

Review your print out for checklist items.

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

Your first name and initial: **Rakesh** Last name: **Kukatla** Your social security number: **255-97-6687**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **425 Robinson Street** Apt. no. **TLR** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Binghamton NY 13904** If more than four dependents, see inst. and ✓ here ☐

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

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

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

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation Consultant | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Preparer's name Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.

Firm's address ▶

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

| | | |
|--|------------|----------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | |
| 2a Tax-exempt interest | 2a | |
| 3a Qualified dividends | 3a | |
| 4a IRAs, pensions, and annuities | 4a | |
| 5a Social security benefits | 5a | |
| 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 | |
| 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 | |
| 8 Standard deduction or itemized deductions (from Schedule A) | 8 | 12,000. |
| 9 Qualified business income deduction (see instructions) | 9 | |
| 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 0. |
| 11 a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here | 11 | 0. |
| 12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/> | 12 | |
| 13 Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 0. |
| 14 Other taxes. Attach Schedule 4 | 14 | 0. |
| 15 Total tax. Add lines 13 and 14 | 15 | 0. |
| 16 Federal income tax withheld from Forms W-2 and 1099 | 16 | |
| 17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5 | 17 | |
| 18 Add lines 16 and 17. These are your total payments | 18 | |
| 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 19 | |
| 20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here | 20a | |
| ▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| ▶ d Account number X X X X X X X X X X X X X X X X X X | | |
| 21 Amount of line 19 you want applied to your 2019 estimated tax | 21 | |
| Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions | 22 | 0. |
| 23 Estimated tax penalty (see instructions) | 23 | |

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

Rakesh Kukatla

Your social security number

255-97-6687

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

| | (a) Name of Individual | (b) SSN | (c) Exemption Certificate Number |
|---|---------------------------|------------|-------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Part II**Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ▶ ☒

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

| | (a) Name of Individual | (b) SSN | (c) Exemption Type | (d) Full Year | (e) Jan | (f) Feb | (g) Mar | (h) Apr | (i) May | (j) June | (k) July | (l) Aug | (m) Sept | (n) Oct | (o) Nov | (p) Dec |
|----|---------------------------|------------|-----------------------|------------------|------------|------------|------------|------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|
| 8 | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | |

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ² | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ² | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ² | \$39.99 |

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

1040 WORKSHEET**2018****NOTE:** Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6.
Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 - Additional Income and Adjustments ▶ _____
QuickZoom to Schedule 2 - Tax section ▶ _____
QuickZoom to Schedule 3 - Nonrefundable credits ▶ _____
QuickZoom to Schedule 4 - Other Taxes ▶ _____
QuickZoom to Schedule 5 - Other Payments and Refundable Credits ▶ _____
QuickZoom to Schedule 6 - Foreign Address and Third Party Designee ▶ _____

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year
beginning _____, 2018, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
Rakesh Kukatla 255-97-6687
 If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

 Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
425 Robinson Street TLR
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Binghamton NY 13904

Schedule 6 - Foreign Address

Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)**Presidential Election Campaign**

Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund . . . ▶ ☐ **You** . . ☐ **Spouse**

Filing Status

Check only one box.
All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
☐ Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . ▶ ☐

| Dependents: (1) First name Last name | | (2) Dependent's social security number | (3) Dependent's relationship to you | ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit | (4) Credit for other dependents |
|--|-------|---|--|--|--|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

QuickZoom to the Federal Information Worksheet

QuickZoom to the Dependent and Nondependent Information Worksheet

Form 1040, Identifying Information (cont'd)

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

- a** Check if: ☐ **You** were born before January 2, 1954, ☐ Blind.
☐ **Spouse** was born before January 2, 1954, ☐ Blind.
Total boxes checked **► a** ☐
b If your spouse itemizes on a separate return or you were a
dual-status alien, check here **► b** ☐

Form 1040 Lines 1-5

| | | |
|--|-----------|---|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | |
| 2 a Tax-exempt interest | | |
| b Taxable interest | 2b | |
| 3 a Qualified dividends (see instructions) | | |
| b Ordinary dividends. Attach Schedule B if required | 3b | |
| 4 IRA distributions | | |
| Taxable amount (see instructions) | | |
| Pensions and annuities | | |
| Taxable amount (see instructions) | 4b | |
| 5 a Social security benefits | | |
| b Taxable amount (see instructions) | 5b | |
| QuickZoom to Schedule 1 - Additional Income and Adjustments | | ► |

Form 1040, Lines 6 and 7

| | | |
|---|----------|--|
| 6 Total income. Add lines 1 through 5b and Schedule 1, line 22 | 6 | |
| 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 | |
| AGI including excludable Puerto Rico Income | | |

Form 1040, Line 8 - Standard or Itemized Deduction

| | | |
|--|----------|---------------------|
| 8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount | 8 | 12,000. -12,000. |
|--|----------|---------------------|

Form 1040, Lines 9-11

| | | | |
|-----------|--|-----------|----|
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 0. |

| | | | |
|--|---|--------------------------|--------------|
| 11 | | | |
| a | Tax. (see instructions). Check if any from: | | |
| 1 | <input type="checkbox"/> Form(s) 8814 | | |
| 2 | <input type="checkbox"/> Form 4972 | | |
| 3 | <input type="checkbox"/> | | 0. |
| b | Total tax. Add any amount from Schedule 2 and check here | <input type="checkbox"/> | 11 0. |
| QuickZoom to Schedule 2 - Tax section | | | ▶ |

Form 1040, Line 12 -15

| | | | | |
|--|---|--------------------------|-----------|----|
| 12 a | Child tax credit/credit for other dependents | 12a | | |
| b | Add any amount from Schedule 3 and check here | <input type="checkbox"/> | 12 | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | 13 | 0. |
| 14 | Other taxes. Attach Schedule 4 | | 14 | 0. |
| 15 | Total tax. Add lines 13 and 14 | | 15 | 0. |
| QuickZoom to Schedule 3 - Nonrefundable credits | | | ▶ | |
| QuickZoom to Schedule 4 - Other Taxes | | | ▶ | |

Form 1040, Lines 16-17

| | | | |
|--|---|-----------|---------------------|
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | |
| 17 a | Earned income credit (EIC) | | No |
| | Nontaxable combat pay election | | |
| b | Additional child tax credit. Attach Schedule 8812 | | |
| c | American opportunity credit from Form 8863, line 8 | | |
| | Add lines 17a,b,c and any amount from Schedule 5 | | 17 |
| 18 | Add Lines 16 and 17. | | |
| | These are your total payments | | 18 |
| QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated | | | QuickZoom. ▶ |
| QuickZoom to "due diligence checklist" substitute for Form 8867 | | | QuickZoom. ▶ |
| QuickZoom to Schedule 5 - Other Payments and Refundable Credits | | | QuickZoom. ▶ |

Form 1040, Lines 19-21

| | | | |
|----------------|---|--------------------------|----------------------|
| Refund: | | | |
| 19 | If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid | 19 | |
| 20 a | Amount of overpayment you want refunded to you . If Form 8888 is attached, check here | <input type="checkbox"/> | 20 |
| b | Routing number | ▶ | XXXXXXXXXX |
| c | Type: | | |
| | ▶ <input type="checkbox"/> Checking | | |
| | ▶ <input type="checkbox"/> Savings | | |
| d | Account number | ▶ | XXXXXXXXXXXXXXXXXXXX |
| 21 | Amount of overpayment on line 19 you want applied to your 2019 estimated tax | ▶ | |

Form 1040, Lines 22-23

| | | | |
|------------------------|---|-----------|--------------|
| Amount You Owe: | | | |
| 22 | Subtract line total payments from total tax | ▶ | 22 0. |
| 23 | Estimated tax penalty (see instructions) | 23 | |

QuickZoom to Late Penalties and Interest Worksheet ▶ **QuickZoom.** ▶

Schedule 1 - Additional Income and Adjustments

| | | |
|--|-----------|--|
| 1-9b Reserved | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . . | 10 | |
| 11 Alimony received. . . . Taxpayer _____ Spouse _____ | 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 | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 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 (see instr.) | 19 | |
| 21 Other income. List type and amount (see instructions). _____ _____ | 21 | |
| 22 Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶ | 22 | |
| Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ | | |
| Quickzoom to 1040 Workseet, line 6 - Total Income ▶ QuickZoom. . ▶ | | |

Schedule 1 - 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. 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 | |

Alimony Paid Smart Worksheet

| | Recipient's name | Recipient's SSN | Alimony paid |
|----------|------------------|-----------------|--------------|
| A | _____ | _____ | _____ |
| B | _____ | _____ | _____ |

| | | |
|--|-------------|-----------|
| 31 a Alimony paid | | |
| b Recipient's SSN ▶ _____ | 31 a | |
| 32 IRA deduction | 32 | |
| 33 Student loan interest deduction | 33 | |
| 34 Tuition and fees. Attach Form 8917 | 34 | |
| 35 Reserved | 35 | |
| 36 Add lines 23 through 35 | | 36 |

Schedule 2 - Tax

| | | | |
|--------------|--|--------------|--|
| 38-44 | Reserved | 38-44 | |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add the amounts in the far right column. Enter here and include on Form 1040, line 11. ▶ | 47 | |

Schedule 3 - Nonrefundable Credits

| | | | | |
|--|---|-----------|--|--|
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | | |
| 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: | 54 | | |
| a | <input type="checkbox"/> 3800 | | | |
| b | <input type="checkbox"/> 8801 | | | |
| c | <input type="checkbox"/> | | | |
| 55 | Add lines 12a, and 48 through 54. These are your total credits | 55 | | |
| a | If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/> | | | |
| b | Total non-refundable credits | | | |
| c | Subtract total credits on line 55 from total tax above 0. | | | |
| Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶ | | | | |

Schedule 4 - Other Taxes

| | | | |
|-------------|---|-------------|-------------------------------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: | | |
| a | <input type="checkbox"/> 4137 | b | <input type="checkbox"/> 8919 |
| | Explain underreported tips | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 a | Household employment taxes from Schedule H | 60 a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | b | |
| 61 | Health care: Individual responsibility. Full-year coverage <input type="checkbox"/> | 61 | 0. |
| 62 | Taxes from: | | |
| a | <input type="checkbox"/> Form 8959 | | |
| b | <input type="checkbox"/> Form 8960 | | |
| c | <input type="checkbox"/> Instructions; enter code(s) | 62 | |
| 63 | Section 965 net tax liability installment from Form 965-A. | 63 | |
| 64 | Add lines 57 through 62. Total Other taxes amount. ▶ | 64 | 0. |
| | Tax after credits: Add lines 64 and line 55c | | 0. |

Schedule 5 - Other Payments and Refundable Credits

| | | | | |
|-----------|--|-----------|-----------|--|
| 65 | Reserved for future use | 65 | | |
| 66 | 2018 estimated tax payments and amount applied from 2017 return | 66 | | |
| 67 | Reserved for future use | 67 | | |
| 68 | Reserved for future use | 68 | | |
| 69 | Reserved for future use | 69 | | |
| 70 | Net premium tax credit. Attach Form 8962 | 70 | | |
| 71 | Amount paid with request for extension to file | 71 | | |
| 72 | Excess social security and tier 1 RRTA tax withheld | 72 | | |
| 73 | Credit for federal tax on fuels. Attach Form 4136 | 73 | | |
| 74 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 74 | | |
| 75 | Add lines 66, and 70 through 74. These are your total payments ▶ Amount included above on line 75 from Schedule 5 ▶ Amount included above on line 75 from Form 1040, line 17 ▶ | | 75 | |

Schedule 6 - Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name ▶ _____

Phone No. ▶ _____ Personal Identification Number (PIN) ▶ _____

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.
Keep a copy of this return 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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------------|--------------------------------|--|
| Your Signature _____ | Date _____ | Your Occupation Consultant | If the IRS sent you an Identity Protection PIN, enter it here ▶ _____ |
| Spouse's Signature. If joint, both must sign. _____ | Date _____ | Spouse's Occupation ▶ _____ | |
| Daytime Phone No. (607) 216-8232 | | | |

Paid Preparer's Use Only

| | | |
|---|-----------------------|--|
| Print/Type Preparer's name _____ | Preparer's PTIN _____ | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Preparer's Signature _____ | | |
| Firm's Address (or yours if self-employed) Self-Prepared _____ | Firm's EIN. _____ | Phone No. _____ |
| _____ | State _____ | ZIP Code _____ |
| _____ | | |

Filing Address Information

Send Form 1040 to: Department of the Treasury
Internal Revenue Service
Kansas City, MO 64999-0002

Date _____

| | |
|---|-------------------------|
| Name(s) Shown on Return Rakesh Kukatla | Your SSN 255-97-6687 |
|---|-------------------------|

Line 4b - Adjustment for trade or business income or loss

| (a) Activity name | (b) Gain or loss |
|---|------------------|
| | |
| | |
| | |
| | |
| Enter additional adjustments not included above: | |
| | |
| | |
| Adjustment for trade or business income not subject to net investment tax | |

Line 5b - Adjustment for gain or loss on dispositions

| (a) Activity name | (b) Gain or loss |
|--|--------------------------|
| | |
| | |
| | |
| | |
| | |
| Capital loss carryover adjustment from 2017 for net investment tax purposes | |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Net gain or loss from disposition of property not subject to net investment tax | |

Capital gain/loss not included in net investment income

| (a) Activity name | (b) Capital Gain or Loss |
|---|--------------------------|
| | |
| | |
| | |
| | |
| Capital gain or loss from sale of property not subject to net investment income tax | |

Calculation of line 5b adjustment due to capital loss carryforward

| | | | |
|---|--|---|----|
| 1 | Net capital loss not included in net investment income | 1 | 0. |
| 2 | Capital loss carryover to next year | 2 | |
| 3 | Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . . | 3 | 0. |

