 2441, line 5.

2018 CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET – LINE 12A

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

CAUTION!

1. To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2018, and meet all the conditions in Steps 1 through 3 in the instructions for line 12a. Make sure you checked the "child tax credit" box in column 4 of the **Dependents** section on Form 1040 for each qualifying child.
 2. If you don't have a qualifying child, you can't claim the child tax credit; but you may be able to claim the credit for other dependents for that child, see Step 3 under **Who Qualifies as Your Dependent** in the instructions.
 3. To see if your qualifying relative qualifies you to take the credit for other dependents, see Step 5 under **Who Qualifies As Your Dependent** in the instructions.
 4. Be sure to see **Social security number** under **Who Qualifies as Your Dependent** in the instructions.
 5. Do **not** use this worksheet, but use Pub. 972 instead, if:
 - a. You are claiming the adoption credit, mortgage interest credit, District of Columbia first-time homebuyer credit, or a residential energy efficient property credit*;
 - b. You are excluding income from Puerto Rico; or
 - c. You are filing Form 2555, 2555-EZ, or 4563.
- * If applicable.

PART 1

1. Number of qualifying children under age 17 with the required social security number: 1 x \$2,000. Enter the result.

1	2,000
---	-------
2. Number of other dependents, including qualifying children without the required social security number: 1 x \$500. Enter the result.

2	500
---	-----
3. Add lines 1 and 2.

3	2,500
---	-------
4. Enter the amount from Form 1040, line 7 or Form 1040NR, line 35

4	142,805
---	---------
5. Enter the amount shown below for your filing status.

☒ Married filing jointly – \$400,000
☐ All other filing statuses – \$200,000

5	400,000
---	---------
6. Is the amount on line 4 more than the amount on line 5?
☒ **No.** Leave line 6 blank. Enter -0- on line 7, and go to line 8.
☐ **Yes.** Subtract line 5 from line 4

6	
---	--

 If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.
7. Multiply the amount on line 6 by 5% (0.05). Enter the result

7	0
---	---
8. Is the amount on line 3 more than the amount on line 7?
☐ **No.** **STOP**
 You can't take the child tax credit on Form 1040, line 12a; or Form 1040NR, line 49.
 You also can't take the additional child tax credit on Form 1040, line 17b; or Form 1040NR, line 64.
 Complete the rest of your Form 1040 or Form 1040NR.
☒ **Yes.** Subtract line 7 from line 3. Enter the result.

8	2,500
---	-------

 Go to Part 2 on page 2 of this worksheet

2018 CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET, PAGE 2

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

Before you begin Part 2: ✓ Figure the amount of any credits you are claiming on Schedule 3; Form 5695, Part II*; Form 8910; Form 8936; or Schedule R.

9. Enter the amount from Form 1040, line 11; or Form 1040NR, line 45.

9	18,016
---	--------

10. Add the amounts from:

Schedule 3 or Form 1040NR

Line 48	Line 46	
Line 49	Line 47	+ 1,200
Line 50	-----	+ _____
Line 51	Line 48	+ _____
Form 5695, line 30*		+ _____
Form 8910, line 15		+ _____
Form 8936, line 23		+ _____
Schedule R, line 22		+ _____

Enter the total.

10	1,200
----	-------

11. Are the amounts on lines 9 and 10 the same?

☐ **Yes.** **STOP**

You can't take this credit because there is no tax to reduce.
However, you may be able to take the **additional child tax credit**
if line 1 is more than zero. See the **TIP** below.

☒ **No.** Subtract line 10 from line 9.

11	16,816
----	--------

12. Is the amount on line 8 more than the amount on line 11?

☐ **Yes.** Enter the amount from line 11.

Also, you may be able to take the
additional child tax credit if line 1
is more than zero. See the **TIP** below.

☒ **No.** Enter the amount from line 8.

**This is your child
tax credit and credit for
other dependents.**

12	2,500
----	-------

Enter this amount on Form 1040,
line 12a; or Form 1040NR, line 49.

TIP

You may be able to take the **additional child tax credit** on Form 1040, line 17b; or
Form 1040NR, line 64, if you answered "Yes" on line 11 **or** line 12 above.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72) or Form 1040NR through line 63.
- Then, use Schedule 8812 to figure any additional child tax credit.

