

5225 SAINT CROIX Richardson, TX 75082 nastaxplanners@gmail.com Phone: (469)423-1040 | Fax:

August 02, 2019

Chandan K Singh 1319 Camrose Rd Henrico, VA 23229-5311

Subject: Preparation of Your 2018 Tax Returns

Chandan K Singh:

Thank you for choosing MY UNITED TAX PLANNERS INC to assist you with your 2018 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2018 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2018 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

| Thank you for the opportunity to be of service. If you have any questions, contact our office at (469)423-1040. Sincerely, |
|-----------------------------------------------------------------------------------------------------------------------------|
| Madhukumar Ramachandra MY UNITED TAX PLANNERS INC (Both spouses must sign for preparation of joint returns.) Accepted By: |
| Taxpayer |
| Spouse Date |
| |
| |
| |
| |

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August 02, 2019

Chandan K Singh 1319 Camrose Rd Henrico, VA 23229-5311

Chandan K Singh:

| Return Type | Refund/Balance Due | Transaction Method |
|---------------------|---------------------|--------------------|
| Federal Income Tax | \$6,235 Balance Due | Mail a check |
| Virginia Income Tax | \$267 Balance Due | Mail a check |

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax Virginia Income Tax

Mail payment on or before due date to the following address:

Federal Income Tax

Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000

Virginia Income Tax

Director of Finance
Department of Taxation
Henrico County
PO Box 760
Richmond, VA 23218-0760

Sincerely,

Madhukumar Ramachandra MY UNITED TAX PLANNERS INC

5225 SAINT CROIX Richardson, TX 75082 nastaxplanners@gmail.com Phone: (469)423-1040 | Fax:

August 02, 2019

Chandan K Singh 1319 Camrose Rd Henrico, VA 23229-5311

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (469)423-1040.

Sincerely,

Madhukumar Ramachandra MY UNITED TAX PLANNERS INC

5225 SAINT CROIX Richardson, TX 75082 nastaxplanners@gmail.com Phone: (469)423-1040 | Fax:

| Customer Name | | Customer Information |
|------------------------|------------|----------------------|
| Chandan K Singh | Invoice #: | |
| 1319 Camrose Rd | Date: | August 02, 2019 |
| Henrico, VA 23229-5311 | Phone: | (972)757-8471 |
| | E-mail: | CHANDANMPH@GMAIL.COM |

Your 2018 tax return was prepared by Madhukumar Ramachandra.

| Description | | Fee |
|--------------------------|---------------------------------------------------|-----|
| Federal And Supplemental | Forms | |
| Form 1040 | U.S. Individual Income Tax Return | |
| Form 8879 | E-File Signature Authorization | |
| Form 9325 | General Information for Electronic Filing | |
| Form 9465 | Installment Agreement Request | |
| Form W-2 | Wage and Tax Statement | |
| Comparison | Tax Year Comparison Sheet | |
| Virginia Forms | | |
| VA 760 | Individual Income Tax Return, PG 1 | |
| VA 760 PG 2 | Individual Income Tax Return, PG 2 | |
| VA Schedule INC | Income Schedule | |
| VA 8879 | VA 8879 Pin Signature | |
| VA 760V | Payment Voucher (760_V) | |
| VA EF_ACK | Efile Info and Acknowledgement | |
| VAWK_AGI | State AGI Worksheet | |
| VAWK_A5 | State/Local Tax Payments Deductible on Schedule A | |
| VA TAX Comparison | Virginia Three-Year State Tax Return Comparison | |

| Total Forms | 15 | Forms Subtotal | 0.00 |
|-------------|----|-------------------|------|
| | | Total Balance Due | 0.00 |

Payment due upon receipt. Thank you for your business!

Department of the Treasury - Internal Revenue Service

Form **9325** (January 2017)

accepted on

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file. Taxpayer name CHANDAN K SINGH Taxpayer address (optional) 1319 CAMROSE RD 23229-5311 HENRICO, VA 1. X 2018 Your federal income tax return for was filed electronically with the Submission Processing Center. The electronic filing services were provided by MY UNITED TAX PLANNERS INC 2. X Your return was accepted on 06-18-2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 2099992019169n5eeobh Your return was accepted on . Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch. Your electronic funds withdrawal payment request was accepted for processing. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

. The Submission ID assigned to your extension

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).

- Line 3 Exception Processing Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.
- **Line 4** Payment Acknowledgement Literal Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."
- Line 5 Payment Acknowledgement Literal Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