Line 7 - Other modifications to investment income

| | | | |
|---|--|---|--|
| 1 | Casualty and theft losses reported on Schedule A, line 20. | 1 | |
| 2 | Amounts reported on Form 8814, line 12 | 2 | |
| 3 | Adjustment for distributions from estates and trusts | 3 | |
| 4 | Schedules C and F income/loss included in net investment income. | 4 | |
| 5 | Substitute interest and dividend payments | 5 | |
| 6 | Recovery of a prior year deduction | 6 | |
| 7 | | 7 | |
| 8 | Total other modifications to investment income | 8 | |

Line 9b - State, local, and foreign income taxes allocable to net investment income

| | | | |
|----|---|----|--|
| 1 | State and local income taxes | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | State and local income taxes allocable to investment income | 5 | |
| 6 | State and local taxes (Schedule A, line 5e) | 6 | |
| 7 | Lesser of line 5 or line 6. | 7 | |
| 8 | Foreign income taxes | 8 | |
| 9 | Foreign income taxes allocable to investment income. Line 8 times line 4. | 9 | |
| 10 | Add lines 7 and 9. State, local and foreign income taxes allocable to investment income | 10 | |

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

| | | | |
|---|---|---|--|
| 1 | Reserved | 1 | |
| 2 | Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income | 2 | |
| 3 | Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div> | 3 | |
| 4 | Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. | 4 | |
| 5 | Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8 | 5 | |
| 6 | Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: | 6 | |
| 7 | Subtract line 6 from line 5. | 7 | |
| 8 | Enter the lesser of line 7 or line 4 | 8 | |

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

| (A) | (B) | (C) |
|--|------------------------|---------------------|
| Reenter the amounts and descriptions from Part III, lines 1-3 | Fraction (see Help) | Column A times B |
| Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c: | | |
| 1 Reserved. | | |
| 2 State, local, and foreign income taxes. | x | = |
| Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10: | | |
| 3 _____ | x | = |
| _____ | x | = |
| _____ | x | = |
| _____ | x | = |
| Penalty on early withdrawal of savings | | |
| Other modifications: | | |
| _____ | | |
| Total additional modifications to Form 8960, line 10 | | |

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

| (a) Activity name | (b) Suspended 12/31/2017 | (c) Suspended 12/31/2018 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2017 | (c) Suspended 12/31/2018 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2017 | (c) Suspended 12/31/2018 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Federal Information Worksheet

► Keep for your records

2018

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Rakesh
Middle initial Suffix
Last name Kukatla
Social security no. 255-97-6687
Occupation Consultant
Date of birth 10/31/1972 (mm/dd/yyyy)
Age as of 1-1-2019 46
Daytime phone (607) 216-8232 Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2019
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 425 Robinson Street Apt no. . . TLR
City Binghamton State . . . NY ZIP code . . . 13904

Foreign Address: Check this box to use foreign address . . . ☐

Address Apt no. . .
City
Foreign code . . . Foreign country . . .
Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone . . .

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. ☐
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name . . . MI . . . Last Name . . . Suffix . . .
Child's social security number . . .
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2016 ☐ 2017 ☐
Are you a dependent with a qualifying child Yes ☐ No ☐
Enter qualifying person's name:
Child's First name . . . MI . . . Last Name . . . Suffix . . .
Child's social security number . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from entries on Dependent/Nondependent Info Worksheets.

| First name Last name | MI Suff | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | E I C | Lived with taxpyr in U.S. | Not qual credit other dep Educ Tuitn and Fees | * D e p |
|-------------------------|------------|---|-------------------------------|------------------|---------------------------------------|---|-------------|---------------------------------------|---|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2018 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States
 for more than half of 2018? ☐ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
 get a federally funded benefit, such as Medicaid, and the Social Security card
 contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2018 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2018 or
 if you are ineligible to claim the EIC in 2018 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐
 Check the appropriate box ☐ Checking ☐ Savings ☐
 Routing number ☐ Account number ☐

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐
 Balance-due amount from this return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized
 deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for
 taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
 Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2018, were you (or your spouse if married) a nonresident alien for any part
 of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the
 Commonwealth of the Northern Mariana Islands ☐
 Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐
 Third party designee phone number ☐
 Personal Identification number (enter any 5 numbers) ☐

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2018 ▶ NY

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2018 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

| Nonresident State(s) | Taxpayer/Spouse/Joint |
|----------------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return _____

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶ ☐

ID . ▶ ☐

neither . ▶ ☒

decline. ▶ ☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶ ☐

ID . ▶ ☐

neither . ▶ ☐

decline. ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2018

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Rakesh Middle initial . . . Last name . . . Kukatla
Suffix
Social security no. . . . 255-97-6687 Member of U.S. Armed Forces in 2018? . . ☐ Yes ☐ No
Date of birth 10/31/1972 (mm/dd/yyyy) age as of 1-1-2019 46
Occupation Consultant Daytime phone (607) 216-8232 Ext
Marital status . . . Divorced
If widowed, check the appropriate box for the year your spouse died:
After 2018 ► ☐ 2018 . ► ☐ 2017 . ► ☐ 2016 . ► ☐ Before 2016 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2019 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2018? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2018? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 NY
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018
Unreimbursed medical expenses paid for qualifying person in 2018
Employment taxes paid for dependent care providers in 2018
Full-time student for 5 calendar months during 2018? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☐
Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

| | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-------------------|-----|-----|--|-----|-----|--|--|--|--|--|--|--|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

Personal Information Worksheet For the Spouse

2018

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ____ Last name . . . _____
Suffix

Social security no. Member of U.S. Armed Forces in 2018? . . ☐ Yes ☐ No

Date of birth (mm/dd/yyyy) age as of 1-1-2019

Occupation Daytime phone Ext _____

Marital status

If widowed, check the appropriate box for the year your spouse died:

After 2018 ► ☐ 2018 . ► ☐ 2017 . ► ☐ 2016 . ► ☐ Before 2016 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐ Yes ☐ No

If deceased, enter the date of death ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2019 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☐ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2018? ► ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2018? ► ☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2018

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ► _____

In which state (or foreign country) did this person reside before this change? ► _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018

Unreimbursed medical expenses paid for qualifying person in 2018

Employment taxes paid for dependent care providers in 2018

Full-time student for 5 calendar months during 2018? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November ☐

Check if covered or exempt (other than short gap) for prior year December ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Full Year . . . ▶ | | | | | | |
| | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

► Keep for your records

Name(s) Shown on Return

Rakesh Kukatla

Social Security Number

255-97-6687

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|-------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | | | |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | | | |
| 2 | Total federal tax withheld | | | |
| 3 & 7 | Total social security wages/tips | | | |
| 4 | Total social security tax withheld | | | |
| 5 | Total Medicare wages and tips | | | |
| 6 | Total Medicare tax withheld | | | |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | | | |
| 17 | Total state tax withheld | | | |
| 19 | Total local tax withheld. | | | |

Healthcare Entry Sheet

2018

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☒ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

| a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------------------------|-------------|----------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| 1 Rakesh Kukatla | 255-97-6687 | 10/31/72 | <input type="checkbox"/> | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | X <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | <input type="checkbox"/> | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | <input type="checkbox"/> | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒ Check this box once you are finished with all the healthcare related entries.

Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return

Rakesh Kukatla

Social Security Number

255-97-6687

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

| | Taxpayer | Spouse | Total |
|--|--------------------------|--------------------------|-------|
| 1 Wages, from Form W-2 | | | |
| 2 Miscellaneous income, from Form 8919 | | | |
| 3 Items from Form 1099-R: | | | |
| a Disability before minimum retirement age | | | |
| b Return of contributions | | | |
| 4 Excess reimbursement, from Form 2106 | | | |
| 5 a Taxable tips, from Form 4137 | | | |
| b Noncash tips | | | |
| 6 Excess moving expense reimbursement, from Form 3903 | | | |
| 7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) | | | |
| 8 Items not on Form W-2 or Form 1099-R: | | | |
| a Sick pay or disability payments | | | |
| b Total foreign source income | | | |
| c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d Ordinary income from employer stock transactions not reported on Form W-2 | | | |
| 9 Other earned income: | | | |
| a Non-gov unemployment received/repaid 2018 | | | |
| b _____ | | | |
| _____ | | | |
| _____ | | | |
| 10 Subtotal. | | | |
| Add lines 1 through 9 | | | |
| 11 Taxable employer-provided dependent care benefits, from Form 2441 | | | |
| 12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 | | | |
| 13 Scholarship/fellowship income not on Form W-2 | | | |
| 14 Other non-earned income: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 15 Total of lines 10 through 14 | | | |

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

| | | Regular Tax | Alternative Minimum Tax |
|--|--|----------------|----------------------------|
| If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10. | | | |
| 1 | If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. | 1 | |
| 2 | Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year | 4 | |
| 5 | Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". | 5 | |
| 6 | Add lines 3 through 5 | 6 | |
| 7 | Enter the smaller of line 6 or the gain from Form 4797, line 7 | 7 | |
| 8 | Enter the amount, if any, from Form 4797, line 8 | 8 | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 | Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. | 10 | |
| 11 | Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund | | |
| | Regular AMT | | |
| | a On Form 1099-DIV | | |
| | b On Form 2439 | | |
| | c On Schedule(s) K-1 | | |
| | d On Form 1099-R | | |
| | e From Form 8814 | | |
| | f Other. | | |
| | Total | 11 | |
| 12 | Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale | 12 | |
| 13 | Add lines 9 through 12. | 13 | |
| 14 | If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0- | 14 | 0. |
| 15 | Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- | 15 | 0. |
| 16 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 16 | |
| a | Enter your capital gain excess, if you are filing Form 2555 | a | 0. |
| 17 | Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- | 17 | 0. |
| 18 | Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. | 18 | |

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

| | | | | Regular Tax | Alternative Minimum Tax |
|----------|---|----------|----|----------------|----------------------------|
| 1 | Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | 1 | | | |
| 2 | Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div> | | | | |
| a | Schedule D . . . | | | | |
| b | Form 8814 . . . | | | | |
| c | Schedule B . . . | | | | |
| d | Form 6252 . . . | | | | |
| e | Form 2439 . . . | | | | |
| f | Other | | | | |
| | Total | 2 | | | |
| 3 | Enter the total of all collectibles gain or (loss) from: | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div> | | | | |
| a | Form 4684, line 4 (but only if line 15 is more than zero) | | | | |
| b | Form 6252 | | | | |
| c | Form 6781, Part II | | | | |
| d | Form 8824 | | | | |
| | Total | 3 | | | |
| 4 | Enter the total of any collectibles gain reported to you on: | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div> | | | | |
| a | Form 1099-DIV, box 2d . . . | | | | |
| b | Form 2439, box 1d | | | | |
| c | Schedule K-1 from a partnership, S corporation, estate, or trust | | | | |
| d | Disposition of interest in partnership or S corporation | | | | |
| e | Other | | | | |
| | Total | 4 | | | |
| 5 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 5 | | | |
| 6 | If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. | 6 | | | |
| 7 | Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | 7 | | | |
| 8 | Enter the amount of any capital gain excess | 8 | | | 0. |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a | 9 | 0. | | 0. |

Name(s) Shown on Return
Rakesh KukatlaSocial Security Number
255-97-6687

| | | | |
|---|--|------|---------|
| 1 a | Enter your taxable income from Form 1040, line 10 | 1 a | 0. |
| b | Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50 | b | |
| c | Add lines 1a and 1b | 1 c | 0. |
| 2 a | Enter your qualified dividends from Form 1040, line 3a | 2 a | |
| b | Enter any capital gain excess attributable to qualified dividends | b | |
| c | Subtract line 2b from line 2a | 2 c | |
| 3 | Amount from Form 4952, line 4g | 3 | |
| 4 a | Amount from Form 4952, line 4e | 4 a | |
| b | Amount from the dotted line next to Form 4952, line 4e | b | |
| c | Line 4b, if applicable, 4a, if not | c | |
| 5 | Subtract line 4c from line 3 | 5 | 0. |
| 6 | Subtract line 5 from line 2c. If zero or less, enter -0- | 6 | 0. |
| 7 a | Enter line 15 of Schedule D | 7 a | |
| b | Enter line 16 of Schedule D | b | |
| c | Enter the smaller of line 7a or line 7b | 7 c | 0. |
| 8 | Enter the smaller of line 3 or line 4c | 8 | |
| 9 a | Subtract line 8 from line 7 | 9 a | 0. |
| b | Enter any capital gain excess attributable to capital gains | b | |
| c | Subtract line 9b from line 9a | 9 c | 0. |
| 10 | Add lines 6 and 9c | 10 | 0. |
| 11 a | Enter the amount from Schedule D, line 18 | 11 a | 0. |
| b | Enter the amount from Schedule D, line 19 | b | |
| c | Add lines 11a and 11b | 11 c | 0. |
| 12 | Enter the smaller of line 9c or line 11c | 12 | 0. |
| 13 | Subtract line 12 from line 10 | 13 | 0. |
| 14 | Subtract line 13 from line 1c. If zero or less, enter -0- | 14 | 0. |
| 15 | Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household. | 15 | 38,600. |
| 16 | Enter the smaller of line 1c or line 15 | 16 | 0. |
| 17 | Enter the smaller of line 14 or line 16 | 17 | 0. |
| 18 a | Subtr in 10 from ln 1c. If zero or less, enter -0- | 18 a | 0. |
| b | Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er)) | b | |
| c | Enter the smaller of line 14 or line 18b | c | |
| 19 | Enter the larger of line 18a or line 18c | 19 | 0. |
| 20 | Subtract line 17 from line 16. This amount is taxed at 0% | 20 | 0. |
| If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21. | | | |
| 21 | Enter the smaller of line 1c or line 13 | 21 | |
| 22 | Enter the amount from line 20 (if line 20 is blank, enter -0-) | 22 | |
| 23 | Subtract line 22 from line 21. If zero or less, enter -0- | 23 | |
| 24 | Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household. | 24 | |
| 25 | Enter the smaller of line 1c or line 24 | 25 | |
| 26 | Add lines 19 and 20 | 26 | |
| 27 | Subtract line 26 from line 25. If zero or less, enter -0- | 27 | |
| 28 | Enter the smaller of line 23 or line 27 | 28 | |
| 29 | Multiply line 28 by 15% (0.15) | 29 | |
| 30 | Add lines 22 and 28 | 30 | |
| 31 | Subtract line 30 from line 21 | 31 | |
| 32 | Multiply line 31 by 20% (0.20) | 32 | |