CAUTION!

If your child tax credit or additional child tax credit for a year after
2015 was reduced or disallowed, see Form 8862, who must file
to find out if you must file Form 8862 to take the credit for 2018.

* If applicable.

**SCHEDULE D AMT
(Form 1040)**

Department of the Treasury
Internal Revenue Service(99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to 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.

FOR AMT PURPOSES ONLY

2018

Attachment
Sequence No. **12**

Name(s) shown on return

R KONATAM AND S BANGALORE SUBRAMANI

Your social security number

322-29-7480

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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	2,016	2,502		(486)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). 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 page 2				7 (486)

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15

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

Schedule D (Form 1040) 2018

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	(486)
	<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, 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. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -10px;">▶</div> </div> </div>	21	(486)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

2019 CARRYFORWARD INFORMATION

R KONATAM AND S BANGALORE SUBRAMANI
322-29-7480

Keep for Your Records

Itemized Returns Only - 2018 state and local tax refund (This amount may not be taxable in 2019)		_____
Charitable contributions carryover to 2019		_____
Estimated short-term capital loss carryover		_____
Estimated long-term capital loss carryover		_____
2018 tax liability (for 2019 Form 2210 purposes)		14,316
Form 8839: 2018 carryover of unqualified expenses		_____
Refund amount applied to 2019		_____
Disallowed investment interest in 2018		_____
Additional state taxes paid		409
Form 8396: Mortgage interest credit from 2016		_____
Mortgage interest credit from 2017		_____
Mortgage interest credit from 2018		_____
Form 8801: Minimum tax credit carryforward		_____
Potential 2019 IRA contribution from 2018 tax refund		_____
NOL carryforward:		
Regular Tax		
from 1998	from 2008	_____
from 1999	from 2009	_____
from 2000	from 2010	_____
from 2001	from 2011	_____
from 2002	from 2012	_____
from 2003	from 2013	_____
from 2004	from 2014	_____
from 2005	from 2015	_____
from 2006	from 2016	_____
from 2007	from 2017	_____
Gross NOL generated in 2018		_____
To be absorbed in carryback period		_____
Net carryforward from 2018		_____
Total carryforward to 2019		_____
AMT Tax		
from 1998	from 2008	_____
from 1999	from 2009	_____
from 2000	from 2010	_____
from 2001	from 2011	_____
from 2002	from 2012	_____
from 2003	from 2013	_____
from 2004	from 2014	_____
from 2005	from 2015	_____
from 2006	from 2016	_____
from 2007	from 2017	_____
Gross AMT NOL generated in 2018		_____
To be absorbed in carryback period		_____
Net carryforward from 2018		_____
Total carryforward to 2019		_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2019
- General Business Credit carryforward to 2019
- First-Time Homebuyer Credit Repayment carryforward to 2019
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2019.

MN INCOME TAX DUE ON 2018 RETURN PAYABLE IN 2019..	409
MN 2018 TAX FOR 2019 UNDERPMT PENALTY FORM.....	4,230

2018 MINNESOTA TWO YEAR COMPARISON

Taxpayer's Last and First Name

R KONATAM AND S BANGALORE SUBRAMANI

Taxpayer's SSN

322-29-7480

	Tax Year 2018	Tax Year 2017	Difference
Filing status	MFJ		
Residency Status	PT-YR RES		
Number of exemptions claimed			

INCOME, DEDUCTIONS AND ADJUSTMENTS:

Federal Adjusted Gross Income	142,805		142,805
Additions to Federal Income			
Subtractions from Federal Income			
Minnesota Income	113,205		113,205
Itemized/Standard Deduction			
Exemption Amount (Allowance) / Personal Exemptions			
Taxable Income	113,205		113,205

TAX, CREDIT AND PAYMENTS:

Minnesota Tax	7,338		7,338
Credit for Taxes Paid to Another State			
Other Credits	141		141
Net Tax	4,230		4,230
Income Tax Withheld	3,821		3,821
Estimated Tax Payments			
Amount Paid with Extension			
Other payments including refundable credits			
Total Payments	3,821		3,821