CHANDAN K SINGH

| £1040 | | artment of the Treasury-Internal Revenue Servenue Servenue Servenue Income | | Return | 20 |)18 | OM | 1B No. 1545-007 | 4 IRS Use | Only-Do not v | vrite or sta | aple in th | is space. |
|------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------|---------|-------------------|------------|------------------|-------------|---------------------|---------------------|-------------------------------------------|-----------------------------------------------|------------|--------------------|
| Filing status: | X Si | ngle Married filing jointly M | arried | filing separate | ly 🗌 | Head of | housel | nold 🗌 Qualify | ying widow(e | r) | | | |
| Your first name | and ini | tial | La | st name | | | | | | Your s | ocial sec | ırity nur | nber |
| CHANDAN I | K | | s | INGH | | | | | | 807 | -67-2 | 047 | |
| Your standard | deduction | on: Someone can claim you as a | a depe | endent Y | ou wer | e born be | efore Ja | nuary 2, 1954 | You | are blind | | | |
| If joint return, sp | oouse's | first name and initial | La | st name | | | | | | Spouse | e's social | security | y number |
| Spouse standard Spouse is blir Home address | nd | Spouse itemizes on a separate r | | - | | • | as born | before January 2 | 2, 1954 Apt. no. | or | exempt (| see ins | |
| 1319 CAM | ROSE | , | einn a | ddress attach | Schedi | ıle 6 | | | Apt. no. | (see ins | <u> </u> | You | Spouse |
| • • • • • • • • • • • • • • • • • • • • | | 23229-5311 | J.g a. | aarooo, anaorr | 0000 | | | | | | than four t. and che | | |
| Dependents | | | | (2) Social secur | ity numh | per / | (3) Relat | tionship to you | (4) | Check if qua | | | |
| (1) First name | (000 | Last name | | (2) Social Secui | ity Hullik | , | (3) INGIAI | lionship to you | | ax credit | | | ,. r dependents |
| (1) Thorname | | Last Hame | | | | | | | Г | 1 | T | | |
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| 0: | l ladas s | annelting of positive. I deploye that I have even | | | | a a a a b a di i | م اسم مما | | ا برده که که ده دا | | al baliat 4 | | |
| Sign | | penalties of perjury, I declare that I have exami and complete. Declaration of preparer (other t | | | | | | | | knowledge an | a bellet, ti | ney are ti | rue, |
| Here | | | | 1 | | I | | | | l | | | |
| Joint return? See instructions. | | our signature | | Date | | Your occ | upation | | | PIN, enter | | n Identity | y Protection |
| Keep a copy for | 731 | | | 04-16-2 | 2019 | IT | | | | here (see i | | | |
| your records. | S | pouse's signature. If a joint return, both must s | sign. | Date | | Spouse's | s occupa | tion | | If the IRS s PIN, enter here (see i | it | n Identity | y Protection |
| Paid | Pr | eparer's signature | | • | | | | PTIN | Firm's E | | | eck if: | |
| | | | | | | | | P0214407 | 1 | | | 3rd Pa | arty Designe |
| Preparer | Pr | eparer's name MadhuKumar Ram | nach | andra | | | | Phone no. | | 23-104 | $\overline{\Box}$ | Self-e | mployed |
| Use Only | - | rm's name ► MY UNITED TAX | | | c | | | 1 | | | <u>• , </u> | | |
| | _ | rm's address ►5225 SAINT CRO | | | | TY 7 | 5082 | | | | | | |
| Form 1040 (2018 | 3) 1 | Wages, salaries, tips, etc. Attach Form | n(s) W | <i>l</i> -2 | | | | | | 1 | | 9 | Page 2 |
| | 2a | Tax-exempt interest 2 | 2a | | | | b Ta | xable interest . | | 2b | | | |
| Attach Form(s) W-2. Also attach | 3a | Qualified dividends 3 | За | | | | b Or | dinary dividends | | 3b | | | |
| Form(s) W-2G and | 4a | | la | | | | b Ta | xable amount . | | 4b | | | |
| 1099-R if tax was withheld. | 5a | | ā | | | | | xable amount . | | 5b | | | |
| | 6 | Total income. Add lines 1 through 5. Add an | y amou | unt from Schedule | e 1, line | 22 | | | | 6 | | 9 | 4,973 |
| | - | Adioated assessing a second feet and become | | | | | | | | | | | |
| | 7 | Adjusted gross income. If you have no subtract Schedule 1, line 36, from line | • | | | | | om line 6; otnerw | | 7 | | 9 | 4,973 |
| Standard Deduction for- | 8 | Standard deduction or itemized ded | | | | | | | | 8 | | | 2,000 |
| Single or married | | Qualified business income deduction (| | , | | | | | | 9 | | | |
| filing separately, \$12,000 | 10 | Taxable income. Subtract lines 8 and 9 | | , | | | | | | 10 | | 8 | 2,973 |
| Married filing | 11 | (| check i | | | | | | | | | | 2,373 |
| jointly or Qualifying widow(er), | ' ' | · · · · · · | • | _ | . , | _ | | | | 11 | | 1 | 4,204 |
| \$24,000 | 12 | b Add any amount from Schedule 2 ara Child tax credit/credit for other dependents | | | | | | chedule 3 & check l | | 11 | | | 0 |
| Head of household, | 13 | Subtract line 12 from line 11. If zero or | | | | • | | | | 13 | | 1 | |
| \$18,000 | 14 | | | | | | | | | 14 | | | 4,204 |
| If you checked any box under | | | | | | | | | | | | - | 4 204 |
| Standard | 15 | Total tax. Add lines 13 and 14 | | | | | | | | 15 | | | 4,204 |
| deduction, see instructions. | 16 | Federal income tax withheld from Form | | | | | | | | 16 | | | 7,969 |
| | 17 | Refundable credits: a EIC (see inst.) | | | | | | c Form 8863 | | | | | |
| | | | | | | | | | | 17 | | | |
| | 18 | Add lines 16 and 17. These are your to | | - | | | | | | 18 | | | 7,969 |
| Refund | 19 | If line 18 is more than line 15, subtract | | | | | • | • | | 19 | | | |
| | 20a | Amount of line 19 you want refunded | to yo | u. If Form 8888 | 3 is atta | ched, ch | eck her | | . ▶ 📙 | 20a | | | |
| Direct deposit? See instructions. | b | Routing number | | | | с Ту | rpe: [| Checking | Savings | | | | |
| _ 5050 4000113. | ► d | Account number | | | | | | | | | | | |
| | 21 | Amount of line 19 you want applied to | your | 2019 estimat | ed tax | ▶ | 21 | | | | | | |
| Amount You Owe | 22 | Amount you owe. Subtract line 18 from | om lin | e 15. For detai | ls on h | ow to pay | , see in | structions | • | 22 | | | 6,235 |
| | 23 | Estimated tax penalty (see instructions | 2) | | | • | 23 | | | | | | |

9465

(Rev. December 2018)

Department of the Treasury Internal Revenue Service

Installment Agreement Request

▶ Go to www.irs.gov/Form9465 for instructions and the latest information.

