

Electronic Filing Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



HIMANSHU S SRIVASTAVA & Anupriya rastogi
1370 Quail Run Ct, Apt. 324
Zionsville, IN 46077-1395

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$4,162.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 146921337003 Routing Transit Number: 041001039.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2020. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2019 Federal Tax Return Summary	Adjusted Gross Income	\$	123,844.00
	Taxable Income	\$	99,444.00
	Total Tax	\$	13,591.00
	Total Payments/Credits	\$	17,753.00
	Amount to be Refunded	\$	4,162.00
	Effective Tax Rate		10.97%



Hi HIMANSHU and Anupriya,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2019 taxes:

Your federal refund is: \$ 4,162.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial HIMANSHU S		Last name SRIVASTAVA	Your social security number 040-39-0531
If joint return, spouse's first name and middle initial Anupriya		Last name rastogi	Spouse's social security number 866-64-8155
Home address (number and street). If you have a P.O. box, see instructions. 1370 Quail Run Ct			Apt. no. 324
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Zionsville IN 46077-1395			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

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

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 123,844.
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b
c Pensions and annuities	4c	4d
5a Social security benefits	5a	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6
7a Other income from Schedule 1, line 9		7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b 123,844.
8a Adjustments to income from Schedule 1, line 22		8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b 123,844.
9 Standard deduction or itemized deductions (from Schedule A)	9 24,400.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10		11a 24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 99,444.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	13,591.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	13,591.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	13,591.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	13,591.	
17	Federal income tax withheld from Forms W-2 and 1099	17	17,753.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC) No	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19	17,753.	
Refund Direct deposit? See instructions.	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	4,162.	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	4,162.	
	b Routing number 041001039 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 146921337003			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
	24 Estimated tax penalty (see instructions)	24		
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
Sign Here Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	Firm's name	Phone no.		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's address	Firm's EIN		

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019
Attachment
Sequence No. **08**

Name(s) shown on return

HIMANSHU S SRIVASTAVA & Anupriya rastogi

Your social security number

040-39-0531

Part I
Interest

(See instructions
and the
instructions for
Forms 1040 and
1040-SR, line 2b.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions
and the
instructions for
Forms 1040 and
1040-SR, line 3b.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5** List name of payer ►
- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Electronic Filing Instructions for your 2019 Indiana Tax Return

Important: Your taxes are not finished until all required steps are completed.



HIMANSHU S SRIVASTAVA & Anupriya rastogi
1370 Quail Run Ct 324
Zionsville, IN 46077-1395

Balance Due/Refund	Your Indiana state tax return (Form IT-40) shows a balance due of \$84.00. Mail your completed Post Filing Coupon with included payment made payable to the Indiana Department of Revenue by July 15, 2020. Make sure you sign your check and write your social security number and "2019 Post Filing Coupon" on the check.		
What You Need to Sign	Sign and date Form IT-8453-OL within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Indiana Department of Revenue already has your return.		
What You Need to Mail	<p>Your return shows a balance due of \$84.00. Mail your completed Post Filing Coupon with included payment of \$84.00 made payable to Indiana Department of Revenue by July 15, 2020 to:</p> <p>Mail to:</p> <p>Indiana Department of Revenue P.O. Box 1674 Indianapolis, IN 46206-1674</p> <p>Do not mail Post Filing Coupon with payment until your return has been ACCEPTED for electronic filing by the Indiana Department of Revenue. However, if your return still hasn't been accepted by the due date, don't wait. Go ahead and mail in Post Filing Coupon with your payment.</p>		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form IT-8453-OL and attachment(s) Printed copy of your state and federal returns		
2019 Indiana Tax Return Summary	Taxable Income	\$	121,844.00
	Total Tax	\$	5,764.00
	Total Payments/Credits	\$	5,680.00
	Payment Due	\$	84.00

2019 Individual PFC Letter

Dear Taxpayer:

Your 2019 Indiana Individual Income Tax return indicates a total tax amount of \$ 84.00 is owed to the Indiana Department of Revenue.

As a reminder, you must pay this amount in full no later than April 15, 2020. Any portion not paid by that date will be subject to penalties and interest.