REFUND OR BALANCE DUE

Balance Due	409		409
Underpayment Penalty			
Other Penalties and Interests			
Amount You Owe	409		409
Overpayment			
Overpayment Applied to Estimated Payments			
Amount to be Refunded			



2018 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial	Last Name	Your Social Security Number	Your Date of Birth
RAVINDHAR REDDY	KONATAM	322297480	07171984
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
SHALINI	BANGALORE SUBRAMA	201253786	12181988
Current Home Address	Check if:	New Address	Foreign Address
1314 MARQUETTE AVE APT 601	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City	State	ZIP Code	
MINNEAPOLIS	MN	55403	

2018 Federal Filing Status

(1) Single ☐ (2) Married filing jointly ☒ (3) Married filing separately: ☐
 Enter spouse name and Social Security number _____

(4) Head of household ☐ (5) Qualifying widow(er) ☐

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:

Republican 11	Grassroots--Legalize Cannabis . 14	Legal Marijuana Now. . . 17
Democratic/Farmer- Labor . 12	Green 15	General Campaign
Independence. 13	Libertarian 16	Fund. 99

Your code _____
Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. <u>143291</u>	B IRA, pensions, and annuities _____	C Unemployment _____	D Federal taxable income <u>118805</u>
---	--	---	-----------------------------	---

▲ Place an X in box if a negative number

1 Federal adjusted gross income (from line 7 of federal Form 1040) (if a negative number, place an X in the box) . . **1** ☐ 142805

2 Other additions to income, including non-Minnesota bond interest, and an adjustment from Schedule M1NC (see instructions; enclose Schedule M1M) **2** ☐ _____

3 Add lines 1 and 2 (if a negative number, place an X in the box) **3** ☐ 142805

4 Itemized deductions (from Schedule M1SA) or your **standard deduction** (see instructions) **4** ☐ 13000

5 Exemptions (determine from instructions) **5** ☐ 16600

6 State income tax refund from line 10 of federal Schedule 1 **6** ☐ _____

7 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) **7** ☐ _____

8 Total subtractions. Add lines 4 through 7 **8** 29600

9 Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank **9** 113205

10 Tax from the table in the M1 instructions **10** 7338

11 Alternative minimum tax (enclose Schedule M1MT) **11** ☐ _____

12 Add lines 10 and 11 **12** 7338

13 Full-year residents: Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 28 on line 13, from line 24 on line 13a, and from line 25 on line 13b (enclose Schedule M1NR) **13** 4371

a ☐ 85072 **b** ☐ 142805 (Place an X in box if a negative number)

14 Other taxes such as the tax on lump sum distributions and recapture amounts from (check appropriate box):
☐ Schedule M1HOME ☐ Schedule M1529 ☐ Schedule M1LS **14** ☐ _____



181121

15	Tax before credits. Add lines 13 and 14	15	<u>4371</u>
16	Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA)	16	■ <u>141</u>
17	Credit for long-term care insurance premiums paid (enclose Schedule M1LTI)	17	■ _____
18	Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR)	18	■ _____
19	Other nonrefundable credits (enclose Schedule M1C)	19	■ _____
20	Total nonrefundable credits. Add lines 16 through 19	20	<u>141</u>
21	Subtract line 20 from line 15 (if result is zero or less, leave blank)	21	<u>4230</u>
22	Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you owe	22	■ _____
23	Add lines 21 and 22	23	<u>4230</u>
24	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G (do not send)	24	■ <u>3821</u>
25	Minnesota estimated tax and extension payments made for 2018	25	■ _____
26	Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, Credit for Tax Paid to Wisconsin, Credit for historic structure rehabilitation, and Enterprise Zone Credit	26	■ _____
27	Total payments. Add lines 24 through 26	27	<u>3821</u>
28	REFUND. If line 27 is more than line 23, subtract line 23 from line 27 (see instructions). For direct deposit, complete line 29	28	■ <u>0</u>
29	Direct deposit of your refund (you must use an account not associated with a foreign bank): Account Type Routing Number Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings _____		
30	AMOUNT YOU OWE. If line 23 is more than line 27, subtract line 27 from line 23 (see instructions)	30	■ <u>409</u>
31	Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15)	31	■ _____
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.			
32	Amount from line 28 you want sent to you	32	■ _____
33	Amount from line 28 you want applied to your 2019 estimated tax	33	■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.