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

| | | | |
|----|--|----|--|
| 33 | Enter the smaller of line 9c above or Schedule D, line 19 | 33 | |
| 34 | Add lines 10 and 19 | 34 | |
| 35 | Enter the amount from line 1c above | 35 | |

| | | | |
|--|--|----|----------|
| 36 | Subtract line 35 from line 34. If zero or less, enter -0- | 36 | _____ |
| 37 | Subtract line 36 from line 33. If zero or less, enter -0- | 37 | _____ |
| 38 | Multiply line 37 by 25% (0.25) | 38 | _____ |
| If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39. | | | |
| 39 | Add lines 19, 20, 28, 31, and 37 | 39 | _____ |
| 40 | Subtract line 39 from line 1c | 40 | _____ |
| 41 | Multiply line 40 by 28% (0.28) | 41 | _____ |
| 42 | Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet | 42 | _____ |
| 43 | Add lines 29, 32, 38, 41, and 42 | 43 | _____ 0. |
| 44 | Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet | 44 | _____ |
| 45 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a | 45 | _____ |

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 11a ► Keep for your records

2018

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

| | | | |
|--------------------------|--|-----------|-------|
| 1 | Enter the amount from Form 1040, line 10 | 1 | _____ |
| 2 | Enter the amount from Form 1040, line 3a | 2 | _____ |
| 3 | Are you filing Schedule D? | | |
| <input type="checkbox"/> | Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | _____ |
| <input type="checkbox"/> | No. Enter the amount from Schedule 1, line 13. | | |
| 4 | Add lines 2 and 3 | 4 | _____ |
| 5 | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | _____ |
| 7 | Subtract line 6 from line 1. If zero or less, enter -0- | 7 | _____ |
| 8 | Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household. | | |
| | | 8 | _____ |
| 9 | Enter the smaller of line 1 or line 8 | 9 | _____ |
| 10 | Enter the smaller of line 7 or line 9 | 10 | _____ |
| 11 | Subtract line 10 from line 9 (this amount taxed at 0%) | 11 | _____ |
| 12 | Enter the smaller of line 1 or line 6 | 12 | _____ |
| 13 | Enter the amount from line 11 | 13 | _____ |
| 14 | Subtract line 13 from line 12. | 14 | _____ |
| 15 | Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. | | |
| | | 15 | _____ |
| 16 | Enter the smaller of line 1 or line 15 | 16 | _____ |
| 17 | Add lines 7 and 11 | 17 | _____ |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | _____ |
| 19 | Enter the smaller of line 14 or line 18 | 19 | _____ |
| 20 | Multiply line 19 by 15% (0.15) | 20 | _____ |
| 21 | Add lines 11 and 19 | 21 | _____ |
| 22 | Subtract line 21 from line 12 | 22 | _____ |
| 23 | Multiply line 22 by 20% (0.20) | 23 | _____ |
| 24 | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| | | 24 | _____ |
| 25 | Add lines 20, 23, and 24 | 25 | _____ |
| 26 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| | | 26 | _____ |
| 27 | Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a. | | |
| | | 27 | _____ |

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7
(2) Nontaxable income entered elsewhere on return
(3) Available income: 2017 refundable credits in excess of tax 0.
(4) Enter any additional nontaxable income
(5) Total available income 0.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

| (1) State | (2) Date Lived in State From | (3) Date Lived in State To | (4) Enter Total State & Local Rate (%) | (5) State Sales Tax Rate (%) | (6) Local Sales Tax Rate (%) (4) - (5) | (7) State Sales Tax Table Amount | (8) Local Sales Tax Amount | (9) Prorated or Total Amount |
|--------------|---------------------------------|-------------------------------|---|---------------------------------|---|-------------------------------------|-------------------------------|---------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

| (1) ST | (2) Total State & Local Rate | (3) Description | (4) Type | (5) Cost | (6) Rate if Different | (7) Actual Sales Tax Amount Paid | (8) Specific Item Deduction |
|-----------|---------------------------------|--------------------|-------------|-------------|--------------------------|-------------------------------------|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a).

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

| | | |
|----------|---|-------|
| b | Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . | _____ |
| c | Real estate taxes paid on additional homes or land | _____ |
| | Personal portion of real estate taxes from Schedule E Worksheet for: | |
| d | Principal residence | _____ |
| e | Vacation home | _____ |
| f | Less real estate taxes deducted on Form 8829 | _____ |
| g | Foreign real property taxes included in lines 2a-2f above | _____ |
| h | Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) | _____ |
| 3 | State and local personal property taxes: | |
| a | Auto registration fees based on the value of the vehicle. | |
| | 2017 Amount Enter 2018 description: | |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| b | Non-business portion of personal property taxes from Car & Truck Exp Wks | _____ |
| c | Other personal property taxes | _____ |
| d | Add lines 3a through 3c (to Schedule A, line 5c) | _____ |
| 4 | Other taxes: | |
| a | Other taxes from Schedule(s) K-1 | _____ |
| b | Foreign taxes from interest and dividends | _____ |
| c | Foreign taxes from Schedule(s) K-1 | _____ |
| d | Other foreign taxes (not used to claim a foreign tax credit). | _____ |
| e | Other taxes. | |
| | 2017 Amount Enter 2018 description: | |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| f | Foreign real property taxes included in lines 4a-4e above | _____ |
| g | Add lines 4a through 4e, less line 4f (to Schedule A, line 6) | _____ |

Interest Deductions

| | | |
|----------|---|-------|
| 5 | Home mortgage interest and points reported on Form 1098: | |
| a | Mortgage interest and points from the Home Mortgage Interest Worksheet | _____ |
| b | Qualified mortgage interest from Schedule E Worksheet | _____ |
| c | Less home mortgage interest/points deducted on Form 8829 | _____ |
| d | Less home mortgage interest from Form 8396, line 3 | _____ |
| e | Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. | _____ |
| 6 | Home mortgage interest not reported on Form 1098: | |
| a | Mortgage interest from the Home Mortgage Interest Worksheet. | _____ |
| b | Less home mortgage interest deducted on Form 8829 | _____ |
| c | Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above | _____ |
| 7 | Points not reported on Form 1098: | |
| a | Amortizable points from the Home Mortgage Interest Worksheet | _____ |
| b | Other points not on Form 1098 from the Home Mortgage Interest Worksheet | _____ |
| c | Less points deducted on Form 8829 | _____ |
| d | Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above. | _____ |

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

State and Local Income Taxes

| | | |
|---|----|--|
| State income taxes: | | |
| 1 State income tax withheld | 1 | |
| 2 2018 state estimated taxes paid in 2018 | 2 | |
| 3 2017 state estimated taxes paid in 2018 | 3 | |
| 4 Amount paid with 2017 state application for extension | 4 | |
| 5 Amount paid with 2017 state income tax return | 5 | |
| 6 Overpayment on 2017 state income tax return applied to 2018 tax | 6 | |
| 7 Other amounts paid in 2018 (amended returns, installment payments, etc.) | 7 | |
| 8 State estimated tax from Schedule(s) K-1 (Form 1041) | 8 | |
| Local income taxes: | | |
| 9 Local income tax withheld | 9 | |
| 10 2018 local estimated taxes paid in 2018 | 10 | |
| 11 2017 local estimated taxes paid in 2018 | 11 | |
| 12 Amount paid with 2017 local application for extension | 12 | |
| 13 Amount paid with 2017 local income tax return | 13 | |
| 14 Overpayment on 2017 local income tax return applied to 2018 tax | 14 | |
| 15 Other amounts paid in 2018 (amended returns, installment payments, etc.) | 15 | |
| 16 Local estimated tax from Schedule(s) K-1 (Form 1041) | 16 | |
| Other: | | |
| 17 | 17 | |
| 18 Total Add lines 1 through 17 | 18 | |
| 19 State and local refund allocated to 2018 | 19 | |
| 20 Nondeductible state income tax from line 28 | 20 | |
| 21 Total reductions Add lines 19 and 20 | 21 | |
| 22 Total state and local income tax deduction Line 18 less line 21 | 22 | |

Nondeductible State Income Tax (Hawaii Only)

| | | |
|--|----|---|
| 23 Nontaxable federal employee cost of living allowance | 23 | |
| 24 Adjusted gross income | 24 | |
| 25 Add lines 23 and 24 | 25 | |
| 26 Nondeductible percent. Line 23 divided by line 25 | 26 | % |
| 27 Hawaii state income tax included in line 18 | 27 | |
| 28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. | 28 | |

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return Rakesh Kukatla | Social Security Number 255-97-6687 |
|---|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.
- 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value
- 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 6 Enter your contributions "for the use" of any qualified organization
- 7 Add lines 5 and 6
- 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 9 Enter your adjusted gross income 0.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 0.
- b Multiply line 9 by 0.6. This is your 60% limit. 0.

| | | Limits | | | | Deduct this year | Carryover to next year |
|---|--|----------------|-------|--------------|-------|---------------------|------------------------------|
| | | Cash and Other | | Capital gain | | | |
| | | 50% Org | Other | 50% Org | Other | | |
| Cash Contributions to 50%(60%) limit organizations | | | | | | | |
| 11 | Enter the smaller of line 2 or line 10b . . . | | | | | 0. | |
| 12 | Subtract line 11 from line 2 | | | | | | 0. |
| 13 | Subtract line 11 from line 10b | | | 0. | | | |
| Contributions to 50% limit organizations | | | | | | | |
| 14 | Subtract line 2 from line 10a | | 0. | | | | |
| 15 | Enter the smallest of line 3, 10a or 14 . . . | | | | | 0. | |
| 16 | Subtract line 15 from line 3 | | | | | | 0. |
| 17 | Subtract line 16 from line 15 | | | 0. | | | |
| Contributions not to 50% limit organizations | | | | | | | |
| 18 | Add lines 2, 3 and 4 | | | | | | |
| 19 | Multiply line 9 by 0.3. This is your 30% limit. | | 0. | 0. | | | |
| 20 | Subtract line 18 from line 10a | | 0. | | | | |
| 21 | Enter the smallest of line 7, 19, or 20 . . . | | | | | 0. | |
| 22 | Subtract line 21 from line 7 | | | | | | 0. |
| 23 | Subtract line 21 from line 19 | | | | | 0. | |
| Capital gain property to 50% limit organizations | | | | | | | |
| 24 | Enter the smallest of line 4, 17, or 19 . . . | | | | | 0. | |
| 25 | Subtract line 24 from line 4 | | | | | | 0. |
| 26 | Subtract line 21 from line 20 | | | | | 0. | |
| 27 | Subtract line 24 from line 19 | | | | | 0. | |
| Capital gain property not to 50% limit organizations | | | | | | | |
| 28 | Multiply line 9 by 0.2. This is your 20% limit. | | | | | 0. | |
| 29 | Enter the smaller of line 8, 23, 26, 27, or 28 | | | | | 0. | |
| 30 | Subtract line 29 from line 8 | | | | | | 0. |
| 31 | Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14 | | | | | 0. | |

| | | | | | | | |
|----|--|----|--|--|--|----|----|
| 32 | Subtract line 31 from line 9 | 0. | | | | | |
| 33 | Enter the smaller of line 1 or line 32 here on Schedule A, line 14. | | | | | 0. | |
| 34 | Subtract line 33 from line 1 | | | | | | 0. |
| 35 | Add lines 12, 16, 22, 25, 30 and 34. Carry to next year. | | | | | | 0. |

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

Step 1. List your qualified charitable contributions made during the year.

1 Enter your cash contributions for qualified disaster relief. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1

3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value

4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

6 Enter your contributions "for the use" of any qualified organization

7 Add lines 5 and 6

8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

Step 3. Figure your deduction for the year and your carryover to the next year.