▶ If you are filing this form with your tax return, attach it to the front of the return.

► See separate instructions.

Tip: If you owe \$50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement.

| Par | + I | s apply for all | <u> </u> | iiiio i ayiiioiit rigioc | mont. | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|-------------------------------|----------------------------------|---------------|--------|------------------------------------|
| | equest is for Form(s) (for example, Form 1040 or Form 941) | FORM | 1 | 040 | | | | |
| | | | | | 018 | | | |
| 1a | tax year(s) or period(s) involved (for example, 2016 and 2017, or Ja Your first name and initial | Last name | Jui | ie 30, 2017) 🕨 🗾 Z | 010 | Your soc | ial se | ecurity number |
| ıa | | | | | | | | 7-2047 |
| | CHANDAN K If a joint return, spouse's first name and initial | SINGH Last name | | | | | | / 一 乙 〇 任 / ial security number |
| | ii a joint return, spouse s instriame and initial | Lastrianie | | | | opouse s | 300 | iai security number |
| | Current address (number and street). If you have a P.O. box and no home of | delivery, enter your | box r | number. | | | | Apt. number |
| | 1319 CAMROSE RD | | | | | | | |
| | City, town or post office, state, and ZIP code. If a foreign address, also comp | plete the spaces bel | ow (s | see instructions). | | | | |
| | HENRICO VA 23229-5311 | | | | | | | |
| | Foreign country name | | | Foreign province/state/county | , | | | Foreign postal code |
| | | | | | | | | |
| 1b | If this address is new since you filed your last tax return, ch | neck here | | | | | | |
| 2 | Name of your business (must no longer be operating) | | | | | Employer | iden | tification number (EIN) |
| | | | | | | | | |
| 3 | | | | 4 972-757-8 | 471 | | | |
| | Your home phone number Best time for | or us to call | _ | Your work phone | | - | В | est time for us to call |
| 5 | Enter the total amount you owe as shown on your tax retur | m(s) (or notice(| s)) | | | ; | 5 | 6,235 |
| 6 | If you have any additional balances due that aren't reporte | | | | | | | |
| | the amounts are included in an existing installment agreem | | | | | (| 6 | |
| 7 | | | | | | | 7 | 6,235 |
| 8 | Enter the amount of any payment you're making with this re | | | | | | 3 | 0,200 |
| 9 | Amount owed. Subtract line 8 from line 7 and enter the res | • | | | | | 9 | 6,235 |
| 10 | Divide the amount on line 9 by 72 and enter the result . | | | | | | 0 | 87 |
| 11a | Enter the amount you can pay each month. Make your pay | | | | | · · — | _ | <u> </u> |
| | and penalty charges, as these charges will continue to | - | | | | | | |
| | an existing installment agreement, this amount should repre | | | | | | | |
| | payment amount for all your liabilities. If no payment am | - | | · · | vill | | | |
| | be determined for you by dividing the balance due on l | | | | | 11 | a | \$ 300 |
| b | If the amount on line 11a is less than the amount on line 10 | - | | | | | | , , , |
| | to an amount that is equal to or greater than the amount of | | | | | 11 | ь | \$ |
| | If you can't increase your payment on line 11b to more to | | - | | | | | • |
| | complete and attach Form 433-F, Collection Information St | • | | | | | | |
| | • If the amount on line 11a (or 11b, if applicable) is more | than or equal to | the | e amount on line 10 and | d the amount you ov | ve is | | |
| | over \$25,000 but not more than \$50,000, then you don't ha | ave to complete | Fo | rm 433-F. However, if | you don't complete | Form | | |
| | 433-F, then you must complete either line 13 or 14. | | | | | | | |
| | • If the amount on line 9 is greater than \$50,000, complete | e and attach Fo | orm | 433-F. | | | | |
| 12 | Enter the date you want to make your payment each mor | nth. Don't ente | rac | date later than the 28th | 1 | 1 | 2 | 15 |
| 13 | If you want to make your payments by direct debit from you | ur checking acc | oun | t, see the instructions a | nd fill in lines 13a a | nd | | |
| | 13b. This is the most convenient way to make your payment | nts and it will e | nsui | re that they are made o | n time. | | | |
| а | | 2 5 | | | | | | |
| b | Account number 4 8 8 0 3 9 2 | 7 8 5 7 | 7 | | | | | |
| | I authorize the U.S. Treasury and its designated Financial Agent to | | | | | | | |
| | indicated for payments of my federal taxes owed, and the financial effect until I notify the U.S. Treasury Financial Agent to terminate to | | | • | | | | |
| | 1-800-829-1040 no later than 14 business days prior to the payme | ent (settlement) d | ate. | I also authorize the finance | cial institutions involved | d in the pro | | |
| _ | electronic payments of taxes to receive confidential information ne | = | | | | | | |
| С | Low-income taxpayers only. If you're unable to make e banking information on lines 13a and 13b, check this box a | | | - | | your | | |
| | | - | | | completion or your | | | Г |
| 14 | If you want to make your payments by payroll deduction, cl | | | | n 2159 | | • • | |
| | | | | · | | • • • • | | |
| Your s | gnature | Date | | Spouse's signature. If a join | t return, both must sign. | | | Date |

