IRS *e-file* **Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.) ► Go to www.irs.gov/Form8879 for the latest information.

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Submis	sion Identification Number (SID) 587278201905001ecvs7							
Taxpayer	's name	Social security numb	ber					
SACH	IN PANJALA	757-98-9446	5					
Spouse's	name	Spouse's social secu	urity number	r				
Part	Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only	<i>v</i>)					
	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)			79,000.				
	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form			<u> 10,685.</u> 12,675.				
	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 7	. ,		1,990.				
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		. 5					
Part I		get and keep a c	opy of y	our return)				
originato reason fo Agent to of my feo remain in Treasury date. I a answer i	above are the amounts from my electronic income tax return. I consent to allow my intermed r (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of red or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accound deral taxes owed on this return and/or a payment of estimated tax, and the financial institution to n full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization Financial Agent at 1-888-353-4537 . Payment cancellation requests must be received no later t lso authorize the financial institutions involved in the processing of the electronic payment of nquiries and resolve issues related to the payment. I further acknowledge that the personal ide c income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	ceipt or reason for reject uthorize the U.S. Treasu t indicated in the tax pro- debit the entry to this . To revoke (cancel) a p than 2 business days p taxes to receive confic	ction of the ury and its reparation s account. Th payment, I m prior to the p dential inform	transmission, (b) the designated Financial software for payment his authorization is to hust contact the U.S. payment (settlement) mation necessary to				
Тахрау	ver's PIN: check one box only	ſ						
X		generate my PIN	8 9 4	4 6				
	ERO firm name		Enter five di					
_	as my signature on my tax year 2018 electronically filed income tax return.		don't enter	all zeros				
	I will enter my PIN as my signature on my tax year 2018 electronically filed inco entering your own PIN and your return is filed using the Practitioner PIN method	ome tax return. Che d. The ERO must co	eck this bo mplete Pa	ox only if you are art III below.				
Your sig	gnature Date	●▶						
Spouse	e's PIN: check one box only	ſ						
	I authorize to enter or	generate my PIN						
	ERO firm name		Enter five di	• /				
	as my signature on my tax year 2018 electronically filed income tax return.		don't enter	all zeros				
	I will enter my PIN as my signature on my tax year 2018 electronically filed inco entering your own PIN and your return is filed using the Practitioner PIN method							
Spouse	o's signature ► Date	₽▶						
	Practitioner PIN Method Returns Only—contin	ue below						
Part I								
	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 7	7 8 1 enter all zer	2 3 4 5 ros				
the tax	that the above numeric entry is my PIN, which is my signature for the tax year payer(s) indicated above. I confirm that I am submitting this return in accordance and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Individual Incon	e with the requireme	filed inco ents of the	me tax return for Practitioner PIN				
ERO's	signature Date	●▶						
	EDO Must Datain This Former Or a brater	ationa						
	ERO Must Retain This Form — See Instruct	CUONS						

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

Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank yo	u for participating in IRS <i>e-file</i> . 757-98-9446		
Taxpayer ı	name SACHIN PANJALA		
Taxpayer a	address (optional)		
762 BLUI	E SAGE DR		
SUNNYVAI	LE CA 94086		
	Your federal income tax return for2018 Submission Processing Center. The electronic filing		
S	Your return was accepted on <u>02/19/2019</u> usi signature. You entered a PIN or authorized the Elect for you. The Submission ID assigned to your return	tronic Return Originator (ERO) to er	
3.	Your return was accepted on	Allow 4 to 6 weeks for the pro	cessing of your return.
	The Earned Income Credit or a dependent's exemp child's name and social security number mismatch.	tion on your return may be reduced	or disallowed due to a
4. 🗌 \	Your electronic funds withdrawal payment request v	vas accepted for processing.	
	Your electronic funds withdrawal payment request v Tax" section.	vas not accepted for processing. Re	fer to the "If You Owe
a	Your Form 4868, Application for Automatic Extension accepted on The Su		