Paid preparer: You must sign below.

Your Signature

Date

Paid Preparer's Signature

Date

03-18-2019

Spouse's Signature (if filing jointly)

Taxpayer's Daytime Phone

Preparer's Daytime Phone

PTIN or VITA/TCE # (required)

3144321040

P00674612

Your Email address

Preparer's email address

SHALUMANI@GMAIL.COM

HRBTAXPRO@HRBLOCK.COM

Include a copy of your 2018 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010I authorize the Minnesota Department of Revenue
to discuss this return with my paid preparer or the
third-party designee indicated on my federal return.I do not want my paid
preparer to file my
return electronically.To check on the status of your refund, visit www.revenue.state.mn.us

KONATAM 322-29-7480

18 MN2 BWF 1040

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2015



181311

2018 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial RAVINDHAR REDDY	Last Name KONATAM	Your Social Security Number 322297480
If a Joint Return, Spouse's First Name and Initial SHALINI	Spouse's Last Name BANGALORE SUBRAMANI	Spouse's Social Security Number 201253786

If you received a federal Form W-2, 1099, W-2G, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 24 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five forms W-2, complete line 5 on the back.

A If the Form W-2 is for: • you, enter 1 • spouse, enter 2	B-Box 13 If Retirement Plan box is checked, mark an X below.	C-Box 15 Employer's seven-digit Minnesota Tax ID Number	D-Box 16 State wages, tips, etc. (round to nearest whole dollar)	E-Box 17 Minnesota tax withheld (round to nearest whole dollar)
<u>2</u>	<input type="checkbox"/>	MN <u>3706422</u>	<u>65933</u>	<u>2795</u>
<u>1</u>	<input checked="" type="checkbox"/>	MN <u>4789304</u>	<u>19625</u>	<u>1026</u>
<u> </u>	<input type="checkbox"/>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	<input type="checkbox"/>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	<input type="checkbox"/>	MN <u> </u>	<u> </u>	<u> </u>

Subtotal for additional Forms W-2 (from line 5 on the back)

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) **1** ■ 3821

2 Minnesota tax withheld on Forms 1099 and W-2G. If you have more than four forms, complete line 6 on the back.

A If the Form 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld (round to nearest whole dollar)
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>
<u> </u>	MN <u> </u>	<u> </u>	<u> </u>

Subtotal for additional Forms 1099 and W-2G (from line 6 on the back)

Total Minnesota tax withheld on all Forms 1099 and W-2G (add amounts in line 2, column D) **2** ■

3 **Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries**

(from line 7 on the back) **3** ■

4 **Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.

Enter the total here and on line 24 of Form M1 **4** ■ 3821

Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.



2018 Schedule M1MA, Marriage Credit

Your First Name and Initial	Last Name	Social Security Number
RAVINDHAR REDDY	KONATAM	322297480
Spouse's First Name and Initial	Last Name	Social Security Number
SHALINI	BANGALORE SUBRAMANI	201253786

	A Taxpayer	B Spouse
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040)	1 77358	65933
2 Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE)	2	
3 Taxable pension income (see instructions).	3	
4 Taxable Social Security income (from line 5b of federal Form 1040)	4	
5 If you filed Schedule M1NC, see instructions. If you did not file Schedule M1NC, enter 0	5	
6 Add lines 1 through 5 for each column	6 77358	65933
7 Amount from line 6, Column A or B, whichever is less (If less than \$23,000, STOP HERE . You do not qualify)	7	65933
8 Joint taxable income from line 9 of Form M1. (If less than \$38,000, STOP HERE . You do not qualify)	8	113205
9 If line 7 is less than \$101,000, determine the amount of your credit using lines 7 and 8 and the table in the instructions. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 21	9	237
If line 7 is \$101,000 or more, complete lines 10 through 20.		
10 Enter the amount from line 7	10	
11 Value of one personal exemption plus one-half of the married-joint standard deduction	11	10,650
12 Subtract line 11 from line 10	12	
13 Using the tax table for single persons in the M1 instructions, compute the tax for the amount on line 12	13	
14 Amount from line 8.	14	
15 Amount from line 12	15	
16 Subtract line 15 from line 14 (if zero or less, you do not qualify)	16	
17 Using the tax table for single persons in the M1 instructions, compute the tax for the amount on line 16	17	
18 Tax from line 10 of Form M1	18	
19 Add lines 13 and 17	19	
20 Subtract line 19 from line 18. If the result is more than \$1,462, enter \$1,462. If result is zero or less, you do not qualify. Full-year residents: Enter the result here and on line 16 of Form M1. Part-year residents and nonresidents: Continue with line 21	20	

