

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

Your first name and initial **TEJA** Last name **RAVI** Your social security number **026-53-9746**

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). **58 WIND SONG** Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Milpitas, CA 95035**

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check 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? ☐ Your signature **80408** Date **02-26-2019** Your occupation **ENGINEER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐

See instructions. Keep a copy for your records. Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ☐

Paid Preparer Use Only Preparer's signature **SHWETA GARG** PTIN **P01257688** Firm's EIN **46-1612935** Check if: ☐ 3rd Party Designee ☐ Self-employed

Preparer's name **SHWETA GARG** Phone no. **408-942-1450**

Firm's name **SG INC CPA**

Firm's address **428 S MAIN ST, Milpitas, CA 95035**

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

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	197,932
	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	202,150
	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	202,150
	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	190,150
Standard Deduction for- • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	11	a Tax (see inst.) 42,538 (check if <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> Form 4972 <input type="checkbox"/>)	11	42,538
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		
	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 & check here <input type="checkbox"/>	12	0
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	42,538
	14	Other taxes. Attach Schedule 4	14	18
	15	Total tax. Add lines 13 and 14	15	42,556
	16	Federal income tax withheld from Forms W-2 and 1099	16	37,400
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	17	
		Add any amount from Schedule 5		
	18	Add lines 16 and 17. These are your total payments	18	37,400
Refund	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 <input type="checkbox"/>	20a	
	b	Routing number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number		
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	5,156
	23	Estimated tax penalty (see instructions)	23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

TEJA RAVI		Your social security number 026-53-9746		
Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	5,001
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	(783)
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ►	21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	4,218
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ►	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	0

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

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name(s) shown on Form 1040

Other Taxes

► **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Your social security number

026-53-9746

TEJA RAVI

**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	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
60a	Household employment taxes. Attach Schedule H	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions)	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	18
63	Section 965 net tax liability installment from Form 965-A 63		
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	18

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

Schedule 4 (Form 1040) 2018

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

▶ Attach to Form 1040 or Form 1040NR.

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

TEJA RAVI

Your social security number

026-53-9746

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	36,062	31,864	(4,137)	61
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	2,308	3,152		(844)
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 (783)

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15

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

Schedule D (Form 1040) 2018

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(783)
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	(783)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Form 8949 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Sales and Other Dispositions of Capital Assets</h2> <p>► Go to www.irs.gov/Form8949 for instructions and the latest information.</p> <p>► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.</p>	OMB No. 1545-0074 <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2018 Attachment Sequence No. 12A </div>
Name(s) shown on return TEJA RAVI		Social security number or taxpayer identification number 026-53-9746

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SH	VARIOUS	11-07-2018	15,376	14,640	W	360	1,096
	651 EBAY ESPP	VARIOUS	11-29-2018	20,686	17,224	B	(4,497)	(1,035)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				36,062	31,864		(4,137)	61

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8949** (2018)

Department of the Treasury
Internal Revenue Service► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2018Attachment
Sequence No. **12A**

Name(s) shown on return

TEJA RAVI

Social security number or taxpayer identification number

026-53-9746

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
79	EBAY RSU	VARIOUS	11-29-2018	2,308	3,152			(844)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2,308	3,152			(844)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Form **8949** (2018)

Form 8959 Department of the Treasury Internal Revenue Service	Additional Medicare Tax ▶ If any line does not apply to you, leave it blank. See separate instructions. ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS. ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.	OMB No. 1545-0074 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2018</div> Attachment Sequence No. 71
Name(s) shown on return TEJA RAVI		Your social security number 026-53-9746

Part I	Additional Medicare Tax on Medicare Wages
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1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	202,042		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	202,042		
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000				
	5	200,000		
6 Subtract line 5 from line 4. If zero or less, enter -0-			6	2,042
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7	18

Part II	Additional Medicare Tax on Self-Employment Income
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8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8			
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000				
	9			
10 Enter the amount from line 4	10			
11 Subtract line 10 from line 9. If zero or less, enter -0-	11			
12 Subtract line 11 from line 8. If zero or less, enter -0-			12	
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13	

Part III	Additional Medicare Tax on Railroad Retirement Tax Act (RTTA) Compensation
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14 Railroad retirement (RTTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000				
	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-			16	
17 Additional Medicare Tax on railroad retirement (RTTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17	