9 Enter your adjusted gross income

10 a Multiply line 9 by 0.5. This is your 50% limit. 0. less. 0.

b Multiply line 9 by 0.6. This is your 60% limit. 0. less. 0.

| | | Limits | | | | Deduct this year | Carryover to next year |
|---|--|----------------|-------|--------------|-------|---------------------|------------------------------|
| | | Cash and Other | | Capital gain | | | |
| | | 50% Org | Other | 50% Org | Other | | |
| Cash Contributions to 50%(60%) limit organizations | | | | | | | |
| 11 | Enter the smaller of line 2 or line 10b . . . | | | | | 0. | |
| 12 | Subtract line 11 from line 2 | | | | | | 0. |
| 13 | Subtract line 11 from line 10b | | | 0. | | | |
| Contributions to 50% limit organizations | | | | | | | |
| 14 | Subtract line 2 from line 10a | | 0. | | | | |
| 15 | Enter the smallest of line 3, 10a or 14 . . . | | | | | 0. | |
| 16 | Subtract line 15 from line 3 | | | | | | 0. |
| 17 | Subtract line 16 from line 15 | | | 0. | | | |
| Contributions not to 50% limit organizations | | | | | | | |
| 18 | Add lines 2, 3 and 4 | | 0. | | | | |
| 19 | Multiply line 9 by 0.3. This is your 30% limit. | | 0. | 0. | | | |
| 20 | Subtract line 18 from line 10a | | 0. | | | | |
| 21 | Enter the smallest of line 7, 19, or 20 . . . | | | | | 0. | |
| 22 | Subtract line 21 from line 7 | | | | | | 0. |
| 23 | Subtract line 21 from line 19 | | | | 0. | | |
| Capital gain property to 50% limit organizations | | | | | | | |
| 24 | Enter the smallest of line 4, 17, or 19 . . . | | | | | 0. | |
| 25 | Subtract line 24 from line 4 | | | | | | 0. |
| 26 | Subtract line 21 from line 20 | | | | 0. | | |
| 27 | Subtract line 24 from line 19 | | | | 0. | | |
| Capital gain property not to 50% limit organizations | | | | | | | |
| 28 | Multiply line 9 by 0.2. This is your 20% limit. | | | | 0. | | |
| 29 | Enter the smaller of line 8, 23, 26, 27, or 28 | | | | | 0. | |
| 30 | Subtract line 29 from line 8 | | | | | | 0. |
| 31 | Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14 | | | | | 0. | |

| | | | | | | | |
|-----------|--|----|--|--|--|----|----|
| 32 | Subtract line 31 from line 9 | 0. | | | | | |
| 33 | Enter the smaller of line 1 or line 32 here on Schedule A, line 14. | | | | | 0. | |
| 34 | Subtract line 33 from line 1 | | | | | | 0. |
| 35 | Add lines 12, 16, 22, 25, 30 and 34. Carry to next year. | | | | | | 0. |

- Keep for your records

| | | | | | |
|---|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the entire interest given for all property donated to all charities? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2 | Were restrictions attached to any charities's right to use or dispose of any property donated to any charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 3 | Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 4 | Was any charity other than a 60%/50% charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Rakesh KukatlaSocial Security Number
255-97-6687**FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation**

| | | | |
|-----|--|----|--|
| 1 | Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere | 1 | |
| 2 a | Qualified Educator Expenses (from Educator Expenses Worksheet) | 2a | |
| b | Educator Expense Deduction (from 1040, line 23) | 2b | |
| c | Excess Educator Expenses (line 2a less line 2b). | 2c | |
| 3 | Union and professional dues | 3 | |
| 4 | Professional subscriptions | 4 | |
| 5 | Uniforms and protective clothing | 5 | |
| 6 | Job search costs | 6 | |
| 7 | Tax preparation fees. | 7 | |
| 8 | Entertainment expenses | 8 | |
| 9 | Other: _____ _____ _____ | 9 | |
| 10 | Combine lines 1 through 9 | 10 | |

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation
*Check the box in investment column if an investment expense*Investment
Expense ↓

| | | | | |
|----|---|--|----|--|
| 11 | Depreciation and amortization deductions | <input checked="" type="checkbox"/> | 11 | |
| 12 | Casualty/theft losses of property used in services as an employee | | 12 | |
| 13 | REMIC expenses, from Schedule E | <input checked="" type="checkbox"/> | 13 | |
| 14 | Investment expenses related to interest and dividend income | <input checked="" type="checkbox"/> | 14 | |
| 15 | Expenses related to portfolio income, from Schedule(s) K-1 | <input checked="" type="checkbox"/> | 15 | |
| 16 | Miscellaneous deductions, from Schedule(s) K-1 | | 16 | |
| 17 | Excess deductions on termination, from Schedule(s) K-1 | | 17 | |
| 18 | Investment counsel and advisory fees | <input checked="" type="checkbox"/> | 18 | |
| 19 | Certain attorney and accounting fees | <input checked="" type="checkbox"/> | 19 | |
| 20 | Safe deposit box rental fees | <input checked="" type="checkbox"/> | 20 | |
| 21 | IRA custodial fees | <input checked="" type="checkbox"/> | 21 | |
| 22 | Loss incurred from total distribution of all traditional IRAs | | 22 | |
| 23 | Loss incurred from total distribution of all Roth IRAs | | 23 | |
| 24 | Loss incurred from final distribution of a QTP investment | | 24 | |
| 25 | Hobby expense (limited to hobby income). | | 25 | |
| 26 | Other: a Prior year government unemployment benefits repaid in 2018 b _____ _____ _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 26 | |
| 27 | Combine lines 11 through 26 | | 27 | |

FOR FEDERAL AND STATE USE:**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

| | | | | |
|----|---|-------------------------------------|----|--|
| 28 | Expenses related to portfolio income, from Schedule(s) K-1 | <input checked="" type="checkbox"/> | 28 | |
| 29 | Federal estate tax paid on decedent's income reported on this return | | 29 | |
| 30 | Impairment-related expenses of a handicapped employee, from Form 2106 | | 30 | |
| 31 | Amortizable bond premiums on bonds acquired before 10/23/86 | | 31 | |
| 32 | Gambling losses | | 32 | |
| 33 | Deduction for repayment of amounts under claim of right if over \$3,000 | | 33 | |
| 34 | Casualty/theft losses of income-producing property | | 34 | |
| 35 | Unrecovered investment in annuity. | | 35 | |
| 36 | Ordinary loss attributable to certain debt instruments. | | 36 | |
| 37 | Net Qualified Disaster Loss | | 37 | |
| 38 | Combine lines 28 through 37 (to Schedule A, line 16) | | 38 | |

- Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return Rakesh Kukatla | Social Security Number 255-97-6687 |
|---|---------------------------------------|

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

| | | | | |
|-----|---|--|-----|---------|
| 1 | Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050 | | 1 | |
| 2 | Enter the amount shown below for your filing status. • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000 | | 2 | 12,000. |
| 3 | Standard deduction. | | | |
| 3 a | Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b | | 3 a | |
| 3 b | If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household) | | 3 b | |
| 3 c | Add lines 3a and 3b. Enter the total here and on Form 1040, line 8. | | 3 c | |

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet

2018

► Keep for your records

Name(s) Shown on Return

Rakesh Kukatla

Social Security Number

255-97-6687

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | | | |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | | | |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | | | |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | | | |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|---|--|--|--|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | | | |
| 7 a Taxable employer-provided adoption benefits | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | | | |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | | | |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | | | |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|--|--|--|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | | | |
| 17 Net self-employment loss | | | |
| 18 Alimony received | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, ln 2. | | | |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|---|--|--|--|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | | | |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | | | |

► Keep for your records

Name(s) Shown on Return

Rakesh Kukatla

Social Security Number

255-97-6687

Investment Interest Expense (Form 4952, line 1)

| | | | |
|---|--|-----|--|
| 1 | Investment interest expense, from Schedule K-1 | 1 | |
| 2 | Investment interest expense from royalties | 2 | |
| 3 | Other investment interest expense: | 3 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 4 | Total investment interest expense. Add lines 1 through 3. | 4 | |

Gross Income from Property Held for Investment (Form 4952, line 4a)

| | | | |
|----|---|-----|--|
| 5 | Taxable investment income: | | |
| a | From Schedule B, Interest and Dividend Income | 5 a | |
| b | From Schedules K-1, Partnerships, S Corporations, Estates and Trusts | b | |
| c | From Form 8814, Parents' Election to Report Child's Interest and Dividends | c | |
| d | Total | d | |
| 6 | Royalty income, from Schedule E | 6 | |
| 7 | Net passive income from publicly traded partnerships | 7 | |
| 8 | Income from nonpassive trade or business without material participation | 8 | |
| 9 | Other investment income: | 9 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 10 | Total investment income. Add lines 5d through 9. | 10 | |

Net Capital Gain Income (Form 4952, lines 4d and 4e)

| | | Regular Tax | Alt Min Tax |
|------|--|-------------|-------------|
| 11 a | Net gains from Schedule D, line 16 | 11 a | |
| b | Less net gains from property not held for investment | b | |
| c | Net gains from property held for investment. | c | |
| 12 a | Net capital gains from Schedule D, lesser of ln 15 or ln 16. | 12 a | |
| b | Less net capital gains from property not held for investment | b | |
| c | Net capital gains from property held for investment. | c | |

Investment Expenses (Form 4952, line 5)

| | | | |
|----|---|------|--|
| 13 | Royalty expenses | 13 | |
| 14 | Investment expenses reported on schedule K-1 partnership or S-corp | 14 | |
| 15 | Expenses from nonpassive trade or business without material participation | 15 | |
| 16 | Other investment expenses: | 16 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 17 | Total investment expenses. Add lines 13 through 17. | 17 | |

Allocation of Investment Interest Expense (Schedule A, line 14)

| | | Regular Tax | Alt Min Tax |
|----|--|-------------|-------------|
| 18 | Allowed investment interest expense, Form 4952, line 8 | 18 | |
| 19 | Less amount deducted on other forms and schedules: | 19 | |
| a | Deducted on Schedule E, page 2 for passthru entities | a | |
| b | Deducted on Schedule E, page 1 for royalties | b | |
| c | Other amounts deducted on other forms and schedules | c | |
| d | Total amount deducted on other forms and schedules | d | |
| 20 | Investment interest expense. | 20 | |

Form 1040
Line 17a

Earned Income Credit Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Rakesh Kukatla

Social Security Number
255-97-6687

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

| | | | |
|------------|---|------------|----|
| 1 | Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes | 1 | |
| 2 | Adjustments to line 1 amount: | | |
| a | Income reported as wages and as self-employment income. | 2 a | |
| b | Other income entered as wages that is not considered earned income | b | |
| c | Distributions from section 457 and other nonqualified plans reported on W-2 | c | |
| 3 | Subtract lines 2a, 2b and 2c from line 1 | 3 | |
| 4 a | Taxpayer's nontaxable combat pay election for EIC | 4 a | |
| b | Spouse's nontaxable combat pay election for EIC | b | |
| c | Total nontaxable combat pay election | 4 c | |
| 5 | If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 | 5 | |
| 6 | Earned income. Add lines 3, 4, and 5. | 6 | |
| 7 | Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children. | 7 | 0. |
| | If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a. | | |
| 8 | Enter your AGI from Form 1040, line 7 | 8 | |
| 9 | If you have: | | |
| | • No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)? | | |
| | • 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)? | | |
| | <input checked="" type="checkbox"/> Yes. Go to line 10 now. | | |
| | <input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children | 9 | |
| 10 | Earned income credit. | | |
| | • If 'Yes' on line 9, enter the amount from line 7 | | |
| | • If 'No' on line 9, enter the smaller of line 7 or line 9 | 10 | |

Enter line 10 amount on Form 1040, line 17a.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2018?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2018?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

Compliance and Due Diligence Indicator

Disqualified from Earned Income Credit.

☒ Yes

☒ No

Potential qualifying child count

Non dependent potential qualifying child count

Qualifying child count (max 3)

0

0

0

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2018

► Keep for your records

| | | | |
|--|---|---|--|
| Name(s) Shown on Return Rakesh Kukatla | | Social Security Number 255-97-6687 | |
| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c | | 0. | 0. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 0. | | 0. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT | 0. | | |
| c Enter the smaller of line 7a or line 7b | 0. | | 0. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 0. | 0. | 0. |
| 10 Add lines 6 and 9 | 0. | | 0. |
| A Enter the amount from Form 6251, line 6. | 0. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. | | | 0. |

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Rakesh Kukatla

Social Security Number

255-97-6687

Taxable Income – Line 1

| | | | |
|---|---|---|----------|
| 1 | Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . . | 1 | -12,000. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | -12,000. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | -12,000. |

Taxes – Line 2a

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 6 | 1 | |
|---|---|---|--|

Refund of Taxes – Line 2b

| | | | |
|---|--|---|--|
| 1 | Taxable refund of state and local income tax | 1 | |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 2b | 3 | |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

| | | | |
|----|---|----|----|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 0. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 0. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 0. |
| 6 | Enter ATNOL carried to 2017 from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg | 11 | |

Incentive Stock Options – Line 2i

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 2i. | 5 | |

Alternative Minimum Taxable Income – Line 4

| | | |
|---|---|----------------|
| If married filing separately and Form 6251, line 4, is more than \$718,800: | | |
| 1 | Alternative minimum taxable income, Form 6251 | 1 _____ |
| 2 | Threshold amount | 2 _____ |
| 3 | Subtract line 2 from line 1 | 3 _____ |
| 4 | Multiply line 3 by 25% (.25) | 4 _____ |
| 5 | Smaller of line 4 or \$54,700 | 5 _____ |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 4 | 6 _____ |

Exemption – Line 5

| | | | |
|------------|---|------------|----------|
| 1 | Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately | 1 | 70,300. |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 4 | 2 | 0. |
| 3 | Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately | 3 | 500,000. |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0. |
| 5 | Multiply line 4 by 25% (.25) | 5 | 0. |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0- | 6 | 70,300. |
| | If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29. | | |
| 7 | Minimum exemption amount for certain children under age 24 | 7 | _____ |
| 8 a | Enter the child's earned income , if any | 8 a | _____ |
| b | Enter any adjustments. | b | _____ |
| 9 | Add lines 7, 8a and 8b. If zero or less, enter -0- | 9 | _____ |
| 10 | Enter the smaller of line 6 or line 9 here and on Form 6251, line 5. | 10 | _____ |