You can take care of this obligation by doing one of the following:

1. Pay online via eCheck or credit card by visiting <https://www.in.gov/dor/4340.htm>. At this site you can either pay in full or make partial payments by selecting "Individual" and "Tax Return Payment" options. Have your SSN ready for identification purposes. If paying by credit card, a fee will be charged by the credit card processor based on the amount you are paying. If paying by electronic check, a fee of \$1 will be charged by the bank. You can make partial payments, but must still pay the entire amount by April 15, 2020 to avoid penalty and interest.
2. Pay by check or money order using the coupon at the bottom of this letter. If you did not electronically file your state return and will submit the payment with your tax return, then do not include the payment coupon below. If you are sending in your return separately from your payment, then mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue". DO NOT SEND CASH.

Remember, you must take action on this debt no later than April 15, 2020, to avoid penalty and interest.

Sincerely,

Indiana Department of Revenue
317-232-2240

Cut on line before mailing

REV 01/27/20 TTO

— — — — — POST FILING COUPON — — — — — PFC — — — — — 0912 — — — — — 1555

"Electronic calculation, processing, and payment of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

*SSN 1 040 39 0531
*SSN 2 866 64 8155
Period End Date 12 31 2019
Date Due 07 15 2020
Tax Type IND

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

HIMANSHU S SRIVASTAVA
ANUPRIYA RASTOGI
1370 QUAIL RUN CT 324

Amount Due: 84.00

ZIONSVILLE IN 460771395

06000004039053102000020111231201908

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from

to:

Your Social Security Number 040 39 0531

Spouse's Social Security Number	866	64	8155
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Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name	Initial	Last name	Suffix
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HIMANSHU	S	SRIVASTAVA
If filing a joint return, spouse's first name	Initial	Last name

ANUPRIYA	RASTOGI
Present address (number and street or rural route)	

City 1370 QUAIL RUN CT 324

State

Place "X" in box if you are married filing separately.

Zip/Postal code

ZIONSVILLE	IN	460771395
Foreign country 2-character code (see instructions)		

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2019.

County where you lived	06	County where you worked	06	County where spouse lived	06	County where spouse worked	06
----------------------------------	----	-----------------------------------	----	-------------------------------------	----	--------------------------------------	----

Round all entries

- | | | | | |
|-----|--|--------------------------------------|----|-----------|
| 1. | Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 8b _____ | Federal AGI | 1 | 123844.00 |
| 2. | Enter amount from Schedule 1, line 8, and enclose Schedule 1 _____ | Indiana Add-Backs | 2 | .00 |
| 3. | Add line 1 and line 2 _____ | | 3 | 123844.00 |
| 4. | Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ | Indiana Deductions | 4 | .00 |
| 5. | Subtract line 4 from line 3 _____ | | 5 | 123844.00 |
| 6. | You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 _____ | Indiana Exemptions | 6 | 2000.00 |
| 7. | Subtract line 6 from line 5 _____ | Indiana Adjusted Gross Income | 7 | 121844.00 |
| 8. | State adjusted gross income tax: multiply line 7 by 3.23% (.0323)
(if answer is less than zero, leave blank) _____ | | 8 | 3936.00 |
| 9. | County tax. Enter county tax due from Schedule CT-40
(if answer is less than zero, leave blank) _____ | | 9 | 1828.00 |
| 10. | Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) _____ | | 10 | .00 |
| 11. | Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ | Indiana Taxes | 11 | 5764.00 |



12. Enter credits from Schedule 5, line 10 (enclose schedule) _____	12	5680.00	
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13	.00	
14. Add lines 12 and 13 _____ Indiana Credits	14		5680.00
15. Enter amount from line 11 _____ Indiana Taxes	15		5764.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16		.00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00
18. Subtract line 17 from line 16 _____ Overpayment	18		.00
19. Amount from line 18 to be applied to your 2020 estimated tax account (see instructions).			
Enter your county code _____ county tax to be applied _ \$	a		.00
Spouse's county code _____ county tax to be applied _ \$	b		.00
Indiana adjusted gross income tax to be applied _____ \$	c		.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _	20		.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ____ Your Refund	21		.00
22. Direct Deposit (see instructions)			
a. Routing Number _____			
b. Account Number _____			
c. Type: Checking Savings Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23		84.00
24. Penalty if filed after due date (see instructions) _____	24		.00
25. Interest if filed after due date (see instructions) _____	25		.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26		84.00
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