Part IV	Total Additional Medicare Tax
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18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18			18
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Part V	Withholding Reconciliation
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19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,948		
20 Enter the amount from line 1	20	202,042		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,930		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	18
23 Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions)			23	
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)			24	18

		a Employee's social security number 026-53-9746		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 77-0430924				1 Wages, tips, other compensation 197,932		2 Federal income tax withheld 37,382					
c Employer's name, address, and ZIP code eBAY INC 2145 HAMILTON AVENUE San Jose CA 95125				3 Social security wages 128,400		4 Social security tax withheld 7,961					
				5 Medicare wages and tips 202,042		6 Medicare tax withheld 2,948					
				7 Social security tips		8 Allocated tips					
d Control number				9 Verification code		10 Dependent care benefits					
e Employee's first name and initial TEJA 58 WIND SONG Milpitas CA 95035 f Employee's address and ZIP code				11 Nonqualified plans		12a See instructions for box 12 Code C 196					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b Code D 8,607					
				14 Other ESPPGN 4,497		12c Code DD 6,880					
						12d Code					
15 State Employer's state ID number CA 42527580		16 State wages, tips, etc. 197,932		17 State income tax 16,427		18 Local wages, tips, etc. 197,932		19 Local income tax 1,150		20 Locality name VPDI	

Federal Filing Instructions**2018**

Name as shown on return

TEJA RAVI

Tax ID Number

026-53-9746

Date to file by: 04-15-2019

Form to be filed: Form 1040 and supplemental forms and schedules

Sign and date: Form 1040 is not considered a valid return unless it is signed and dated by the appropriate parties.

Address to file: If you are not e-filing, mail to:

Internal Revenue Service
P.O. Box 7704
San Francisco, CA 94120-7704

Payment: \$5,156

Transaction method: Your balance due can be paid by check, money order, credit card, or debit card. Make check or money order payable to "United States Treasury." Write "2018 Form 1040," your name, address, SSN, and daytime phone number on your payment and mail with Form 1040 and 1040-V. To pay by credit card, go to www.1040paytax.com.

Other instructions: If you cannot file on time, you can get an automatic six-month extension if you file Form 4868 no later than April 15, 2019. An extension to file does not extend the time to pay your tax.

TAX RETURN COMPARISON
2016 / 2017 / 2018

2018

Name(s) as shown on return

TEJA RAVI

Identifying number

026-53-9746

	2016	2017	2018	Difference 2017-2018
Filing Status			single	
Number of Exemptions			N/A	
Number of Dependents	—	—		
Income				
Wages, salaries, tips, etc.			197,932	197,932
Taxable interest and dividends				
Taxable state and local refunds			5,001	5,001
Alimony				
Business income (loss)				
Gains (losses)			(783)	(783)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income			202,150	202,150
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income			202,150	202,150
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions			12,000	12,000
Total Itemized or Standard Ded			12,000	12,000
Exemption Amount			N/A	
Qualified Business Income Deduction	—	—		
Tax and Credits				
Taxable Income			190,150	190,150
Tax			42,538	42,538
Credits				
Self-employment tax				
Other taxes			18	18
Total Tax			42,556	42,556
Payments				
Withholdings			37,400	37,400
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment				
Overpayment Applied				
Refund				
Balance Due			5,156	5,156
Marginal tax rate			32.00	32.00
Effective tax rate			22.37	22.37

Account Transaction Summary**2018**

Name(s) as shown on return

TEJA RAVI

Your ID Number

XXX-XX-9746

Account #1

Financial Institution Name BANK OF AMERICA N.A.**Routing Transit Number** 021200339**Account Number** 381039820734**Account Type** checking**Federal Debit** (5,156)**CA Deposit** 1,342**Net Debit** (3,814)**Date of Transaction** 04-12-2019

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize SG INC CPA to use this account.

Your Signature_____
Date_____
Spouse's Signature (If Married Filing Jointly)_____
Date

CAINST**Filing Instructions****2018**

Name(s) as shown on return

SSN or EIN

TEJA RAVI

026-53-9746

Date to file by: 04-15-2019**Form to be filed:** CA540 and supplemental forms and schedules**Sign and date:** Sign & date the return in the space provided. If a joint tax return, spouse's signature is required.**Refund:** \$1,342.00**Return is eligible for efileing****Transaction method:** The refund will be directly deposited into your checking account at Bank Of America N.A. ending in 0734.