OMB No. 1545-0074

Form **8879**

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization

▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2018

Submission Identification Number (SID)

2099992019169n5eeobh

| V 2000000000000000000000000000000000000 | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Taxpayer's name | Social security number | | |
| CHANDAN K SINGH | 807-67-20 | 47 | |
| Spouse's name | Spouse's social security | number | |
| Part I Tax Return Information - Tax Year Ending December 31, 2018 | (Whole dollars only) | | |
| 1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | | 1 | 94,973 |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | | 2 | 14,204 |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, I | | 3 | 7,969 |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | · ' | 4 | 1,000 |
| 5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | | 5 | 6,235 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you | | _ | |
| for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service p originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or re reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revo Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later then 2 bus date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to rece answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification relectronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize MY UNITED TAX PLANNERS INC to enter or generate my ERO firm name as my signature on my tax year 2018 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return entering your own PIN and your return is filed using the Practitioner PIN method. The ERO | rovider, transmitter, or electro- cason for rejection of the trans e U.S. Treasury and its design it in the tax preparation softwa entry to this account. This aut soke (cancel) a payment, I mus iness days prior to the payme ive confidential information ne number (PIN) below is my sign PIN 73168 Enter five digits, but don't enter all zeros rn. Check this box only if | nic return mission, (I nated Finar re for payr thorization t contact tl nt (settlem cessary to nature for r | b) the ncial ment is to he U.S. lent) |
| Your signature ▶ | Date ▶ | | |
| Spouse's PIN: check one box only | DIN | | |
| Lauthorize to enter or generate my ERO firm name | Enter five digits, but | _ | |
| as my signature on my tax year 2018 electronically filed income tax retum. | don't enter all zeros | | |
| I will enter my PIN as my signature on my tax year 2018 electronically filed income tax retu | rn Check this hov only if | vou are | |
| entering your own PIN and your return is filed using the Practitioner PIN method. The ERO | • | • | |
| Spouse's signature ▶ | Date ▶ | | |
| Practitioner PIN Method Returns Only - continue | bolow | | |
| Part III Certification and Authentication - Practitioner PIN Method Only | | | |
| Certification and Admentication - Fractitioner File Method Only | <u> </u> | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 209999-78 Don't | 786 t enter all | zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronic | ally filed income tax return | n for | |
| the taxpayer(s) indicated above. I confirm that I am submitting this retum in accordance with the require method and Pub.1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Retu | | r PIN | |
| ERO's signature ▶ | Date ▶ <u>08-02-</u> | 2019 | |
| | | - | |

ERO Must Retain This Form - See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

| | Employee's social security numb | er | OMB No. 1545- | 0008 | | accurate, Use | IRS | e-file | Visit the IRS website at www.irs.gov/efile |
|------------------------------------------------------------|------------------------------------------|----------|--------------------|------|-----------------------|------------------|----------------------|----------------------|--------------------------------------------|
| b Employer identification number (EIN) $77-0148231$ | | | | 1 | Wages, tips, | • | nsation - , 973 | 2 Federal | income tax withheld 7,969 |
| c Employer's name, address, and ZIP code CADENCE DESIGN SY | STEMS INC | | | 3 | Social securit | | ,483 | 4 Social s | ecurity tax withheld 6 , 230 |
| 150 CIVIC CENTER | DR | | | 5 | Medicare wag | | ,483 | 6 Medicar | e tax withheld 1,457 |
| SANDY | UT | 8407 | 0 | 7 | Social securit | ty tips | | 8 Allocate | d tips |
| d Control number | | | | 9 | Verification co | ode | | 10 Depend | ent care benefits |
| e Employee's first name and initial | Last name | | Suff. | 11 | Nonqualified | plans | | 12a See inst | ructions for box 12 5 0 0 |
| CHANDAN SI | NGH | | | 13 | Statutory employee | Retirement plan | Third-party sick pay | 12b C d e D | 5,510 |
| 1319 CAMROSE RD HENRICO | VA 2 | 3229 | | 14 | Other | | | 12c C d DD | 5,133 |
| | | | | | | | | 12d C od e | |
| f Employee's address and ZIP code | | | | | | | _ | | |
| 15 State Employer's state ID number $VA_1 304-2534-2$ | 16 State wages, tips, etc. 94,973 | 17 State | e income tax 4,710 | 18 | Local wages, | tips, etc. | 19 Local in | come tax | 20 Locality name |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

W-2 Wage and Tax Statement

2018

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

EEA

The information on the Form W-2 was used to prepare the taxpayer's 2018 Federal tax return by MY UNITED TAX PLANNERS IN

Carryover Worksheet List of items that will carryover to the 2019 tax return

(Keep for your records)