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2018

► Keep for your records

| | | | |
|---|---|---------------------------------------|--|
| Name(s) Shown on Return Rakesh Kukatla | | Social Security Number 255-97-6687 | |
| 1 | Enter amount from Form 6251, line 6 | 1 | |
| 2 a | Enter amount from Form(s) 2555, lines 45 and 50 | 2a | |
| b | Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income | 2b | |
| c | Subtract line 2b from line 2a. If zero or less, enter 0 | 2c | |
| 3 | Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 | 3 | |
| 4 | Tax on amount on line 3. | | |
| | <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. • All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. | 4 | |
| 5 | Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result | 5 | |
| 6 | Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0 | 6 | |

Federal Carryover Worksheet**2018**

► Keep for your records

Name(s) Shown on Return

Rakesh Kukatla

Social Security Number

255-97-6687

2017 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2017 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2017 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2017 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

2017 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

Rakesh Kukatla

255-97-6687

| Other Tax and Income Information | | | 2017 | 2018 |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 | Itemized deductions | 3 | | 0. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | | |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | | 0. |
| 7 | Alternative minimum tax | 7 | | |
| 8 | Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | | | 2017 | 2018 |
|----------------------|---|------|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | b | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | b | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| b | Spouse's excess HSA contributions as of 12/31 | b | | |

| Loss and Expense Carryovers | | | 2017 | 2018 |
|--|---|------|------|------|
| Note: Enter all entries as a positive amount | | | | |
| 12 a | Short-term capital loss | 12 a | | |
| b | AMT Short-term capital loss | b | | |
| 13 a | Long-term capital loss | 13 a | | |
| b | AMT Long-term capital loss | b | | |
| 14 a | Net operating loss available to carry forward | 14 a | | |
| b | AMT Net operating loss available to carry forward | b | | |
| 15 a | Investment interest expense disallowed | 15 a | | |
| b | AMT Investment interest expense disallowed | b | | |
| 16 | Nonrecaptured net Section 1231 losses from: | 16 a | | |
| | a 2018 | a | | |
| | b 2017 | b | | |
| | c 2016 | c | | |
| | d 2015 | d | | |
| | e 2014 | e | | |
| | f 2013 | f | | |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | 17 a | | |
| | a 2018 | a | | |
| | b 2017 | b | | |
| | c 2016 | c | | |
| | d 2015 | d | | |
| | e 2014 | e | | |
| | f 2013 | f | | |

Name(s) Shown on Return
Rakesh KukatlaSocial Security Number
255-97-6687

| Description | Amount |
|---|--------|
| Income | |
| Wages | |
| Interest income before Series EE bond exclusion | |
| Dividend income | |
| Tax refund | |
| Alimony received | |
| Nonpassive business income or loss | |
| Royalty and nonpassive rental activities income or loss | |
| Nonpassive partnership income or loss | |
| Nonpassive S corporation income or loss | |
| Nonpassive farm rental income or loss | |
| Nonpassive farm income or loss | |
| Nonpassive estate and trust income or loss | |
| Real estate mortgage investment conduits | |
| Business gains and losses from nonpassive activities | |
| Capital gains and losses | |
| Taxable IRA distributions | |
| Taxable pension distributions | |
| Unemployment compensation | |
| Other income | |
| Total income | |
| Adjustments | |
| Educator expenses | |
| Certain business expenses of reservists, performing artists, and government officials | |
| Health savings account deduction | |
| Moving expenses | |
| Self-employed SEP, SIMPLE, and qualified plans | |
| Self-employed health insurance deduction | |
| Penalty on early withdrawals of savings | |
| Alimony paid | |
| Other adjustments | |
| Total adjustments | |
| Modified adjusted gross income | |

Tax Summary
► Keep for your records

2018

Name (s)

Rakesh Kukatla

| | |
|--|---------|
| Total income | |
| Adjustments to income | |
| Adjusted gross income | |
| Itemized/standard deduction | 12,000. |
| Qualified business income deduction | |
| Taxable income | 0. |
| Tentative tax | 0. |
| Additional taxes | |
| Alternative minimum tax | |
| Total credits | |
| Other taxes | 0. |
| Total tax | 0. |
| Total payments | |
| Estimated tax penalty | |
| Amount Overpaid | |
| Refund | |
| Amount Applied to Estimate | |
| Balance due | |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Rakesh Kukatla

Primary SSN: 255-97-6687

Federal Return Submitted: _____

Federal Return Acceptance Date: _____

Your return has not been electronically transmitted yet

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|--|
| |
|--|

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ³ | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ³ | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ³ | Free option with your purchase of TurboTax Premium Services or TurboTax MAX ² |

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

2018

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
☐ File **state** returns electronically

Select state returns to file electronically:

| State(s) |
|----------|
| |
| |
| |
| |

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
☐ State return printed and mailed to state agency

Select state returns to file by mail:

| State(s) |
|----------|
| |
| |
| |
| |

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN
Choose one:
☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____
Spouse's PIN filing a joint return (enter any 5 numbers) _____
Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
 - ☐ State issued identification card
 - ☐ Passport
 - ☐ Account statement from financial institution
 - ☐ Utility billing statement
 - ☐ Credit card billing statement
-

Finish and File Info:

- ☐ To indicate a client return download in FnF

| Name | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|
| Rakesh | X | X | X | X | X | X | X | X | X | X | X | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1. Total Number of X's for month. If 5 or more, enter 5 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | |
| 2. Total Number of X's for month for individuals 18 or over | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | |
| 3. One-half the number of X's in a month for individuals under 18 | | | | | | | | | | | | |
| 4. Add lines 2 and 3 for each month | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | |
| 5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085 | 695 | 695 | 695 | 695 | 695 | 695 | 695 | 695 | 695 | 695 | 695 | |
| 6. Sum of the number of X's on line 1 above for the year | | | | | | | | | | | 11 | |
| 7. Enter your household income | | | | | | | | | | | | |
| 8. Enter your filing threshold | | | | | | | | | | | 12,000. | |
| 9. Subtract line 8 from line 7 | | | | | | | | | | | | |
| 10. Multiply Line 9 by 2.5%(.025) | | | | | | | | | | | | |
| 11. Is line 10 more than \$2,085? <input type="checkbox"/> Yes. Multiply line 10 by the no. of months for which line 1 is more than zero. <input checked="" type="checkbox"/> No. Enter the amount of line 14 on the Flat Dollar Amount Worksheet. | | | | | | | | | | | 7,645. | |
| 12. Divide line 11 by 12.0 | | | | | | | | | | | 637. | |
| 13. Multiply line 6 by \$283 | | | | | | | | | | | 3,113. | |
| 14. Enter the smaller of line 12 or 13 here and on Form 1040, line 61. This is your shared responsibility payment | | | | | | | | | | | 0. | |

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

| Tax Smart Worksheet | |
|----------------------------|--|
| A | Tax 0. |
| | Check if from: |
| 1 | Tax table <input checked="" type="checkbox"/> |
| 2 | Tax Computation Worksheet (see instructions) <input type="checkbox"/> |
| 3 | Schedule D Tax Worksheet <input type="checkbox"/> |
| 4 | Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/> |
| 5 | Schedule J <input type="checkbox"/> |
| 6 | Form 8615 <input type="checkbox"/> |
| 7 | Foreign Earned Income Tax Worksheet <input type="checkbox"/> |
| B | Additional tax from Form 8814 _____ |
| C | Additional tax from Form 4972 _____ |
| D | Tax from additional Form(s) 4972 _____ |
| E | Recapture tax from Form 8863 _____ |
| F | IRC Section 197(f)(9)(B)(ii) election for an additional tax _____ |
| G | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____ |
| H | Tax. Add lines A through G. Enter the result here and include in tax below. 0. |

SMART WORKSHEET FOR: Federal Information Worksheet

| TurboTax for the Web Filing Status Smart Worksheet | |
|--|--------------------------|
| Check this box to override the filing status selected thru Interview . . | <input type="checkbox"/> |
| Marital Status | |
| Filing Status Selected | |

SMART WORKSHEET FOR: Federal Information Worksheet

| |
|---|
| <p>2017 Tax Cuts & Jobs Act</p> <p>Apply 15-year recovery period to qualified improvement property</p> <p>(asset types J2, J3, J4 and J5)</p> <p>placed in service after December 31, 2017?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p> <p>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.</p> <p>Refer to Tax Help</p> |
|---|

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

- A** Enter Section 179 carryover from prior year _____
- B** **QuickZoom** to the Asset Entry Worksheet ►
- C** **QuickZoom** to the Depreciation/Amortization Reports ►
- D** **QuickZoom** to Form 4562 for Schedule A. ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet**QuickZoom** to enter nontaxable combat pay on Form W-2 ►**A Taxpayer:****1** Taxpayer, nontaxable combat pay _____**1a** Taxpayer, prior year nontaxable combat pay from 2017 _____**2 Election for earned income credit (EIC):**Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No**B Spouse:****1** Spouse, nontaxable combat pay _____**1a** Spouse, prior year nontaxable combat pay from 2017 _____**2 Election for earned income credit (EIC):**Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or
line B and reviewing the overpayment or amount due below:

Overpayment _____

Amount due _____ 0 .

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Disaster Victims Smart Worksheet

Election to use 2017 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2017 earned income to be used
for EIC and Additional Child Tax Credit calculations.**A Elect to use 2017 earned income for EIC****and Additional Child Tax Credit.** ► ☐ Yes ☐ No**B Taxpayer is eligible to elect to use 2017 earned income**(see Publication 4492 for details) ► ☐ Yes ☐ No**C** Earned income for EIC from your 2017 return _____**D** Current year earned income for EIC _____If Line D is equal to or greater than Line C the taxpayer is not eligible
to use 2016 earned income for EIC and Additional Child Tax Credit
calculations.**E** You may compare the tax benefit of electing to use 2017 Earned Income
by checking the boxes on line A and B

Overpayment _____

Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

| | | |
|----------|--|-----------|
| A | Taxable and tax exempt interest | _____ |
| B | Dividend income | _____ |
| C | Capital gain net income | _____ |
| D | Royalty and rental of personal property net income | _____ |
| E | Passive activity net income : | |
| 1 | Rental real estate net income or loss | _____ |
| 2 | Farm rental net income or loss | _____ |
| 3 | Partnerships and S corporations net income or loss | _____ |
| 4 | Estates and trusts net income or loss | _____ |
| 5 | Total of lines 1 through 4 | _____ |
| 6 | Total passive activity net income , line 5 if greater than zero | _____ |
| F | Interest and dividends from Forms 8814 | _____ |
| G | Adjustments | _____ |
| H | Total investment income , add lines A through G | _____ 0 . |

Is line H, **total investment income** over \$3,500?

- ☒ **No.** You may take the credit.
- ☐ **Yes. Stop.** You **cannot** take the credit.

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

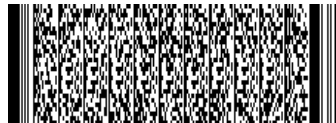
For help completing your return, see the instructions, Form IT-201-I.

and ending ...

| | | | | | | | | |
|--|--|----|--|----------|-------------------------------------|--|------------------------------------|--|
| Your first name | | MI | Your last name (for a joint return, enter spouse's name on line below) | | Your date of birth (mmddyyyy) | | Your social security number | |
| RAKESH | | | KUKATLA | | 10311972 | | 255976687 | |
| Spouse's first name | | MI | Spouse's last name | | Spouse's date of birth (mmddyyyy) | | Spouse's social security number | |
| | | | | | | | | |
| Mailing address (see instructions, page 14) (number and street or PO box) | | | | | Apartment number | | New York State county of residence | |
| 425 ROBINSON STREET | | | | | TLR | | BROOME | |
| City, village, or post office | | | State | ZIP code | Country (if not United States) | | School district name | |
| BINGHAMTON | | | NY | 13904 | | | BINGHAMTON | |
| Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route) | | | | | Apartment number | | School district code number | |
| | | | | | | | 053 | |
| City, village, or post office | | | State | ZIP code | Taxpayer's date of death (mmddyyyy) | | Spouse's date of death (mmddyyyy) | |
| | | | NY | | Decedent information | | | |

A Filing status(mark an **X** in one box):

- ① ☒ Single
- ② ☐ Married filing joint return (enter spouse's social security number above)
- ③ ☐ Married filing separate return (enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months **you** lived in NYC in 2018
- (2) Number of months **your spouse** lived in NYC in 2018

G Enter your **2-character special condition code(s)** if applicable (see page 15) **H Dependent information** (see page 16)

| First name | MI | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than 7 dependents, mark an **X** in the box. ☐

201001181555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

| |
|-----------------------------|
| Your social security number |
| 255976687 |

Federal income and adjustments (see page 16)

Whole dollars only

| | | | |
|----|--|----|-------|
| 1 | Wages, salaries, tips, etc. | 1 | .00 |
| 2 | Taxable interest income | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | 4 | .00 |
| 5 | Alimony received | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 |
| 9 | Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/> | 9 | .00 |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/> | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) | 11 | .00 |
| 12 | Rental real estate included in line 11 | 12 | .00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) | 13 | .00 |
| 14 | Unemployment compensation | 14 | .00 |
| 15 | Taxable amount of social security benefits (also enter on line 27) | 15 | .00 |
| 16 | Other income (see page 16) Identify: | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | .00 |
| 18 | Total federal adjustments to income (see page 16) Identify: | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) | 19 | 0 .00 |

New York additions (see page 17)

| | | | |
|----|--|----|-----|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) | 21 | .00 |
| 22 | New York's 529 college savings program distributions (see page 17) | 22 | .00 |
| 23 | Other (Form IT-225, line 9) | 23 | .00 |
| 24 | Add lines 19 through 23 | 24 | .00 |