2018 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

026-53-9746 RAVI
TEJA RAVI

18

A
R
RP58 WIND SONG
MILPITAS CA 95035

09-08-1989

01	1	45	406	113
06		46	407	115 1342
07	1 118	47	408	116 1342
08	0	48 15085	410	117
09	0	61	413	APE 0
10		62	422	3800 0
11	118	63	423	3803 0
12	197932	64 15085	424	SCHG1 0
13	202150	71 16427	425	5870A 0
14	5001	72	430	5805 5805F 0
16		73	431	DESIGNEE 0
17	197149	74	432	TPIDP 01257688
18	4401	75	433	FN 461612935
19	192748	76 16427	434	CCF 0
31	15179	91	435	3805P 0
32	94	92 16427	436	NQDC 1
33	15085	93	437	3540 0
34		94 1342	438	3554 0
35	15085	95	439	3805z 0
40		96 1342	440	3807 0
43		97	441	3808 0
44		400	442	3809 0
		401	443	IRC453A 0
		403	110	IRC1341 0
		405	111	
			112	

DDR1 021200339
381039820734

1

If your California filing status is different from your federal filing status, check the box here ☐

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.	
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). See inst. Enter year spouse/RDP died	<input type="text"/>
	See instructions.		<input type="text"/>
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here	<input type="text"/>	

Your name:

TEJA RAVI

Your SSN or ITIN:

026-53-9746

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. • 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions . • 7 ☐ 1 X \$118= • \$ ☐ 118

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 • 8 ☐ X \$118= • \$ ☐

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 • 9 ☐ X \$118= • \$ ☐

10 **Dependents:** Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name •	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name •	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN •	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you •	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions • 10 ☐ X \$367= • \$ ☐

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ ☐ 118

Taxable Income

12 State wages from your Form(s) W-2, box 16 • 12 ☐ 197932 ☐ .00

13 Enter federal adjusted gross income from Form 1040, line 7 • 13 ☐ 202150 ☐ .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14 ☐ 5001 ☐ .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 ☐ 197149 ☐ .00

16 California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C. • 16 ☐ ☐ .00

17 California adjusted gross income. Combine line 15 and line 16. • 17 ☐ 197149 ☐ .00

18 Enter the larger of:
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions • 18 ☐ 4401 ☐ .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- • 19 ☐ 192748 ☐ .00

Tax

31 Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule
 • ☐ FTB 3800 • ☐ FTB 3803 • 31 ☐ 15179 ☐ .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504 see instructions • 32 ☐ 94 ☐ .00

33 Subtract line 32 from line 31. If less than zero, enter -0- • 33 ☐ 15085 ☐ .00

34 Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A • 34 ☐ ☐ .00

35 Add line 33 and line 34 • 35 ☐ 15085 ☐ .00

Your name:

TEJA RAVI

Your SSN or ITIN:

026-53-9746

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions • 40 .00
- 43 Enter credit name code • and amount • 43 .00
- 44 Enter credit name code • and amount • 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540) • 45 .00
- 46 Nonrefundable renter's credit. See instructions • 46 .00
- 47 Add line 40 through line 46. These are your total credits ⊕ 47 0 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ⊕ 48 15085 .00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) • 61 .00
- 62 Mental Health Services Tax. See instructions • 62 .00
- 63 Other taxes and credit recapture. See instructions • 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 15085 .00

Payments

- 71 California income tax withheld. See instructions • 71 16427 .00
- 72 2018 CA estimated tax and other payments. See instructions • 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions • 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions • 74 .00
- 75 Earned Income Tax Credit (EITC) • 75 .00
- 76 Add lines 71 through 75. These are your total payments. See instructions ⊕ 76 16427 .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions • 91 .00
- If line 91 is zero, check if: ☒ No use tax is owed.
- ☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

- 92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 ⊕ 92 16427 .00
- 93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 ⊕ 93 .00
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 ⊕ 94 1342 .00
- 95 Amount of line 94 you want applied to your 2019 estimated tax • 95 .00
- 96 Overpaid tax available this year. Subtract line 95 from line 94 • 96 1342 .00
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ⊕ 97 .00

Your name:

TEJA RAVI

Your SSN or ITIN:

026-53-9746

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	• 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	<input type="text"/> .00
California Firefighters' Memorial Fund.	• 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund.	• 408	<input type="text"/> .00
California Sea Otter Fund	• 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	• 413	<input type="text"/> .00
School Supplies for Homeless Children Fund.	• 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	• 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund.	• 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	• 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	• 431	<input type="text"/> .00
Revive the Salton Sea Fund	• 432	<input type="text"/> .00
California Domestic Violence Victims Fund	• 433	<input type="text"/> .00
Special Olympics Fund	• 434	<input type="text"/> .00
Type 1 Diabetes Research Fund.	• 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	• 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	• 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund.	• 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	• 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	• 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	• 110	<input type="text"/> .00

Your name:

TEJA RAVI

Your SSN or ITIN:

026-53-9746

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

• 111

.00

Pay online - Go to ftb.ca.gov/pay for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112** .00**113** Underpayment of estimated tax. Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • **113** .00**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** .00**115 REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

• 115

1342 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.**Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type
 • Routing number ☒ Checking • Account number • **116** Direct deposit amount
 021200339 ☐ Savings 381039820734 1342 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type
 • Routing number ☐ Checking • Account number • **117** Direct deposit amount
☐ Savings .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

02-26-2019

**Sign
Here**

It is unlawful
to forge a
spouse's/RDP's
signature.

Joint tax return?
(See instructions)

Ⓢ Your email address. Enter only one email address.

RAAVI.TEJA@GMAIL.COM

Ⓢ Preferred phone number

408-507-2252

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

SG INC CPA

• PTIN

P01257688

Firm's address

428 S MAIN ST MILPITAS, CA 95035

• FEIN

461612935

Do you want to allow another person to discuss this tax return with us? See instructions . . .

• ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

2018 California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

TEJA RAVI

026-53-9746

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1 <input checked="" type="radio"/> 197932	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	Taxable interest (a) <input checked="" type="radio"/>	2(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. (a) <input checked="" type="radio"/>	3(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRAs, pensions, and annuities. See instructions. (a) <input checked="" type="radio"/>	4(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Social security benefits. (a) <input checked="" type="radio"/>	5(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	

Section B - Additional Income from federal Schedule 1 (Form 1040)

10	Taxable refunds, credits, or offsets of state and local income taxes	10 <input checked="" type="radio"/> 5001	<input checked="" type="radio"/> 5001	
11	Alimony received	11 <input checked="" type="radio"/>		<input checked="" type="radio"/>
12	Business income or (loss)	12 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Capital gain or (loss). See instructions	13 <input checked="" type="radio"/> (783)	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Other gains or (losses)	14 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15a	Reserved	15(b)		
16a	Reserved	16(b)		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	17 <input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18	Farm income or (loss)	18 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19	Unemployment compensation	19 <input checked="" type="radio"/>	<input checked="" type="radio"/>	
20a	Reserved	20(b)		
21	Other income.			
	a California lottery winnings e NOL from FTB 3805Z, 3806, 3807, or 3809	21 <input checked="" type="radio"/>	a <input checked="" type="radio"/>	a <input checked="" type="radio"/>
	b Disaster loss deduction from FTB 3805V		b <input checked="" type="radio"/>	b <input checked="" type="radio"/>
	c Federal NOL f Other (describe):		c <input checked="" type="radio"/>	c <input checked="" type="radio"/>
	(federal Schedule 1 (Form 1040, line 21) <input checked="" type="radio"/>		d <input checked="" type="radio"/>	d <input checked="" type="radio"/>
	d NOL deduction from FTB 3805V		e <input checked="" type="radio"/>	e <input checked="" type="radio"/>
			f <input checked="" type="radio"/>	f <input checked="" type="radio"/>
22	Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in column B and column C. Go to Section C	22 <input checked="" type="radio"/> 202150	<input checked="" type="radio"/> 5001	<input checked="" type="radio"/>

Section C - Adjustments to Income from federal Schedule 1 (Form 1040)