2018

Name(s) as shown on return

Tax ID Number

CHANDAN K SINGH 807-67-2047

| Itemized Deductions | Carryover Amount |
|---------------------------------------------------------------------------------------------------------|------------------|
| Contributions subject to 100% of AGI limitations | • |
| Contributions subject to 60% of AGI limitations | |
| Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) | |
| Contributions subject to 30% of AGI limitations | |
| Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) | |
| Taxable state and local refunds to Form 1040, line 10 | |
| State/local taxes paid in 2019 to flow to the Schedule A | 267 |
| State donations and contributions carryover | |
| State overpayment applied to next year | |
| Expenses | |
| Office in home operating expenses | |
| Office in home excess casualty losses and depreciation | |
| Disallowed investment interest expense | |
| Section 179 expense | |
| Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | |
| Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | |
| Losses | |
| Short-term capital loss | |
| Long-term capital loss | |
| Net operating loss | |
| | |
| Excess business loss from Form 461 (becomes part of NOL next year) AMT Reg. Tax | |
| Qualified REIT and PTP loss carryover | |
| QBI loss carryover | |
| Nonrecaptured net section 1231 losses from WK_1231C AMT Reg. Tax Credits | |
| | |
| Mortgage interest credit | |
| Credit for prior year minimum tax | |
| Foreign Tax credit | |
| District of Columbia first time home owner's credit | |
| Res. energy efficient property credit | |
| Other | |
| Preparer Fee | |
| Overpayment applied to next year's estimates | |
| Estimated Tax Payment 1 Estimated Tax Payment 2 | |
| Estimated Tax Payment 3 Estimated Tax Payment 4 | 14 004 |
| Federal tax liability for 2210 calculation | 14,204 |
| State tax liability for state 2210 calculation | 4,977 |
| IRA basis | |
| ., | |
| | |
| | |
| | |
| Passive Activity | |
| | |
| At Risk Limitations | |
| | |
| | |
| | |

2018

TAX RETURN COMPARISON 2016 / 2017 / 2018

Name(s) as shown on retum CHANDAN K SINGH

Identifying number 807-67-2047

| | 2016 | 2017 | 2018 | Difference 2017-2018 |
|---------------------------------------|------|--------|------------------|----------------------|
| Filing Status | | Single | Single | |
| Number of Exemptions | | 1 | N/A | (1) |
| Number of Dependents | | | | , |
| Income | | | | |
| Wages, salaries, tips, etc | | 63,002 | 94,973 | 31,971 |
| Taxable interest and dividends | | , | • | , |
| Taxable state and local refunds | | | | |
| Alimony | | | | |
| Business income (loss) | | | | |
| Gains (losses) | | | | |
| Pensions and IRA distributions | | | | |
| Rent and royalty income (loss) | | | | |
| Part, S-corps, trusts income (loss) | | | | |
| Farm income (loss) | | | | |
| Unemployment compensation | | 3,857 | | (3,857) |
| Total SS benefits received | | 3,00. | | (3,733.) |
| Taxable SS benefits | | | | |
| Other income (loss) | | | | |
| Total Income | | 66,859 | 94,973 | 28,114 |
| Adjusted Gross Income | | 007033 | 71/7/3 | 20/111 |
| Half of self-employment tax | | | | |
| IRA deduction | | | | |
| Other adjustments | | 10,000 | | (10,000) |
| Total Adjusted Gross Income | | 56,859 | 94,973 | 38,114 |
| Deductions | | 30,039 | 94,913 | 30,114 |
| Medical deductions | | | | |
| State and local taxes | | 1,443 | | (1,443) |
| | | 1,443 | | (1,443) |
| Interest | | | | |
| Contributions | | 11 152 | | /11 152\ |
| Employee business expenses | | 11,153 | 12 000 | (11,153) 12,000 |
| Standard or other deductions | | 12 506 | 12,000 12,000 | - |
| Total Itemized or Standard Ded | | 12,596 | | (596) |
| Exemption Amount | | 4,050 | N/A | (4,050) |
| Qualified Business Income Deduction . | | _ | | |
| Tax and Credits | | 40 012 | 00 073 | 40 760 |
| Taxable Income | | 40,213 | 82,973 | 42,760 |
| Tax | | 6,175 | 14,204 | 8,029 |
| Credits | | | | |
| Self-employment tax | | | | |
| Other taxes | | 6 105 | 14 004 | 0 000 |
| Total Tax | | 6,175 | 14,204 | 8,029 |
| Payments | | F 500 | T 060 | 0 106 |
| Withholdings | | 5,783 | 7,969 | 2,186 |
| Estimated tax payments | | | | |
| Earned income credit | | | | |
| Other payments and credits | | | | |
| Overpayment | | | | |
| Overpayment Applied | | | | |
| Refund | | | | |
| Balance Due | | 392 | 6,235 | 5,843 |
| Marginal tax rate | | 25.00 | 24.00 | (1.00) |
| Effective tax rate | | 15.00 | 17.12 | 2.12 |

| MUST be corrected before electronic filing is allowed. | PAGE 1 |
|--------------------------------------------------------|-------------|
| Name(s) as shown on return | SSN/FEIN |
| CHANDAN K SINGH | 807-67-2047 |

2029 VA Electronic Filing NOT Allowed

VA has received a code of "A" (Acceptance) from the state's Department of Revenue/Franchise Tax Board. State/city is NOT allowed to retransmit.