Part-Year Residents and Nonresidents

21 Part-year residents and nonresidents: Enter the percentage from line 26 of Schedule M1NR	21	0.59572
22 Multiply line 9 or line 20, whichever is applicable, by line 21. Enter the result here and on line 16 of Form M1	22	141



181331

2018 Schedule M1NR, Nonresidents/Part-Year Residents

Your Last Name KONATAM		Social Security Number 322-29-7480	<input type="checkbox"/> Full-year Nonresident of MN	Other State (see inst.)	
Spouse's Last Name BANGALORE SUBRAM		Spouse's Social Security Number 201-25-3786	<input checked="" type="checkbox"/> Part-year MN Resident From 01/01 to 11/01 (mm/dd/yyyy)	TX	
			<input type="checkbox"/> Full-year Nonresident of MN		
			<input type="checkbox"/> Part-year MN Resident From _____ to _____ (mm/dd/yyyy)		

Before you complete this schedule, read the instructions.

Also complete lines 1 through 11 of Form M1.

	A. Total Amount	B. Minnesota Portion (see instructions)
1 Wages, salaries, tips, etc. (from line 1 of federal Form 1040)	143291	85558
2 Taxable interest and ordinary dividend income (add lines 2b and 3b of Form 1040)		
3 Business income or loss (from line 12 of federal Schedule 1)		
4 Capital gain or loss (from line 13 of federal Schedule 1)	-486	-486
5 IRA distributions, pensions, and annuities (from line 4b of Form 1040)		
6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 17 of federal Schedule 1)		
7 Farm income or loss (from line 18 of federal Schedule 1)		
8 Other income (add lines 5b of Form 1040 and lines 10, 11, 14, 19, and 21 of federal Schedule 1)		
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M)		
10 Other required additions (add lines 3, 4, 6, 8, 10, 12 of Schedule M1M)		
11 Federal Adjustments (from line 34 of Schedule M1NC)		
12 Add lines 1 through 11 for each column	142805	85072
If your Minnesota gross income is below \$10,650, see instructions.		
13 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 23, 24, and 26 of federal Schedule 1)		
14 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 28 and 32 of federal Schedule 1)		
15 Health savings account and Archer MSA deductions (add line 25 and Archer MSA amount included on line 36 of federal Schedule 1)		
16 Federal adjustments (from line 35 of Schedule M1NC)		
17 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of federal Schedule 1)		
18 Deductions for alimony paid and student loan interest (See instructions for line 18, column B)		
19 Penalty on early withdrawal of savings (from line 30 of federal Schedule 1)		
20 Other required subtractions (add lines 19, 33, 34, 37, and 39 of Schedule M1M)		
21 Net U.S. bond interest and active military pay received while a nonresident (add lines 16 and 27 of Schedule M1M)		
22 Subtraction for federal section 179 expensing (from line 20 of Schedule M1M)		
23 Add lines 13 through 22 for each column		
24 Subtract line 23, column B, from line 12, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$10,650 or the result is less than zero, enter 0		85072
25 Subtract line 23, column A, from line 12, column A. Enter the result here and on line 13b of Form M1	142805	
26 Divide line 24 by line 25, and enter the result as a decimal (carry to five decimal places). If line 24 is more than line 25, enter 1.0. If line 24 is zero, enter 0		0.59572
27 Amount from line 12 of Form M1		7338
28 Multiply line 26 by line 27. Enter the result here and on line 13 of Form M1		4371

You must include this schedule with Form M1. Enter the amounts from lines 24 and 25 of this schedule on Form M1, lines 13a and 13b.