New York subtractions (see page 18)

| | | | |
|----|--|----|-------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00 |
| 26 | Pensions of NYS and local governments and the federal government (see page 18) | 26 | .00 |
| 27 | Taxable amount of social security benefits (from line 15) | 27 | .00 |
| 28 | Interest income on U.S. government bonds | 28 | .00 |
| 29 | Pension and annuity income exclusion (see page 19) | 29 | .00 |
| 30 | New York's 529 college savings program deduction/earnings | 30 | .00 |
| 31 | Other (Form IT-225, line 18)..... | 31 | .00 |
| 32 | Add lines 25 through 31 | 32 | .00 |
| 33 | New York adjusted gross income (subtract line 32 from line 24) | 33 | 0 .00 |

Standard deduction or itemized deduction (see page 21)

| | | | |
|----|--|----|----------|
| 34 | Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized | 34 | 8000 .00 |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) | 35 | .00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 21) | 36 | 000 .00 |
| 37 | Taxable income (subtract line 36 from line 35) | 37 | .00 |

201002181555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
RAKESH KUKATLA

Your social security number
255976687

Tax computation, credits, and other taxes

| | | | |
|-----------|---|-----------|--------|
| 38 | Taxable income (from line 37 on page 2) | 38 | .00 |
| 39 | NYS tax on line 38 amount (see page 22) | 39 | 0 .00 |
| 40 | NYS household credit (page 21, table 1, 2, or 3) | 40 | 75 .00 |
| 41 | Resident credit (see page 23) | 41 | .00 |
| 42 | Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... | 42 | .00 |
| 43 | Add lines 40, 41, and 42 | 43 | 75 .00 |
| 44 | Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | .00 |
| 45 | Net other NYS taxes (Form IT-201-ATT, line 30) | 45 | .00 |
| 46 | Total New York State taxes (add lines 44 and 45) | 46 | .00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|------------|--|------------|-------|
| 47 | NYC taxable income (see instructions) | 47 | .00 |
| 47a | NYC resident tax on line 47 amount (see page 23) | 47a | .00 |
| 48 | NYC household credit (page 23) | 48 | .00 |
| 49 | Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) | 49 | .00 |
| 50 | Part-year NYC resident tax (Form IT-360.1) | 50 | .00 |
| 51 | Other NYC taxes (Form IT-201-ATT, line 34) | 51 | .00 |
| 52 | Add lines 49, 50, and 51 | 52 | .00 |
| 53 | NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | .00 |
| 54 | Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | .00 |
| 54a | MCTMT net earnings base | 54a | .00 |
| 54b | MCTMT | 54b | .00 |
| 55 | Yonkers resident income tax surcharge (see page 26) | 55 | .00 |
| 56 | Yonkers nonresident earnings tax (Form Y-203) | 56 | .00 |
| 57 | Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | .00 |
| 58 | Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) .. | 58 | .00 |
| 59 | Sales or use tax (see page 27; do not leave line 59 blank) | 59 | 0 .00 |

Voluntary contributions (see page 28)

| | | | | | | | |
|------------|--|------------|-----|------------|-------------------------------|------------|-----|
| 60a | Return a Gift to Wildlife | 60a | .00 | 60o | Veterans' Homes | 60o | .00 |
| 60b | Missing/Exploited Children | 60b | .00 | 60p | Love Your Library Fund | 60p | .00 |
| 60c | Breast Cancer Research | 60c | .00 | 60q | Lupus Fund | 60q | .00 |
| 60d | Alzheimer's Fund | 60d | .00 | 60r | Military Family Fund | 60r | .00 |
| 60e | Olympic Fund (\$2 or \$4) | 60e | .00 | 60s | CUNY Fund | 60s | .00 |
| 60f | Prostate Cancer | 60f | .00 | | | | |
| 60g | 9/11 Memorial | 60g | .00 | | | | |
| 60h | Volunteer Firefighting | 60h | .00 | | | | |
| 60i | Teen Health Education | 60i | .00 | | | | |
| 60j | Veterans Remembrance | 60j | .00 | | | | |
| 60k | Homeless Veterans | 60k | .00 | | | | |
| 60l | Mental Illness Anti-Stigma | 60l | .00 | | | | |
| 60m | Women's Cancers Fund | 60m | .00 | | | | |
| 60n | Autism Fund | 60n | .00 | | | | |
| 60 | Total voluntary contributions (add lines 60a through 60s) | 60 | .00 | | | | |
| 61 | Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | .00 | | | | |

201003181555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

255976687

62 Enter amount from line 61 **62**00**Payments and refundable credits** (see pages 29 through 32)

| | | |
|---|------------|-----|
| 63 Empire State child credit | 63 | .00 |
| 64 NYS/NYC child and dependent care credit | 64 | .00 |
| 65 NYS earned income credit (EIC) | 65 | .00 |
| 66 NYS noncustodial parent EIC | 66 | .00 |
| 67 Real property tax credit | 67 | .00 |
| 68 College tuition credit | 68 | .00 |
| 69 NYC school tax credit (fixed amount) (also complete F on page 1) | 69 | .00 |
| 69a NYC school tax credit (rate reduction amount) | 69a | .00 |
| 70 NYC earned income credit | 70 | .00 |
| 70a NYC enhanced real property tax credit | 70a | .00 |
| 71 Other refundable credits (Form IT-201-ATT, line 18) | 71 | .00 |
| 72 Total New York State tax withheld | 72 | .00 |
| 73 Total New York City tax withheld | 73 | .00 |
| 74 Total Yonkers tax withheld | 74 | .00 |
| 75 Total estimated tax payments and amount paid with Form IT-370 | 75 | .00 |
| 76 Total payments (add lines 63 through 75) | 76 | .00 |



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 33 through 35)

| | | |
|---|------------|-----|
| 77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 33) | 77 | .00 |
| 78 Amount of line 77 available for refund (subtract line 79 from line 77) | 78 | .00 |
| 78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | 78a | .00 |
| 78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) | 78b | .00 |

Mark one refund choice: ☐ **direct deposit** to checking or savings account (fill in line 83) - or - ☐ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) **79**00

80 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

8000

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81**00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34) **82**00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35) ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 35) Date Amount00

| | | | |
|--|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/> | Print designee's name | Designee's phone number () | Personal identification number (PIN) |
| | E-mail: | | |

| | | | |
|--|--|--------------------------------|--------------------|
| ▼ Paid preparer must complete ▼ (see instructions) | | Preparer's NYTPRIN | NYTPRIN excl. code |
| Preparer's signature | | Preparer's printed name | |
| Firm's name (or yours, if self-employed) SELF-PREPARED | | Preparer's PTIN or SSN | |
| Address | | Employer identification number | |
| | | Date | |
| E-mail: | | | |

| | |
|---|--|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature | |
| Your occupation CONSULTANT | |
| Spouse's signature and occupation (if joint return) | |
| Date | Daytime phone number (607) 216 8232 |
| E-mail: | |

201004181555

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

IT-196
Line 40

Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return
RAKESH KUKATLA

Social Security Number
255-97-6687

| | | | |
|-----------|---|-----------|--|
| 1 | Enter the amounts on Form IT-196, lines 4, 9, 15, 19, 20, 28 and 39 | 1 | |
| 2 | Enter the amounts on Form IT-196, lines 4, 14, 20, 29 and 38, plus any qualified contributions included on line 16. | 2 | |
| 3 | Is the amount on line 2 less than the amount on line 1? If No , stop here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If Yes , subtract line 2 from line 1 | 3 | |
| 4 | Multiply line 3 by 80% (.80) | 4 | |
| 5 | Enter the amount from Form IT-201 or IT-203, line 19 | 5 | |
| 6 | Enter \$266,700 if single; \$320,000 if married filing jointly or qualifying widow(er); \$298,350 if head of household, \$160,000 if married filing separately | 6 | |
| 7 | Is the amount on line 6 less than the amount on line 5? If No , stop here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If Yes , subtract line 6 from line 5 | 7 | |
| 8 | Multiply line 7 by 3% (.03). | 8 | |
| 9 | Enter the smaller of line 4 or line 8 | 9 | |
| 10 | Total itemized deductions. Subtract line 9 from line 1. Enter the result on Form IT-196, line 40 | 10 | |

► Keep for your records

Name(s) Shown on Return
RAKESH KUKATLASocial Security Number
255-97-6687**Part 1 - Home Mortgage Loan Information**

| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
|--|---|---|---|---|---|
| Interest paid in 2018 | | | | | |
| Points paid in 2018 | | | | | |
| Months loan outstanding | 12 | 12 | 12 | 12 | 12 |
| Principal paid on loan in 2018 | | | | | |
| Mortgage origination date | | | | | |
| Amortized points allow. in 2018 | | | | | |
| Is this a home equity loan? | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Mortgage interest was reported to you on Form 1098? | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Points were reported to you on Form 1098? | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| Was all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan? | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> | Yes No <input type="checkbox"/> <input type="checkbox"/> |

Home Debt Originating on or after December 15, 2017

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Borrowed in 2018 | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |

Home Debt Originating after October 13, 1987 and Before December 15, 2017

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |

Above Debt Categorized for pre Tax Cuts and Jobs Act of 2017 rules below:**Home Acquisition Debt**

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Borrowed in 2018 | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |
| Average balance | | | | | |
| Allocated interest | | | | | |

Home Equity Debt (if not all used to buy, build or improve the home)

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Borrowed in 2018 | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |
| Average balance | | | | | |
| Allocated interest | | | | | |

Grandfathered Debt

| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Beginning of year balance | | | | | |
| Principal applied | | | | | |
| Ending balance | | | | | |
| Average balance | | | | | |
| Allocated interest | | | | | |

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ►
 Home acquisition debt and grandfathered debt on date debt was last secured by home ►

Deductible Home Mortgage Interest Worksheet

2018

► Keep for your records

RAKESH KUKATLA

255-97-6687

Page 2

Part 2 – Qualified Loan Limit

| | | | |
|---|---|---|------------|
| 1 | Average balance of all grandfathered debt | 1 | |
| 2 | Average balance of all home acquisition debt | 2 | |
| 3 | Enter \$1,000,000 (\$500,000 if married filing separately) | 3 | 1,000,000. |
| 4 | Enter the larger of line 1 or line 3 | 4 | 1,000,000. |
| 5 | Add the amounts on lines 1 and 2 | 5 | |
| 6 | Enter the smaller of line 4 or line 5 | 6 | 0. |
| 7 | For home equity debt, smaller of \$100,000 (\$50,000 if married filing separately) or limited amount | 7 | 0. |
| 8 | Qualified loan limit (add lines 6 and 7) | 8 | 0. |

Part 3 – Deductible Home Mortgage Interest

| | | | |
|----|---|----|--|
| 9 | Average balances of all mortgages on all qualified homes | 9 | |
| 10 | Total amount of interest paid | 10 | |
| 11 | Divide line 8 by line 9 | 11 | |
| 12 | Multiply line 10 by line 11. This is deductible home mortgage interest | 12 | |
| 13 | Subtract line 12 from line 10. This is not home mortgage interest | 13 | |

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☐

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on 1098 x line 11

Total points above reported on 1098 x line 11

Qualified mortgage interest from Schedule E Worksheet.

Less home mortgage interest/points (reported on Form 1098) deducted on Form 8829

Less home mortgage interest from Form 8396 line 3

Adjusted total interest/points reported on Form 1098

Total interest above **not** reported on 1098 x line 11

Less home mortgage interest (**not** reported on form 1098) deducted on Form 8829

Adjusted total interest **not** reported on Form 1098

Total points above **not** reported on 1098 x line 11

Less points (**not** reported on Form 1098) deducted on Form 8829

Adjusted total points **not** reported on Form 1098

Part I – Personal Information

Taxpayer:

First Name RAKESH
 Middle Initial Suffix
 Last Name KUKATLA
 Social Security No. 255-97-6687
 Occupation Consultant
 Date of Birth 10-31-1972
 Age as of 1-1-2019 46
 Date of Death
 NY DL Doc ID
 Email Address
 Daytime Phone (607) 216-8232
 Extension
 Home Phone

Spouse:

First Name
 Middle Initial Suffix
 Last Name
 Social Security No.
 Occupation
 Date of Birth
 Age as of 1-1-2019
 Date of Death
 NY DL Doc ID
 Email Address
 Daytime Phone
 Extension

Check to print phone number on main form . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Mailing Address

Street Address 425 ROBINSON STREET Apartment No. TLR
 City Binghamton State NY ZIP Code 13904
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

Permanent Home Address (if different from mailing address above)

Street Address Apartment No.
 City State ZIP Code
 (Below should be used by New York nonresidents only)
 Foreign code Foreign country Foreign postal code
 Foreign province/county Foreign province/county abbreviation

New York County and School District Information

County Broome
 School District Binghamton School District Code 053

Part II – Main Form

- ☒ Full-year resident: Form IT-201, Resident Income Tax Return ►
☐ Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
☐ Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

☐ ☐ If only one spouse has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

| | Taxpayer | | Spouse | |
|--|-------------------------------------|--|--------------------------|---|
| | New York City | Yonkers | New York City | Yonkers |
| Residency Status: | | | | |
| Full-year resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Part-year resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nonresident | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Part-year residents dates of residency: | | | | |
| From: | | | | |
| To: | | | | |
| If a City of Yonkers nonresident: | | | | |
| Did you receive income or withholding from Yonkers sources during your period of nonresidence? | | Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/> | | Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/> |

New York City Residents:

- Yes No
☐ ☒ Did you or your spouse maintain living quarters in New York City during 2018?
☐ ☒ If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Filing only IT-214, NYC-208 and/or NYC-210:

- ☐ Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 (Caution: See Tax Help)
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters ►
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners and Renters ►
 Form NYC-210, Claim for NYC School Tax Credit ►