23	Educator expenses	23 <input checked="" type="radio"/>	<input checked="" type="radio"/>	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction	25 <input checked="" type="radio"/>	<input checked="" type="radio"/>	
26	Moving expenses. Attach federal Form 3903. See instructions	26 <input checked="" type="radio"/>		<input checked="" type="radio"/>
27	Deductible part of self-employment tax	27 <input checked="" type="radio"/>		
28	Self-employed SEP, SIMPLE, and qualified plans	28 <input checked="" type="radio"/>		
29	Self-employed health insurance deduction	29 <input checked="" type="radio"/>		
30	Penalty on early withdrawal of savings	30 <input checked="" type="radio"/>		
31a	Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/>			
	Last name <input checked="" type="radio"/>	31a <input checked="" type="radio"/>		<input checked="" type="radio"/>
32	IRA deduction	32 <input checked="" type="radio"/>		
33	Student loan interest deduction	33 <input checked="" type="radio"/>		<input checked="" type="radio"/>
34	Reserved	34		
35	Reserved	35		
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	36 <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions.	37 <input checked="" type="radio"/> 202150	<input checked="" type="radio"/> 5001	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐**A Federal Amounts**
(form federal Schedule A
(Form 1040))**B Subtractions**
See Instructions**C Additions**
See instructions**Medical and Dental Expenses**

1	Medical and dental expenses	<input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 202150		2			
3	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		4	<input checked="" type="radio"/>		

Taxes You Paid

5a	State and local income tax or general sales taxes	<input checked="" type="radio"/>	5a	<input checked="" type="radio"/> 16427	<input checked="" type="radio"/> 16427	
5b	State and local real estate taxes	<input checked="" type="radio"/>	5b	<input checked="" type="radio"/>		
5c	State and local personal property taxes	<input checked="" type="radio"/>	5c	<input checked="" type="radio"/>		
5d	Add lines 5a through 5c	<input checked="" type="radio"/>	5d	<input checked="" type="radio"/> 16427		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C . .		5e	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 16427	<input checked="" type="radio"/> 6427
6	Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>	6	<input checked="" type="radio"/>		
7	Add lines 5e and 6	<input checked="" type="radio"/>	7	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 16427	<input checked="" type="radio"/> 6427

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098	<input checked="" type="radio"/>	8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098	<input checked="" type="radio"/>	8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098	<input checked="" type="radio"/>	8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
8d	Reserved		8d			
8e	Add lines 8a through 8c	<input checked="" type="radio"/>	8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>
9	Investment interest	<input checked="" type="radio"/>	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9	<input checked="" type="radio"/>	10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check	<input checked="" type="radio"/>	11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check	<input checked="" type="radio"/>	12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year	<input checked="" type="radio"/>	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13	<input checked="" type="radio"/>	14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	<input checked="" type="radio"/>	15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
----	---	----------------------------------	----	----------------------------------	----------------------------------	----------------------------------

Other Itemized Deductions

16	Other - from list in federal instructions	<input checked="" type="radio"/>	16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15 and 16 in columns A, B, and C	<input checked="" type="radio"/>	17	<input checked="" type="radio"/> 10000	<input checked="" type="radio"/> 16427	<input checked="" type="radio"/> 6427

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C. . . . ☒ 18

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education,
etc. Attach federal Form 2106 if required. See instructions ☒ 19

20 Tax preparation fees ☒ 20

21 Other expenses - investment, safe deposit box, etc. ☒ 21
List type ☒

22 Add lines 19 through 21 ☒ 22

23 Enter amount from federal Form 1040, line 7 ☒ 202150

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 ☒ 24

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 ☒ 25

26 **Total Itemized Deductions.** Add line 18 and line 25 ☒ 26

27 Other adjustments. See instructions. Specify ☒ ☒ 27

28 Combine line 26 and line 27 ☒ 28

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**
Single or married/RDP filing separately **\$194,504**
Head of household **\$291,760**
Married/RDP filing jointly or qualifying widow(er) **\$389,013**
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 ☒ 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
Single or married/RDP filing separately. See instructions **\$4,401**
Married/RDP filing jointly, head of household, or qualifying widow(er) . . . **\$8,802**
Transfer the amount on line 30 to Form 540, line 18 ☒ 30

2018**Wage and Tax Statement****W-2****Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