2018 WORKSHEET FOR LINE 5 – PERSONAL AND DEPENDENT EXEMPTIONS

RAVINDHAR REDDY KONATAM
322-29-7480

1. Enter 1 if no one can claim you as a dependent 1. 1
2. Enter 1 if you are married and filing a joint return and no one can claim your spouse as a dependent 2. 1
3. Enter the number of dependents you claimed on your federal income tax return. If you did not file a federal income tax return, review the instructions for federal Form 1040 to determine the number of people you are eligible to claim as a dependent. You may not claim anyone as a dependent if they were claimed as a dependent by another individual on their federal or Minnesota income tax return 3. 2
4. Add steps 1 through 3 4. 4
5. Enter \$4,150 5. 4,150
6. Multiply step 4 by step 5 6. 16,600
7. Enter the amount from line 1 of Form M1 if you did not file Schedule M1NC.
If you filed Schedule M1NC, enter the amount from line 38 of that schedule 7. 142,805
8. Enter the amount that corresponds to your filing status 8. 285,050
Married Filing Jointly or Qualifying Widow(er): \$285,050 Single: \$190,050
Head of Household: \$237,550 Married Filing Separate: \$142,525
9. Compare the amounts on steps 7 and 8. If step 8 is more than step 7, enter the amount from step 6 on line 5 of Form M1, and **STOP HERE.** If step 7 is more than step 8, subtract step 8 from step 7 9. _____
10. If step 9 is more than \$122,500, enter 0 on line 5 of Form M1, and **STOP HERE.**
If step 9 is less than or equal to \$122,500, divide step 9 by \$2,500 (\$1,250 if your filing status is married filing separate). Increase the result to the next higher whole number (Example: Increase .0004 to 1) 10. _____
11. Multiply step 10 by 2% (.02). Enter the result as a decimal 11. _____
12. Multiply step 6 by step 11 12. _____
13. Subtract step 12 from step 6. Enter the result on line 5 of Form M1 13. _____

Form BANK, Authorization for Direct Debit for 2018 (year)

Complete if you are electronically filing your tax return (Form M1, M2, M3, M4, M4NP, M8, M11, or M11L), and you want to authorize a transfer of funds from your account to pay tax owed as shown on your return. Do not complete if filing a paper return.

Your Name or Name of Entity		Social Security or Minnesota Tax ID Number
<u>RAVINDHAR REDDY KONATAM</u>		<u>322297480</u>
Spouse's Name, if Filing Joint (Or Partner if a Partnership)		Spouse's Social Security Number (If Filing Joint)
<u>SHALINI BANGALORE SUBRAMANI</u>		<u>201-25-37</u>
Street Address		
<u>1314 MARQUETTE AVE APT 601</u>		
City	State	ZIP Code
<u>MINNEAPOLIS</u>	<u>MN</u>	<u>55403</u>

Type of Account	Routing Number	Enter the date you want the amount withdrawn from your account.	<u>04/01/2019</u>
<input checked="" type="checkbox"/> Checking	<u>0 9 1 0 0 0 1 9</u>		
<input type="checkbox"/> Savings	Account Number	Amount to be Withdrawn	
	<u>6 6 7 4 9 5 4 2 0 8</u>	<u>409</u>	

I authorize the Minnesota Department of Revenue to initiate debit entries to my account as indicated above. This authority will remain in effect until the department has received written notification of its termination at least 30 days prior to the effective date.

Your Signature	Spouse's Signature (if filing joint)	Date	Daytime Phone
		<u>03182019</u>	

ERO: Attach Minnesota copies of all W-2, W-2G and 1099-R forms and any other form that shows Minnesota income tax withheld and keep with your records.

Do NOT mail Form BANK to the Minnesota Department of Revenue unless requested.

WELCOME TO H&R BLOCK®

Thank you for choosing H&R BLOCK®. If you are having your taxes prepared, and you are at an office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised H&R BLOCK® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). In either case, this Client Service Agreement ("CSA") explains what you should expect from your tax preparer and from other companies that may provide products and services to you. It also explains what is needed from you so that they can provide the great service you expect. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

The office you have chosen will prepare your tax return(s) and/or provide other products and services you request. If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including your W-2(s) and other information that affects your tax situation, and to verify the accuracy of this information (including any W-2 you download for pick-up in the tax office). If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer would be happy to prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to H&R BLOCK® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office, or you may access a copy at www.hrblock.com. If you obtain a Refund Transfer, your fees are not due until all services are complete, which is typically when your refund is received and your authorized payments are disbursed, but in any event no more than 30 days after your tax return is e-filed.