Part III – Filing Status

- ☒ Single
☐ Married, filing joint
☐ Married, filing separate
☐ You **did not** live with your spouse at any time during the year
 If both you and your spouse itemized deductions on your federal tax return:
☐ Both you and your spouse will itemize deductions on your New York State tax returns
☐ Both you and your spouse will take the New York standard deduction
☐ Head of household
☐ Qualifying widow(er)

Part IV – Credits**New York State Charitable Gifts Trust Fund**

Yes No

- ☐ ☒ Did you make a contribution to one of the New York Charitable Gifts Trust Funds below? If yes, enter amount:

Health Charitable Account ▶ _____
 Elementary and Secondary Education Account ▶ _____

New York City Accumulation Distribution Credit:

Taxpayer Spouse

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____
 Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No

- ☐ ☒ Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)
 If Yes, enter the amount ▶ _____

Check received for STAR credit ▶ _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes ☐ No ☐

Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

| | Taxpayer | Spouse |
|--|--|--|
| 1 a File NYC-202S | <input type="checkbox"/> | <input type="checkbox"/> |
| b File NYC-202 | <input type="checkbox"/> | <input type="checkbox"/> |
| c Do not file NYC-202/NYC-202S | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Gain (loss) from sale of business assets | _____ | _____ |
| 3 Net rent/royalty income from business property | _____ | _____ |
| 4 Other business income (loss) | _____ | _____ |
| 5 Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ | _____ | _____ |
| 6 Number of months in business in New York City during the year | _____ | _____ |
| 7 a Use direct deposit for NYC-202/NYC-202S tax refund | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b Will the funds for this refund go to an account outside the U.S.? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c Routing number | _____ | _____ |
| d Account number | _____ | _____ |
| e 1 Account Type: Checking | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Account Type: Savings | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

| | Taxpayer | Spouse |
|--|--------------------------|--------------------------|
| Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203. | | |
| 1 Complete MCTM Tax Worksheet | <input type="checkbox"/> | <input type="checkbox"/> |

Part VII – Sales or Use Tax and Voluntary Gifts or Contributions**Sales or Use Tax**

| | | |
|------------|--|-------------------------------------|
| 1 a | If you do not owe any sales or use tax with the return, check this box | <input checked="" type="checkbox"/> |
| b | To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box | <input type="checkbox"/> |
| c | If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below | <input type="checkbox"/> |
| 2 | If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State | _____ |
| 3 | Sales tax due based on the sales and use tax chart | _____ |
| 4 | Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax | _____ |
| 5 | Total sales or use tax due (line 2 plus line 3) | _____ 0. |

Voluntary Gifts or Contributions

| | |
|---|---|
| Return a Gift to Wildlife | Homeless Veterans Fund |
| Missing/Exploited Children Fund | Mental Illness Anti-Stigma Fund |
| Breast Cancer Research Fund | Women's Cancers Educ Prev Fd |
| Alzheimer's Fund | Autism Fund |
| Olympic Fund (\$2 or \$4) | Veterans' Homes |
| Prostate/Testicular Cancer Fund | Love Your Library Fund |
| 9/11 Memorial | Lupus Educ and Prevention Fund |
| Volunteer Firefighting & EMS | Military Family Relief Fund |
| Teen Health Education Fund | City Univ NY Constr Fund |
| Veterans Remembrance Fund | |

Part VIII – Additional Information for E-Filed returns

____ W-2 Verification Indicator given by NYS (See Help).

☐ Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Part IX - Direct Deposit or Direct Debit Information

| | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use direct deposit for New York tax refund ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of New York tax payment for the tax return ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use electronic funds withdrawal of New York tax payment for the amended return ? (EF Only) |

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :

| | |
|--|---|
| Name of Financial Institution (optional) | |
| Account Type | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |
| Personal or business account | Personal <input type="checkbox"/> Business <input type="checkbox"/> |
| Routing number | _____ |
| Account number | _____ |

Enter the following information only if you elect direct debit of your state tax payment:

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above _____

State balance-due amount paid with this amended return _____

International ACH Transactions

| | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.? |

Electronic Filing of Estimated Payments☐ File **Form(s) IT-2105** electronically (Check the boxes below next to the quarters you would like to file)

| Qtr | Payment Amount | Payment Due Date | Date to Withdraw | Date Scheduled | Date Signed | Date Transmitted | Date Accepted | Completed |
|-----|----------------|------------------|------------------|----------------|-------------|------------------|---------------|-----------|
| 1 | | 04/15/19 | | Not scheduled | | | | |
| 2 | | 06/17/19 | | Not scheduled | | | | |
| 3 | | 09/16/19 | | Not scheduled | | | | |
| 4 | | 01/15/20 | | Not scheduled | | | | |

Bank Information for Estimated Payments

For direct deposit or electronic funds withdrawal, fill out the information below :

| | |
|--|---|
| Name of Financial Institution (optional) | |
| Account Type | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |
| Personal or business account | Personal <input type="checkbox"/> Business <input type="checkbox"/> |
| Routing number | _____ |
| Account number | _____ |

International ACH Transactions for Estimated Payments

| | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.? |

Part X – Extension Status**New York State Income Tax Return (IT-201 or IT-203)**

Yes No

☐ ☒ Tax return due date extended?

Extended due date _____

Amount paid with IT-370 _____

New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)

Yes No

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date . . . _____

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date . . . _____

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

| | Taxpayer | Spouse |
|---|--------------------------|--------------------------|
| 1 Check the box to indicate the individual(s) who were employed by the city of New York | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 New York City department or agency where employed. | _____ | _____ |
| 3 Date current employment with the city of New York began. | _____ | _____ |
| 4 If employment ended in 2018, enter final date of employment | _____ | _____ |
| 5 For married filing joint taxpayers, file NYC-1127: <input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee <input type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due | | |

Part XII – Other Information for Your Tax Return**2-digit special condition code number:**

- ☐ **Code A6 Build America Bond Interest** — You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
 * Enter total BAB interest included on Form 1040, line 8a _____
 * Enter BAB interest entered above from NY state or local governments _____
- ☐ **Code C7 Combat zone** — You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- ☐ **Code D9 Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- ☐ **Code K2 Combat zone, killed in action (KIA)** — You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- ☐ **Code M2 Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- ☐ **Code E3 Out of the country** — You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- ☐ **Code E4 Nonresident aliens** — You (or your spouse if married) are a federal nonresident alien
- ☐ **Code E5 Extension of time to file beyond six months** — You (or your spouse if married):
- Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*

Part XII – Other Information for Your Tax Return (continued)

- ☐ **Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- ☐ **Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- ☐ **Code N3 NOL Carryback** - You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

____ If you (or your spouse if married) qualify under a special condition for filing your 2018 tax return not listed above, enter your 2-digit special condition code number

____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No

☐ ☐ May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name _____

Designee's email address _____

Designee's phone number _____

Personal identification number _____

New York State Underpayment Penalty:

- ☐ Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- ☐ The taxpayer qualified for a 90 day extension of time to pay their first **2018** estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No

☐ ☐ Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

☐ ☐ Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

| Taxpayer | Spouse |
|----------|--------|
| _____ | _____ |
| _____ | _____ |

IT-201 or IT-203 Question D3, regarding Nonqualified deferred compensation required by Section 457A:

Yes No

☐ ☒ Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2018 federal return?

Part XIII— Amended Return

- ☐ You are filing a current year New York amended income tax return
- Payment made with original return _____
- Refund received from original return _____

Tax Payments Worksheet

2018

► Keep for your records.

| | |
|-------------------------------|--|
| Name <u>RAKESH KUKATLA</u> | Social Security Number <u>255-97-6687</u> |
|-------------------------------|--|

Tax Payments for the Current Year

| | Date | Payments | | |
|--|------|----------|---------------|---------|
| | | State | New York City | Yonkers |
| 1 First Payment | | | | |
| 2 Second Payment | | | | |
| 3 Third Payment | | | | |
| 4 Fourth Payment | | | | |
| Additional Payments | | | | |
| 5 Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| Payment | | | | |
| 5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer | | | 5 a | |
| 5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse | | | 5 b | |
| 6 Overpayment from previous year applied to current year | | | 6 | |
| 6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer | | | 6 a | |
| 6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse | | | 6 b | |
| 7 Amount paid with current year extension | | | 7 | |
| 8 Total tax payments | | | 8 | |

New York State Income Tax Withheld for the Current Year

| | | |
|---|------|--|
| 9 State withholding on Forms W-2 | 9 | |
| 10 State withholding on Forms W-2G | 10 | |
| 11 State withholding on Forms 1099-R | 11 | |
| 12 a State withholding on Forms 1099-MISC | 12 a | |
| 12 b State withholding on Forms 1099-G | 12 b | |
| 12 c State withholding on Forms 1099-K | 12 c | |
| 13 Other state tax withholding | 13 | |
| 14 Total state income tax withheld | 14 | |

City Income Tax Withheld for the Current Year

| | | |
|---|----|--|
| 15 Total City of New York withholding | 15 | |
| 16 Total Yonkers withholding | 16 | |
| 17 Section 1127 withholding | 17 | |

Section 414(h) and 125 Withholding

| | | |
|---|----|-----------------|
| 18 Public employee 414(h) retirement contributions - subject to New York Tax . . . | 18 | |
| 19 Public employee 414(h) retirement contributions - not subject to New York Tax | 19 | |
| 20 Total City of New York withholding (IRC 125) - subject to New York Tax | 20 | |
| 21 Total City of New York withholding (IRC 125) - not subject to New York Tax . . | 21 | |
| 22 Date return will be filed and balance paid | 22 | <u>01/04/19</u> |

New York State School District/County Selection Worksheet

2018

► Keep for your records

Name as Shown on Return

RAKESH KUKATLA

Social Security No.

255-97-6687

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

New York Counties

| | | | |
|---------------------|------------|--------------------|-------|
| Albany | _____ | Niagara | _____ |
| Allegany | _____ | Oneida | _____ |
| Broome | Binghamton | Onondaga . . . | _____ |
| Cattaraugus . . . | _____ | Ontario | _____ |
| Cayuga | _____ | Orange | _____ |
| Chautauqua . . . | _____ | Orleans | _____ |
| Chemung | _____ | Oswego | _____ |
| Chenango | _____ | Otsego | _____ |
| Clinton | _____ | Putnam | _____ |
| Columbia | _____ | Rensselaer . . . | _____ |
| Cortland | _____ | Rockland | _____ |
| Delaware | _____ | St. Lawrence . . | _____ |
| Dutchess | _____ | Saratoga | _____ |
| Erie | _____ | Schenectady . . | _____ |
| Essex | _____ | Schoharie | _____ |
| Franklin | _____ | Schuyler | _____ |
| Fulton | _____ | Seneca | _____ |
| Genesee | _____ | Steuben | _____ |
| Greene | _____ | Suffolk | _____ |
| Hamilton | _____ | Sullivan | _____ |
| Herkimer | _____ | Tioga | _____ |
| Jefferson | _____ | Tompkins | _____ |
| Lewis | _____ | Ulster | _____ |
| Livingston | _____ | Warren | _____ |
| Madison | _____ | Washington . . . | _____ |
| Monroe | _____ | Wayne | _____ |
| Montgomery . . . | _____ | Westchester . . . | _____ |
| Nassau | _____ | Wyoming | _____ |
| New York City . . | _____ | Yates | _____ |

Form IT-196
Line 48

College Tuition Itemized Deduction Worksheet

2018

► Keep for your records

| | | |
|--|----------|---------------------|
| Name as Shown on Return | | Social Security No. |
| 1 Amount from Form IT-272, line 3. If your filing status is: • 1 or 3 and the amount on Form IT-201, line 33 is \$100,000 or less ; or • 4 and the amount on Form IT-201, line 33 is \$150,000 or less ; or • 2 or 5 and the amount on Form IT-201, line 33 is \$200,000 or less skip lines 2 through 4 and enter the amount from line 1 on line 5. All others continue with line 2. | | 1 |
| 2 Amount, if any, from Form IT-196, line 47 (If the amount on line 2 is 0 skip lines 3 and 4 below and see the instructions to compute the amount to enter on line 5.) | 2 | |
| 3 Amount from Form IT-196, line 45 | 3 | |
| 4 Divide line 2 by line 3 and round to the fourth decimal place | 4 | |
| 5 Multiply line 1 by the amount on line 4. This is your college tuition itemized deduction | 5 | |

College Tuition Qualified Expenses Optimization Worksheet

2018

► Keep for your records

| | |
|--|---|
| Name as Shown on Return RAKESH KUKATLA | Social Security No. 255-97-6687 |
|--|---|

Part I – Complete columns A through G below for each eligible student for whom you paid qualified college tuition expenses.

- Do not list the same student more than once
- List the EIN and name of the college that was last attended
- Tuition payments for enrollment or attendance in a course of study leading to the granting of a post baccalaureate or other graduate degree do **not** qualify for the college tuition credit

1

| A Student's name B Student's SSN | C Date of birth D Student Type | E EIN of college F College name | G Under-graduate expense? | H Qualified college tuition expenses paid in 2018 |
|--|---|--|---|--|
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 2 Total tuition (sum of column G) | | | 2 | _____ |
| 3 Total tuition eligible for the College Tuition Credit or Itemized Deduction | | | 3 | _____ |

Part II – Optimization of College Tuition Credit vs College Tuition Itemized Deduction (IT-201 Filers Only)

Taxpayers who file IT-201, Resident Income Tax Return **and** itemize deductions can use college tuition expenses as an itemized deduction or used to calculate a tax credit.

- 1 Check this box to launch the optimizer now.** This will automatically determine whether the deduction or the credit generates the lowest tax ☐

Caution: **A.** If you make any changes to this return after launching the automatic optimization above, you **MUST** optimize again by rechecking the box on Line 1 above.
B. If you check the Optimizer box on Line 1 above, wait until the calculations are done before you continue. Refer to the calculation indicator at the bottom right. It will indicate refund or tax due when calculations are done.