Drake Software Tip:

* Check for state Acks.

| VANOTES | Notes about the return | 2018 PAGE 1 |
|----------------------------|------------------------|-----------------------|
| Name(s) as shown on return | | SSN/FEIN |
| CHANDAN K SINGH | | 807-67-2047 |

1. Tax Credit for Low Income Individuals

The low income or Virginia earned income credit may NOT be claimed if you, your spouse, or any dependent claims any of the following:

- * Virginia National Guard Subtraction (Subtraction Code 28);
- * Basic Military subtraction (Subtraction Code 38);
- * State and federal employees subtraction for earnings of \$15,000 or less (Subtraction Code 39);
- * Exemption for blind taxpayers or taxpayers age 65 and over;
- * the Age Subtraction; or
- * You are claimed as a dependent on another taxpayer's return.

Poverty Guideline Table

| Eligible Exemptions | Poverty Guideline | Eligi Exemp | ble otions | Poverty Guideline |
|------------------------|----------------------|----------------|---------------|----------------------|
| 1 | \$12,140 | 5 | \$29 | ,420 |
| 2 | 16,460 | 6 | 33 | ,740 |
| 3 | 20,780 | 7 | 38 | ,060 |
| 4 | 25,100 | 8* | 42 | ,380 |

^{*}For each additional exemption add \$4,320.

For married taxpayers filing separate returns, only one spouse may claim a credit for low income or Virginia Earned Income Credit. If either spouse claims one of the deductions or credits listed, neither may claim the low income or Virginia Earned Income Credit.

2. 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 tax return to Virginia Tax as applicable by law.

| VAINST | Filing Instructions | 2018 |
|--------------------------------------------|---------------------|------------------------|
| Name(s) as shown on return CHANDAN K SINGH | | SSN or EIN 807-67-2047 |

Date to file by: 11-01-2019

Form to be filed: VA760 and supplemental forms and schedules

Sign and date: Be sure to sign and date your return. If filing MFJ

both spouses must sign the return.

Payment: \$267.00

Payment methods: Make your check or money order payable to the

Commissioner of the Revenue, Director of Finance, or

Director of Tax Administration for the city /

county of residence.

Return has been efiled

Transaction method: Check: Make payable to the Treasurer or Director of

Finance of the city/county in which you reside. Make sure your SSN and 2018 VA income tax payment is on your check. Credit card: Call 1-800-2PAY-TAX, or for

internet payment, www.officialpayment.com. The

jurisdiction code for Virginia is 1080. Mail address

may not agree with letter address.

2018 VA760CG Page 1 [Individual Income Tax Retum





CHANDAN

K SINGH

1319 CAMROSE RD

VA 232295311 HENRICO

| SSN-You SING | | 807672047 | Vendor ID 1024 | xxxxx | ٦ |
|------------------------------------|------|-----------|--------------------------------------------------|-------|-------------|
| SSN - Spouse | | | | | |
| Fed Adj Gross Income (FAGI) | 1. | 94973. | Withholding (VA) - You | 20A. | 4710. |
| Additions | 2. | | Withholding (VA) - Spouse | 20B. | |
| Subtotal | 3. | 94973. | Estimated Payments | 21. | |
| Age Deduction - You | 4A. | | 2017 Overpayment | 22. | |
| Age Deduction - Spouse | 4B. | | Extension Payments | 23. | |
| Soc Sec & Tier 1 Railroad | 5. | | Credit - Low Income or EIC | 24. | |
| State Income Tax Overpayment | 6. | | Credit - Schedule OSC | 25. | |
| Subtractions | 7. | | Reserved for Future Use | 26. | |
| Subtotal Subtractions | 8. | | Credits - Schedule CR | 27. | |
| Total VA Adj Gross Income (VAGI) | 9. | 94973. | Total Payments / Credits | 28. | 4710. |
| Itemized Deductions - VA Sch.A | 10. | | Tax You Owe | 29. | 267. |
| State / Local Income Tax -VA Sch.A | 11. | | Tax Overpayment | 30. | |
| Standard / Itemized Deductions | 12. | 3000. | Overpayment Credited to Next Year | 31. | |
| Exemptions | 13. | 930. | VAC - Virginia 529 / ABLEnow | 32. | |
| Deductions | 14. | | VAC - Other Contributions | 33. | |
| Subtotal (Deductions & Exemptions) | 15. | 3930. | Addition to Tax, Penalty & Interest | 34. | |
| VA Taxable Income | 16. | 91043. | Sales and Use Tax | 35. | |
| Amount of Tax | 17. | 4977. | Amount You Owe | | 267. |
| Spouse Tax Adjustment (STA) | 18. | | Will Pay by Credit/Debit Card N Your Refund | | |
| VAGI - Spouse | 18A. | | Bank Routing # | | |
| Net Amount of Tax | 19. | 4977. | Bank Account # | | |
| | | LARD | LARDTDLTD \$ | | Page 1 of 2 |