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. All disputes and claims between you and any one or more of the H&R Block Parties (as defined below) shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, either you or the H&R Block Parties may bring an individual claim in small claims court, as long as it is brought and maintained as an individual claim. All issues are for the arbitrator to decide, except that issues relating to the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of paragraph 3 below, shall be determined by the court and not the arbitrator. For purposes of this Arbitration Agreement, the term "H&R Block Parties" shall include HRB, Emerald Financial Services, LLC, and Franchisee; as well as any of their direct or indirect parents, subsidiaries, and affiliates. This term also includes the predecessors, successors, officers, directors, agents, employees and franchisees of any of them.

Right to Opt Out of This Arbitration Agreement: You are not required to accept arbitration even though you must sign this CSA to receive service today. You may opt out of this Arbitration Agreement within the first 60 days after you sign this CSA by fully filling out the form found at www.hrblock.com/goto/optout, or by sending a signed letter to Arbitration Opt-Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your printed name, the first five digits of your Social Security number, state, zip code, and the words “Reject Arbitration.” If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. How Arbitration Works. Either party may initiate arbitration, which shall be conducted by the American Arbitration Association (“AAA”) pursuant to its Consumer Arbitration Rules (“AAA Rules”), as modified by this Arbitration Agreement. The AAA Rules are available on the AAA’s website www.adr.org, or by calling the AAA at (800) 778-7879. In the event the AAA is unavailable or unwilling to hear the dispute, the parties shall agree to, or the court shall select, another arbitration provider. Unless you and the H&R Block Parties agree otherwise, any arbitration hearing shall take place in the county of your residence. We encourage you to call (855) 267-2202 in advance of filing a claim for arbitration to see if the dispute can be resolved prior to arbitration.

3. Waiver of Right to Bring Class Action and Representative Claims. All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, any relief must be individualized to you and shall not affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the H&R Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the H&R Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If a court decides that applicable law precludes enforcement of any of this paragraph's limitations as to a particular claim for relief, then that claim for relief (and only that claim for relief) must remain in court and be severed from any arbitration. The H&R Block Parties do not consent to, and the arbitrator shall not have authority to conduct, any class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, under any circumstance.

4. Arbitration Costs. The H&R Block Parties will pay all filing, administrative, arbitrator and hearing costs. The H&R Block Parties waive any rights they may have to recover an award of attorneys' fees and expenses against you.

5. Other Terms & Information. This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION

The H&R Block Parties agree to be bound by the terms above. I have the authority to sign on behalf of the taxpayer(s), and I understand and voluntarily agree to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this Client Service Agreement.

SIGNATURE AND DATE ON FILE

Client's Signature

Date _____

SIGNATURE AND DATE ON FILE

Spouse's Signature (Required only if MFJ and Spouse is Present)

Date _____

TS19 Client Service Agreement

18FCCSA1

10/25/2018

Client Sources of Income Verification

You represent to us that you have reviewed the items on your return to ensure it includes all of your sources of income, regardless of taxability, and that items or issues on such returns have not been, or are not currently, under examination by tax authorities. The total amount below may not match your total Adjusted Gross Income.

Sources of Income - Total \$ 142,805 .

Note: Schedule C (self-employment income), Schedule E page 1 (rental income), and Schedule F (farm income) from other than 1099-Misc or 1099-K has been excluded from this document.

<u>Document</u>	<u>Issued by</u>	<u>Amount</u>
W2	IBM INDIA PVT LTD	\$65,933
W2	PERFICIENT INC	\$19,625
W2	MARK INFOTEC INC	\$57,733
CAPITAL GAINS/LOSSES	ALL SOURCES	\$-486

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2018 tax year in the categories listed above.

	Name	Signature	Date
Client	<u>RAVINDHAR REDDY KONATA</u>	<u>SIGNATURE AND DATE ON FILE</u>	_____
Spouse	<u>SHALINI BANGALORE SUB</u>	<u>SIGNATURE AND DATE ON FILE</u>	_____

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: _____ Date: _____