TEJA RAVI

026-53-9746

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1st W-2	2nd W-2
a. Employee's social security number*	<input type="radio"/> 026-53-9746	<input type="radio"/>
b. Employer identification number (EIN)	<input type="radio"/> 77-0430924	<input type="radio"/>
c. Employer's name	<input type="radio"/> EBAY INC	<input type="radio"/>
Address	<input type="radio"/> 2145 HAMILTON AVENUE	<input type="radio"/>
City	<input type="radio"/> SAN JOSE	<input type="radio"/>
State	<input type="radio"/> CA	<input type="radio"/>
Zip code	<input type="radio"/> 95125	<input type="radio"/>
e. Employee's first name*	<input type="radio"/> TEJA	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input type="radio"/> RAVI	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 58 WIND SONG	<input type="radio"/>
City*	<input type="radio"/> MILPITAS	<input type="radio"/>
State*	<input type="radio"/> CA	<input type="radio"/>
Zip code*	<input type="radio"/> 95035	<input type="radio"/>
1. Wages, tips, other compensation	<input type="radio"/> 197,932	<input type="radio"/>
2. Federal income tax withheld	<input type="radio"/> 37,382	<input type="radio"/>
3. Social security wages	<input type="radio"/> 128,400	<input type="radio"/>
4. Social security tax withheld	<input type="radio"/> 7,961	<input type="radio"/>
6. Medicare tax withheld	<input type="radio"/> 2,948	<input type="radio"/>

W-2 Information	1st W-2	2nd W-2																														
7. Social security tips	<input type="radio"/> <input style="width: 150px;" type="text"/>	<input type="radio"/> <input style="width: 150px;" type="text"/>																														
8. Allocated tips (not included in box 1)	<input type="radio"/> <input style="width: 150px;" type="text"/>	<input type="radio"/> <input style="width: 150px;" type="text"/>																														
10. Dependent care benefits	<input type="radio"/> <input style="width: 150px;" type="text"/>	<input type="radio"/> <input style="width: 150px;" type="text"/>																														
11. Nonqualified plans	<input type="radio"/> <input style="width: 150px;" type="text"/>	<input type="radio"/> <input style="width: 150px;" type="text"/>																														
12. Codes and amounts	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Codes</th> <th style="width: 15%;">Amounts</th> </tr> </thead> <tbody> <tr> <td>12a.</td> <td><input type="radio"/> C</td> <td><input type="radio"/> 196</td> </tr> <tr> <td>12b.</td> <td><input type="radio"/> D</td> <td><input type="radio"/> 8,607</td> </tr> <tr> <td>12c.</td> <td><input type="radio"/> DD</td> <td><input type="radio"/> 6,880</td> </tr> <tr> <td>12d.</td> <td><input type="radio"/> <input style="width: 40px;" type="text"/></td> <td><input type="radio"/> <input style="width: 80px;" type="text"/></td> </tr> </tbody> </table>		Codes	Amounts	12a.	<input type="radio"/> C	<input type="radio"/> 196	12b.	<input type="radio"/> D	<input type="radio"/> 8,607	12c.	<input type="radio"/> DD	<input type="radio"/> 6,880	12d.	<input type="radio"/> <input style="width: 40px;" type="text"/>	<input type="radio"/> <input style="width: 80px;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Codes</th> <th style="width: 15%;">Amounts</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="radio"/> <input style="width: 40px;" type="text"/></td> <td><input type="radio"/> <input style="width: 80px;" type="text"/></td> </tr> <tr> <td></td> <td><input type="radio"/> <input style="width: 40px;" type="text"/></td> <td><input type="radio"/> <input style="width: 80px;" type="text"/></td> </tr> <tr> <td></td> <td><input type="radio"/> <input style="width: 40px;" type="text"/></td> <td><input type="radio"/> <input style="width: 80px;" type="text"/></td> </tr> <tr> <td></td> <td><input type="radio"/> <input style="width: 40px;" type="text"/></td> <td><input type="radio"/> <input style="width: 80px;" type="text"/></td> </tr> </tbody> </table>		Codes	Amounts		<input type="radio"/> <input style="width: 40px;" type="text"/>	<input type="radio"/> <input style="width: 80px;" type="text"/>		<input type="radio"/> <input style="width: 40px;" type="text"/>	<input type="radio"/> <input style="width: 80px;" type="text"/>		<input type="radio"/> <input style="width: 40px;" type="text"/>	<input type="radio"/> <input style="width: 80px;" type="text"/>		<input type="radio"/> <input style="width: 40px;" type="text"/>	<input type="radio"/> <input style="width: 80px;" type="text"/>
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13. Check the appropriate box for:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Statutory employee</td> <td><input type="radio"/> <input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td>employee, Retirement plan, or Third-party sick pay</td> <td><input type="radio"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>Retirement plan</td> <td><input type="radio"/> <input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td>Third-party sick pay</td> <td><input type="radio"/> <input style="width: 20px;" type="checkbox"/></td> </tr> </table>	Statutory employee	<input type="radio"/> <input style="width: 20px;" type="checkbox"/>	employee, Retirement plan, or Third-party sick pay	<input type="radio"/> <input checked="" type="checkbox"/>	Retirement plan	<input type="radio"/> <input style="width: 20px;" type="checkbox"/>	Third-party sick pay	<input type="radio"/> <input style="width: 20px;" type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Statutory employee</td> <td><input type="radio"/> <input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td>Retirement plan</td> <td><input type="radio"/> <input style="width: 20px;" type="checkbox"/></td> </tr> <tr> <td>Third-party sick pay</td> <td><input type="radio"/> <input style="width: 20px;" type="checkbox"/></td> </tr> </table>	Statutory employee	<input type="radio"/> <input style="width: 20px;" type="checkbox"/>	Retirement plan	<input type="radio"/> <input style="width: 20px;" type="checkbox"/>	Third-party sick pay	<input type="radio"/> <input style="width: 20px;" type="checkbox"/>																
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14. SDI, VPD, or CA SDI (from box 14 or 19)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type</th> <th style="width: 15%;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> VPD</td> <td><input type="radio"/> 1,150</td> </tr> <tr> <td>State</td> <td>Employer's state ID number</td> </tr> </tbody> </table>	Type	Amount	<input type="radio"/> VPD	<input type="radio"/> 1,150	State	Employer's state ID number	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type</th> <th style="width: 15%;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> <input style="width: 40px;" type="text"/></td> <td><input type="radio"/> <input style="width: 80px;" type="text"/></td> </tr> <tr> <td>State</td> <td>Employer's state ID number</td> </tr> </tbody> </table>	Type	Amount	<input type="radio"/> <input style="width: 40px;" type="text"/>	<input type="radio"/> <input style="width: 80px;" type="text"/>	State	Employer's state ID number																		
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<input style="width: 40px;" type="text"/>	<input style="width: 80px;" type="text"/>																															
16. State wages, tips, etc.	<input type="radio"/> 197,932	<input type="radio"/> <input style="width: 150px;" type="text"/>																														
17. State income tax	<input type="radio"/> 16,427	<input type="radio"/> <input style="width: 150px;" type="text"/>																														