- 2** Automatic - Check to use the Deduction or Credit choices calculated in column (b) below ► ☒ **X**
OR
3 Manual - Check to use the Deduction or Credit choices you entered in column (a) below. ► ☐

| | (a) Manual: Choose Credit or Deduction | (b) Automatic: Program Choice |
|---|---|--|
| Check the box to use your qualified college tuition expenses to calculate a credit | <input type="checkbox"/> | <input checked="" type="checkbox"/> X |
| Check the box to use your qualified college tuition expenses as an itemized deduction | <input type="checkbox"/> | <input type="checkbox"/> |

Part III – Net Refund/Balance Due

| | |
|-----------------------|--|
| Refund | |
| Balance Due | |

Tax Computation Worksheet

2018

► Keep for your records

Name as Shown on Return

RAKESH KUKATLA

Social Security No.

255-97-6687

Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$107,650, but not more than \$2,155,350, and taxable income is \$161,550 or less, then you must compute your tax using worksheet 1

Tax Computation Worksheet 1

| | | | |
|---|---|---|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.33% (.0633). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the excess of line 1 over \$107,650 | 6 | |
| 7 | Divide line 6 by \$50,000 and round to the fourth decimal place | 7 | |
| 8 | Multiply line 5 by line 7 | 8 | |
| 9 | Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 9 | |

- If your New York adjusted gross income is more than \$161,550, but not more than \$2,155,350 and your taxable income is more than \$161,550 but not more than \$323,200, compute your tax using worksheet 2

Tax Computation Worksheet 2

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.57% (.0657). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$629 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$161,550 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$323,200, but not more than \$2,155,350 and your taxable income is more than \$323,200, compute your tax using worksheet 3 on page 2.

Tax Computation Worksheet 3

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.85% (.0685). If line 1 is \$373,200 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$1,017 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$323,200 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$2,155,350, compute tax using worksheet 4 below.

Tax Computation Worksheet 4

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 8.82% (.0882). If line 1 is \$2,205,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | If line 2 is \$160,500 or less, enter \$629 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,017 on line 6. If line 2 is more than \$323,200, enter \$1,922 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$2,155,350 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

Single and married filing separately Worksheets 5 through 7

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,077,550, and taxable income is \$215,400 or less, then you must compute your tax using worksheet 5 on page 3.

Tax Computation Worksheet 5

| | | | |
|---|---|---|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the excess of line 1 over \$107,650 | 6 | |
| 7 | Divide line 6 by \$50,000 and round to the fourth decimal place | 7 | |
| 8 | Multiply line 5 by line 7 | 8 | |
| 9 | Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 9 | |

- If your New York adjusted gross income is more than \$215,400, but not more than \$1,077,550, and taxable income is more than \$215,400, then you must compute your tax using worksheet 6 below.

Tax Computation Worksheet 6

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.85% (.0685). If line 1 is \$265,400 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$506 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$215,400 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$1,077,550, compute your tax using worksheet 7 on page 4.

Tax Computation Worksheet 7

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 8.82% (.0882). If line 1 is \$1,127,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | If line 2 is \$215,400 or less, enter \$506 on line 6. If line 2 is more than \$215,400, enter \$1,109 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$1,077,550 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

Head of household Worksheets 8 through 10

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,616,450, and taxable income is \$269,300 or less, then you must compute your tax using worksheet 8 below.

Tax Computation Worksheet 8

| | | | |
|---|---|---|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter the excess of line 1 over \$107,650 | 6 | |
| 7 | Divide line 6 by \$50,000 and round to the fourth decimal place | 7 | |
| 8 | Multiply line 5 by line 7 | 8 | |
| 9 | Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 9 | |

- If your New York adjusted gross income is more than \$269,300, but not more than \$1,616,450, and taxable income is more than \$269,300, then you must compute your tax using worksheet 9 on page 5.

Tax Computation Worksheet 9

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 6.85% (.0685). If line 1 is \$319,300 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | Enter \$729 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$269,300 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

- If your New York adjusted gross income is more than \$1,616,450, compute your tax using worksheet 10 below.

Tax Computation Worksheet 10

| | | | |
|----|---|----|--|
| 1 | Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 | 1 | |
| 2 | Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 | 2 | |
| 3 | Multiply line 2 by 8.82% (.0882). If line 1 is \$1,666,450 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 | 3 | |
| 4 | Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> | 4 | |
| 5 | Subtract line 4 from line 3 | 5 | |
| 6 | If line 2 is \$269,300 or less, enter \$729 on line 6. If line 2 is more than \$269,300, enter \$1,483 on line 6 | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the excess of line 1 over \$1,616,450 | 8 | |
| 9 | Divide line 8 by \$50,000 and round to the fourth decimal place | 9 | |
| 10 | Multiply line 7 by line 9 | 10 | |
| 11 | Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. | 11 | |

Name as Shown on Return
RAKESH KUKATLASocial Security No.
255-97-6687**Part I** 2019 Estimated Tax Amount Options**Note:** MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105**1 Select One of Five Ways to Calculate the Required Annual Payment for 2019 Estimates:**

| | State | New York City | Yonkers |
|--|-------------------------------------|---------------|---------|
| a 100% (110%) of 2018 taxes | <input checked="" type="checkbox"/> | | |
| b 100% of tax on 2019 estimated taxable income | <input type="checkbox"/> | 0 . | 0 . |
| c 90% of tax on 2019 estimated taxable income | <input type="checkbox"/> | 0 . | 0 . |
| d 66-2/3% of tax on 2019 estimated taxable income (farmers and fishermen) | <input type="checkbox"/> | 0 . | 0 . |
| e Fixed total amount (not program calculated) | <input type="checkbox"/> | | |

2 Selected estimated tax amount:

- a 2019 Required Annual Payment based on your choice above.
- b Estimated amount of 2019 state income tax withholding
- c **Total of estimated tax payments required for 2019** (line 2a less line 2b)

3 Select Estimated Tax Payment option:

- a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount. ☐
- d Do **not** calculate estimates ☐

4 Other Options:

- a Enter the number of vouchers to be prepared (default 4 payments) 4

Part II Overpayment Application Options

- 1 Amount of overpayment available 0 .
- Check to apply overpayment and refund excess ☐
- or enter amount to apply
- A Apply consecutively to all quarters ☒
- B Apply to first quarter only ☐
- C Apply evenly to state estimated amounts only ☐

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ Round up to next \$1 b ☐ Round up to next \$10 c ☐ Round up to next \$50 ☐ Round up to next \$100

2 Select Voucher Printing Option:

- a ☒ Print (per Part I, lines 3a - c) b ☐ Print only name, etc. c ☐ Do not print vouchers

Part IV Filing Status and Dependent Exemptions for 2019 Calculations**A 1 Choose 2019 filing status:**

- ☒ Single ☐ Married filing jointly
☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

B Check if dependent of another in 2019. Yes ☐ No ☐

C Enter the number of dependent exemptions in 2019 _____

Part V Changes to Income, Deductions, Credits and Withholding for 2019

Your 2018 income and deductions are entered in the '2018 Actual' column.

*For each line in the '2019 Estimated' column, enter estimated 2019 amount if **different** from 2018; otherwise, the '2018 Actual' amount will be used for that line. If zero, you **must** enter zero.

| | 2018 Actual | *2019 Estimated |
|--|-------------|-----------------|
| A 1 New York adjusted gross income. | 0. | |
| 2 New York City taxable income (see IT-201 line 47 instructions) | | |
| B Enter either your standard or estimated itemized deduction | 8,000. | 8,000. |
| C Dependent exemption (<i>number of dependents times \$1,000</i>) | | |
| D New York City Household Credit/Accum Distribution Credit | | |
| E New York City tax on ordinary income portion of lump-sum distribution | | |
| F 1 New York City Unincorporated Business Tax Credit | | |
| 2 New York City General Corporation Tax Credit | | |
| G New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit | 75. | |
| H Nonresidents and Part-Year residents: | | |
| (1) New York adjusted gross income (Form IT-203, line 45, New York State amount) | | |
| (2) New York adjusted gross income (Form IT-203, line 45, federal amount) | | |
| I Nonresident and part-year resident income percentage | | |
| J Additional taxes — New York State | | |
| K Additional taxes — New York City | | |
| L Resident credit and other nonrefundable credits — New York State | | |
| M Refundable credits — New York State | 0. | |
| N Refundable credits — New York City | | |
| O Gross wages subject to the Yonkers nonresident tax (Form Y-203) | | |
| P Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203) | | |
| Q Yonkers nonresident earnings tax (Form Y-203) | | |
| R New York State income tax withheld | | |
| S New York City income tax withheld | | |
| T Yonkers income tax withheld | | |

Part VI 2019 Estimated Taxable Income and Tax

| | New York State | City of New York | City of Yonkers |
|---|----------------|------------------|-----------------|
| 1 Estimated New York adjusted gross income expected in 2019. | 0. | | |
| 2 Enter either your standard deduction or estimated itemized deduction. | 8,000. | | |
| 3 Subtract line 2 from line 1. | 0. | | |
| 4 Dependent exemption (<i>number of dependents times \$1,000</i>) | | | |
| 5 Estimated New York State taxable income (line 3 less line 4) | 0. | | |
| 6 New York State tax | 0. | | |
| 7 Estimated NYC taxable income. | | | |
| 7 a New York City resident tax on line 7 amount . . . | | | |
| 8 New York City Household Credit and New York City Accumulation Distribution Credit | | | |
| 9 Subtract line 8 from line 7a | | 0. | |
| 10 New York City tax on ordinary income portion of lump-sum distribution | | | |
| 11 Add lines 9 and 10. | | 0. | |
| 12 New York City Unincorporated Business Tax Credit | | | |
| 12 a New York City General Corporation Tax Credit . . | | | |
| 12 b Add lines 12 and 12a | | | |
| 13 Subtract line 12b from line 11. | | 0. | |
| 14 Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit | 75. | | |
| a Nonresident and part-year resident income percentage | | | |
| 15 Subtract line 14 from line 6 | 0. | | |
| 16 Other taxes. | | | |
| 17 Add lines 15 and 16 (<i>in New York City column: add lines 13 and 16</i>) | 0. | 0. | |
| 18 Resident credit and other nonrefundable credits | | | |
| 19 Total estimated New York State and New York City tax (New York State column: line 17 less line 18; City of New York column: enter amount from line 17) | 0. | 0. | |
| 20 Refundable credits. | 0. | | |
| 21 New York State/City estimated tax (line 19 less line 20) | 0. | 0. | |
| 22 City of Yonkers: | | | |
| a Resident tax surcharge (line 21 times 16.75% (.1675)) | | | |
| b Nonresident earnings tax (Form Y-203) | | | |
| c Total (add lines 22a and 22b). | | | |
| 23 Totals (New York State column, line 21; New York City column, line 21; City of Yonkers column, line 22c). | 0. | 0. | |

| | | | | | |
|-------------|--|--------------------------|-----|-----|--|
| 23 a | Check this box if farmer or fisherman | <input type="checkbox"/> | | | |
| 24 | Multiply line 23 by 90% (66-2/3% for farmers and fishermen) | | 0 . | 0 . | |
| 24 a | 100% of line 23 (tax calculated on 2019 estimated taxable income) | | 0 . | 0 . | |
| 25 | Enter 100% of the tax shown on your 2018 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2019, more than \$75,000) . . | | | | |
| 26 | 2019 required annual payment based on your choice of options | | | | |
| 27 | Estimate of income tax to be withheld | | | | |
| 28 | Total estimated tax payments required for 2019 | | | | |
| 29 | Application of 2018 overpayment. Total . . | 29 | | | |

| | | a Due Date | b Amount to Pay | c 2018 Overpayment Applied | d Total Amount |
|----|-------------------------|---------------|-----------------------|-------------------------------------|----------------------|
| 30 | Payment | | | | |
| | New York State | | | | |
| | 1st quarter | | | | |
| | 2nd quarter | | | | |
| | 3rd quarter | | | | |
| | 4th quarter | | | | |
| | City of New York | | | | |
| | 1st quarter | | | | |
| | 2nd quarter | | | | |
| | 3rd quarter | | | | |
| | 4th quarter | | | | |
| | City of Yonkers | | | | |
| | 1st quarter | | | | |
| | 2nd quarter | | | | |
| | 3rd quarter | | | | |
| | 4th quarter | | | | |
| | Totals | | | | |

| Voucher amounts: | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|-----------------------------------|--------------------|--------------------|--------------------|--------------------|
| New York State | | | | |
| City of New York | | | | |
| City of Yonkers | | | | |
| MCTMT - Taxpayer | | | | |
| MCTMT - Spouse | | | | |
| Voucher Totals: | | | | |

Tax Summary
► Keep for your records

2018

| | |
|---|--------|
| Name(s) | |
| RAKESH KUKATLA | |
| Federal Adjusted Gross Income | 0. |
| New York Additions | |
| New York Subtractions | |
| New York Adjusted Gross Income | 0. |
| Itemized or Standard Deduction | 8,000. |
| Dependent Exemptions | |
| New York Taxable Income | |
| Tax | 0. |
| New York State Credits | 75. |
| Other New York State Taxes | |
| Total New York State Taxes | |
| New York City Taxes | |
| MCTMT | |
| Yonkers City Taxes | |
| Sales or Use Tax | 0. |
| Voluntary Gifts/Contributions | |
| Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions | |
| Total Payments and Credits | |
| Penalty Amount | |
| Refund | |
| Amount Owed | |