807672047





| Fili | ng Status, Age & L | icense Inform | ation | | | | Additional Filing Inform | nation | - |
|------|------------------------|---------------------|-----------------------------------------|-------|--------|-----|---------------------------------------------------------|----------|-----|
| | Filing Status | | | - | 1 | | Locality | (| 087 |
| | Federal Head of Hous | sehold | | | | | Name or Filing Status Change | | |
| | DOB - You | | 091 | 81979 | 9 | | Address Change | | |
| | VA Driver's License II | O - You | | | | | VA Return Not Filed Last Year | | |
| | VA Driver's License - | lss. Date - You | | | | | Dependent on Another's Return | | |
| | Spouse Name (Filing | Status 3 Only) | | | | | Farmer / Fisherman / Merchant Seaman | | |
| | DOB - Spouse | | | | | | Amended | | |
| | | 2.0 | | | | | NOL | | |
| | VA Driver's License II | · | | | | | Overseas on Due Date | | |
| | VA Driver's License - | Iss. Date - Spou | ise | | | | Federal EIC & Amount | | |
| Exe | emptions (A) You | 1 | kemptions (B) 65 & Over - You | | | | Deceased Indicator | | |
| | Spouse | | 65 & Over - Spouse | | | | No Sales & Use Tax Due Indicator | | Х |
| | Dependents | | Blind - You | | | | Refund - Direct Bank Deposit | | |
| | Total (A) | 1 | Blind - Spouse | | | | Refund - Check | | |
| | | | Total (B) | | | | Obtain Electronic 1099G | | |
| | | | | | | | ID Theft PIN | | |
| | - | clare under penalty | | | | | or) knowledge, it is a true, correct & complete return. | | |
| Sigi | nature - You | | | Date | 080219 | Pho | ne - You | 9727578 | 471 |
| Sigi | nature - Spouse | | | Date | | Pho | ne - Spouse | | |
| Sigi | nature - Preparer | | | Date | 080219 | Pho | ne - Preparer | 46942310 | 040 |

File by May 1, 2019
Include Page 1, Page 2 and all

supporting 760CG documents.

The Tax Department may discuss my/our return with my/our preparer.

MadhuKumar Ramachandra MY UNITED TAX PLANNERS INC 5225 SAINT CROIX Richardson, TX 75082

Preparer Information

P02144071

2018 Schedule INC/CG

Report all W-2s, 1099s, & VK-1s with VA Withholding

CHANDAN

K SINGH



807672047

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|-----------------------------|
| | | | | | □ |
| 807672047 | W | 4710. | 770148231 | 304-2534-2 | 94973. |

 Total VA Withholding
 SSN
 VA Withholding

 You
 807672047
 4710.

 Spouse
 Total # of W-2s, 1099s & VK-1s
 1

VA-8879
Virginia Department
of Taxation

1024

Virginia Submission Identification Number (SID)

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2018

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

0 9 9 9 9 2 0 1 9 1 6 9 v 3 h b 1 Your Name **B** Your Social Security Number CHANDAN K SINGH 807-67-2047 A Spouse's Social Security Number Spouse's Name Part I Tax Return Information A Spouse B Yourself 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) 94973. 94973. 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) 91043. Taxable Income (Form 760CG, Line 16: 760PY, Line 17, columns A & B: Form 763, Line 18) 4977. 4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19) 5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b) 4710. 6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37) 267. 7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38) Part II Declaration of Taxpayer and Signature Authorization Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Taxpayer's e-File PIN: check one box only 🛮 I authorize the ERO named below to enter my e-File PIN | 7 | 3 | 1 | 6 | 8 | as my signature on my 2018 e-filed Virginia individual income tax return. Do not enter all zeros MY UNITED TAX PLANNERS INC **ERO Firm Name** I will enter my e-file PIN as my signature on my 2018 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your Signature Spouse's e-File PIN: check one box only ☐ I authorize the ERO named below to enter my e-File PIN as my signature on my 2018 e-filed Virginia individual income tax return. Do not enter all zeros **ERO Firm Name** I will enter my e-File PIN as my signature on my 2018 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's Signature Part III Certification and Authentication - Practitioner PIN Method Only **ERO's EFIN/PIN:** Enter your six-digit EFIN followed by your five digit self-selected PIN. | 2 | 0 | 9 | I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018.) ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. Date 08 - 02 - 2019 **ERO's Signature**

Form VA-8879 (REV. 08/18)

Payment Voucher Filing Instructions 2018 Name(s) as shown on return CHANDAN K SINGH EIN/SSN 807-67-2047

AND INTEREST, PAY AS SOON AS POSSIBLE.

PAYMENT METHODS: IF MAKING A PAYMENT, MAKE YOUR CHECK OR MONEY ORDER

PAYABLE TO THE DIRECTOR, DEPARTMENT OF TAXATION. INCLUDE YOUR SSN, TAX YEAR AND FORM 760V ON THE

PAYMENT DUE 05-01-2019. TO AVOID POSSIBLE PENALTIES

PAYMENT.

\$267.00

ADDRESS TO FILE: VIRGINIA DEPARTMENT OF TAXATION

PO BOX 1478

RICHMOND, VA 23218-1478

OTHER INSTRUCTIONS: SEND ONLY THIS VOUCHER WITH YOUR PAYMENT BY THE

RETURN DUE DATE. IF DIRECT DEBIT OR PAYMENT ONLINE BY CREDIT CARD, THIS VOUCHER DOES NOT NEED TO BE

MAILED TO VIRGINIA.

TAXPAYER RECORDS

DATE TO FILE BY:

PAYMENT:

| AMOUNT PAID: | |
|---------------|--|
| CHECK NUMBER: | |
| DATE MATLED: | |

Form 760-PMT 2018 Payment Coupon (DOC ID 761) "No Staples Please"
To Be Used For Payments On Previously Filed 2018 Individual Income Tax Returns Only

8076720471 7611024 118001

Your Social Security Number 807672047

Spouse's Social Security Number

Name(s) CHANDAN K SINGH

Address

1319 CAMROSE RD

City
HENRICO
Davtime Phone Number:

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P.O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment 267 .00

9727578471

VAEF ACK

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

2018

Name(s) as shown on return

CHANDAN K SINGH

Identification Number

***-**-<u>204</u>7

Address

1319 CAMROSE RD HENRICO, VA 23229-5311

Thank you for participating in IRS e-file.