CA8879.LD2

Direct Deposit/Debit Information

Retain for your records

2018

Name

TEJA RAVI

ID Number

026-53-9746

REFUND OR NO AMOUNT DUE ■

1342

Have your refund directly deposited to one or two separate accounts.

Refund and
Direct Deposit

021200339

•Routing number

☒ Checking☐ Savings

•Type

381039820734

•Account number

1342

■ Amount you want to direct deposit

Remaining portion of total refund you want to direct deposit:

☐ Checking☐ Savings

•Type

•Routing number

•Account number

■ Amount you want to direct deposit

Balance Due and
Direct Debit

Balance Due ■

☐ Checking☐ Savings

•Type

•Routing number

•Account number

■ Amount you want to direct debit

Date of withdrawal

Notes:

Electronic Filing Authentication Record Information

0008 Pin Type Code

P

0020 Taxpayer Prior Year AGI

0025 Taxpayer Signature

80408

0030 Spouse/RDP Prior Year AGI

0035 Spouse/RDP Signature

0040 Taxpayer Signature Date (YYYYMMDD)

20190226

0045 Jurat/Disclosure Code

D

0050 PIN Authorization Code

1

0060 ERO EFIN/PIN

77957412345

CA-COMP	Three-year State Tax Return Comparison			2018
Name(s) as shown on return TEJA RAVI			Taxpayer ID Number 026-53-9746	
[State] Income Tax Return	2016	2017	2018	Difference 2017-2018
Filing Status			S	
Gross Income			202,150	202,150
Source Income				
Deductions			4,401	4,401
Taxable Income			192,748	192,748
Actual State Income				
State Income Tax			15,085	15,085
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			16,427	16,427
Estimates and Extension payments . . .				
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Balance Due				
Refund			1,342	1,342
Marginal tax rate			9.300000	9.300000
Effective tax rate			7.830000	7.830000