Your Signature	Date	Spouse's Signature	Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40

Your Social Security Number

HIMANSHU S SRIVASTAVA & ANUPRIYA RASTOGI

040 39 0531

**Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.**

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 _____ 1 2000.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 _____ 2 .00
You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2019,
- or a full-time student who was under the age of 24 by Dec. 31, 2019, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents
listed on Schedule IN-DEP, Box 7. x \$1500 _____ 3 .00

4. Place "X" in box(es) below if, by December 31, 2019

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 _____ 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 _____ 5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 _____ **Total Exemptions** 6 2000.00



23019111555

Name(s) shown on Form IT-40

Your Social Security Number

HIMANSHU S SRIVASTAVA & ANUPRIYA RASTOGI

040 39 0531

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	4000.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	1680.00
3. Estimated tax paid for 2019: include any extension payment made with Form IT-9 _____	3	.00
4. Unified tax credit for the elderly _____	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5	.00
6. Lake County residential income tax credit _____	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8	.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9	.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 Total Credits	10	5680.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations		2	.00



23119111555

Name(s) shown on Form IT-40

Your Social Security Number

HIMANSHU S SRIVASTAVA & ANUPRIYA RASTOGI

040 39 0531

1. Federal filing information

Are you filing a federal income tax return for 2019? Place "X" in appropriate box. Yes ☒ No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$.00

\$.00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death

If any individual listed at the top of the IT-40 died *during* 2019, enter date of death (MM/DD).

Taxpayer's date of death

2019

Spouse's date of death

2019

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**6. Your daytime
telephone number**

**Your
email address**

**I authorize the Department to discuss my return with my
personal representative.**

Paid Preparer: Firm's Name (or yours if self-employed)

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Telephone
number

Address

Address

City

City

State

Zip Code

State

Zip Code

Preparer's

signature SELF - PREPARED



23319111555

County Tax Schedule for
Full-Year Indiana Residents

2019

Name(s) shown on Form IT-40

Your Social Security Number

HIMANSHU S SRIVASTAVA & ANUPRIYA RASTOGI

040 39 0531

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself

Column B - Spouse's

1A 121844.00 1B .00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2019 ____

2A .0150000 2B .

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) 3A

1828.00 3B .00

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) ____

4 1828.00

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) ____

5 .00

6. Multiply line 5 by .0181 and enter total here _____

6 .00

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7 1828.00



**Do Not Mail
This Form
To DOR**

Submission ID

First Name and Middle Initial HIMANSHU S	Last Name SRIVASTAVA	Your Social Security Number 040 39 0531	Spouse's Social Security Number 866 64 8155
Spouse's First Name and Middle Initial ANUPRIYA	Spouse's Last Name RASTOGI	Street Address 1370 QUAIL RUN CT 324	
City ZIONSVILLE		State IN	Zip Code 460771395
		Daytime Telephone Number	

Part I Tax Return Information (See instructions on next page)

1. Federal Adjusted Gross Income	1.	123844.
2. Indiana Adjusted Gross Income	2.	121844.
3. Total Indiana Tax	3.	5764.
4. Total State Tax Withheld	4.	4000.
5. Total County Tax Withheld	5.	1680.
6. Total Indiana Tax Credits	6.	5680.
7. Refund	7.	
8. Amount You Owe	8.	84.

Part II Direct Deposit

9. Routing number	<div style="display: flex; justify-content: space-around; height: 20px;"> </div>	<i>Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.</i>
10. Account number	<div style="display: flex; justify-content: space-around; height: 20px;"> </div>	Do Not Mail This Form To DOR
11. Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC	
12. Place an "X" in the box if refund will go to an account outside the United States. <input type="checkbox"/>		

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund is properly deposited.

Part III Declaration of Taxpayer

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2019 income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent to allow my transmitter to send my return, this declaration, and accompanying schedules and statements to the DOR. I also consent to the DOR sending an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Taxpayer's Signature _____
1555

Date _____

Spouse's Signature

Date _____