- 1. \overline{X} Your 2018 state income tax return for $\overline{VA760}$ was filed electronically. The electronic filing services were provided by \overline{MY} UNITED TAX PLANNERS INC
- 2. X Your return was accepted on 06-18-2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.

The submission ID assigned to this return is 2099992019169v3noliv

PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

| VA-COMP | Three-year State Tax Return Comparison | 2018 |
|---------------------|----------------------------------------|--------------------|
| Name(s) as shown on | etum | Taxpayer ID Number |
| CHANDAN K SI | NGH | 807-67-2047 |

| [State] Income Tax Return | 2016 | 2017 | 2018 | Difference 2017-2018 |
|----------------------------------|------|------|----------|----------------------|
| Filing Status | 2010 | 2011 | S S | Difference 2017-2010 |
| Gross Income | | | 94,973 | 94,973 |
| Source Income | | | 94,973 | 94,973 |
| Deductions | | | 3,000 | 3,000 |
| Taxable Income | | | 91,043 | 91,043 |
| Actual State Income | | | 91,043 | 91,043 |
| State Income Tax | | | 4,977 | 4,977 |
| Local Taxes | | | | |
| Use Tax | | | | |
| Contributions | | | | |
| Income Tax Withheld | | | 4,710 | 4,710 |
| Estimates and Extension payments | | | | |
| Underpayment Penalty | | | | |
| Overpayment Applied to Next Year | | | | |
| Balance Due | | | 267 | 267 |
| Refund | | | | |
| Marginal tax rate | | | 5.750000 | 5.750000 |
| Effective tax rate | | | 5.470000 | 5.470000 |

| lame(s | K_AGI | Adjusted Gr | | records only. ncome Split W | orksheet | FD/ST Social Security | |
|-------------|-----------------|---------------------------------------------------------|-----|--------------------------------|----------------------------------------------|-----------------------|----------|
| <u>'AAN</u> | <u>NDAN K S</u> | INGH | | E | ederal | 807-67-2 | |
| Fed | eral 1040 In | 0 Income and Adjustments Col. A Col. B | | Col. A | State Col. B | | |
| | | | | Spouse | Taxpayer | Spouse | Taxpayer |
| Fed | eral 1040 | | | | | | |
| 1 | Wages, salarie | es, tips, etc | 1 | | 94,973 | | 94,973 |
| 2b | Taxable intere | est | 2b | | | | |
| 3b | Ordinary divide | ends | 3b | | | | |
| 4b | | Int of IRA distributions | 4b | | | | |
| 4b | | Int of Pensions and annuities | 4b | | | | |
| 5b | Taxable amou | nt of Social security benefits | 5b | | | | |
| Sch | edule 1 - Ad | dditional Income | | | | | |
| 10 | Taxable refun | ds, credits, or offsets | | | | | |
| | of state and lo | cal income taxes | 10 | | | | |
| 11 | Alimony receiv | /ed | 11 | | | | |
| 12 | Business inco | me or (loss) | 12 | | | | |
| 13 | Capital gain or | r (loss) | 13 | | | | |
| 14 | Other gains or | (losses) | 14 | | | | |
| 17 | Rental real es | tate, royalties, partnerships, | | | | | |
| | S corporations | s, trusts, etc. | 17 | | | | |
| 18 | Farm income | or (loss) | 18 | | | | |
| 19 | | at compensation | 19 | | | | |
| 21 | | | 21 | | | | |
| 22 | | nts in each column for This is your total income | 22 | | 94,973 | | 94,973 |
| Sch 23 | | djustments to Income | 23 | | | | |
| 24 | • | ess expenses of reservists, | 23 | | | | |
| | | ists, & fee-basis gov. officials | 24 | | | | |
| 25 | - | s account deduction | 25 | | | | |
| 26 | _ | ses | 26 | | | | |
| 27 | 0 1 | If-employment tax | 27 | | | | |
| 28 | | SEP, SIMPLE, and | | | | | |
| | | | 28 | | <u> </u> | | |
| 29 | | health insurance deduction | 29 | | | | |
| 30 | Penalty on ear | rly withdrawal of savings | 30 | | | - | |
| 31a | Alimony paid | | 31a | | | | |
| 32 | IRA deduction | | 32 | | | | |
| 33 | Student loan in | nterest deduction | 33 | | | | |
| | | es | 34 | | | | |
| 34 | Reserved . | | 35 | | | | |
| 34 35 | | P . | 36 | | 1 | | |
| | | adjustments | | | | | 1 |
| 35 | | adjustments | | | | | |
| 35 | Add lines 23 th | | 37 | | 94,973 | | 94,973 |

| VAWK_A5 | State / Local tax payments made after 12/31/2018 that will be deductible on 2019 Federal Schedule A | 2018 |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------|
| Name(s) as shown on return | | Your Social Security Number |
| CHANDAN K S | INGH | 807-67-2047 |
| A1. 4th quarter | es due that were paid after 12/31/2018 estimate/extension (may be adj. by refund) | |
| A3. Total payme | ents made in 2019 | A . <u>267</u> |
| B2. Contribution B3. Other Tax p | enalty | В |
| C. Total tax payment | s potentially deductible in 2019 (Line A less line B) | c . 267 |
| | | |