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

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.**

E 1040		artment of the Treasury—Internal Revenue Servenue Servenue Servenue Servenue Servenue Ta		(99) (n (2	201	8	VIB No. 1545-00	74 IRS Use (Only—Do I	not write	e or staple i	n this space	e.
Filing status:			farried filing s		/ 🗌 He	ad of hous	sehold Qua	lifying widow(-				
Your first name			Last name		,					r soci	al security	/ number	r
SACHIN			PANJA	LA							3-9446		
Your standard d	leducti	on: Someone can claim you as a			ou were bo	orn before	January 2, 1954	Ι ΠΥοι	u are blin				
If joint return, sp	ouse's	s first name and initial	Last name						Spo	use's	social sec	urity num	ber
Spouse standard	deduct	ion: Someone can claim your spous	e as a depe	ndent	Spou	ise was bo	orn before Janua	ry 2, 1954		- ull-ve	ar health c	are cover	ade
Spouse is bli	ind	Spouse itemizes on a separate re	eturn or you v	vere dual-							npt (see in		J
Home address (numbe	r and street). If you have a P.O. box, see	e instruction:	s.				Apt. no.	Pres	identia	I Election	Campaign	
762 Blue	Sa	ge Dr							(see	inst.)	You	Spo	use
City, town or po	st offic	e, state, and ZIP code. If you have a for	eign address	s, attach s	Schedule (δ.			lf m	ore that	an four de	pendents	,
SUNNYVAL	E C	A 94086							see	inst. a	ind 🗸 here	▶ _]
Dependents ((see ir	structions):	(2) Soc	ial security	/ number	(3) Rela	ationship to you		(4) √ if qu	alifies f	or (see inst.):	
(1) First name		Last name						Child ta	x credit	C	redit for oth	er depende	nts
Sign		enalties of perjury, I declare that I have examin and complete. Declaration of preparer (other t							knowledg	e and b	elief, they a	re true,	
Here		our signature		Date	1	our occup			If the IF	RS sent	you an Ider	ntity Protec	tion
Joint return? See instructions.					2	OFTWA	RE ENGIN	EER	PIN, en here (se				
Keep a copy for	s	pouse's signature. If a joint return, both	must sign.	Date	S	Spouse's occupation			If the IF	RS sent	you an Ider	ntity Protec	tior
your records.	*								PIN, en here (se			ТП	
Paid	P	reparer's name Prep	arer's signat	ure			PTIN		Firm's El		Check if	:	
	APF	APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332									3rd F	Party Desigr	nee
Preparer Use Only	Fi	rm's name ► GLOBAL TAXES	LLC				Phone	no.			Self-	employed	
Use Only	Fi	rm's address ► 2530 Pebble (Creek I	n Cur	mming	GA 30	041						
For Disclosure, I	Privac	y Act, and Paperwork Reduction Act N	Notice, see	separate	instructio	ons.					Form	1040 (2	018
Form 1040 (0019)	``````````````````````````````````````												0
Form 1040 (2018)												Pag 9,000	
	1	Wages, salaries, tips, etc. Attach Form				· · ·			1		1	9,000	•
Attach Form(s)	2a	Tax-exempt interest 2				b Taxable interest			2b				
W-2. Also attach Form(s) W-2G and	3a	Qualified dividends 3				b Ordinary dividends b Taxable amount			3b				
1099-R if tax was withheld.	4a 50	IRAs, pensions, and annuities . 4							4b 5b				
	5a 6	···· , ··· ,	5a b Taxable amount						6		7	9,000)
	7	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,										27000	÷
Standard)	subtract Schedule 1, line 36, from line 6							7			9,000	
Deduction for – Single or married	8	Standard deduction or itemized deduc	tions (from S	Schedule A	Α)				8		1	2,000	•
filing separately,	9	Qualified business income deduction (see instructions)											
\$12,000 • Married filing	10	Taxable income. Subtract lines 8 and 9		_					10		6	7,000	•
jointly or Qualifying widow(er),	11	a Tax (see inst.) 10,685. (check if an	-)				0	
\$24,000		b Add any amount from Schedule 2 ar							11		1	0,685	•
 Head of household, 	12	a Child tax credit/credit for other dependents					Schedule 3 and che	ck nere 🕨 🛄	12		1	0,685	
\$18,000 • If you checked	13	Subtract line 12 from line 11. If zero or							13).
any box under	14 15	Other taxes. Attach Schedule 4							14 15		1	0,685	
Standard deduction,	16	Total tax. Add lines 13 and 14 . <							16			2,675	
see instructions.	17	Refundable credits: a EIC (see inst.) No			 3812		c Form 8863	• • •				<u>_,,,,</u>	·
	.,	Add any amount from Schedule 5		-					17				
	18	Add lines 16 and 17. These are your to							18		1	2,675	j .
Dofund	19	If line 18 is more than line 15, subtract							19			1,990	
Refund	20a	Amount of line 19 you want refunded					-	▶ □	20a			1,990	
Direct deposit?	►b		0 0 0		,		Checking	Savings					
See instructions.	►d	Account number 4 8 8 0			9 3 2	· · · · ·							
	21	Amount of line 19 you want applied to y	our 2019 est	imated ta	ix	21							
Amount You Owe	22	Amount you owe. Subtract line 18 fro	m line 15. Fo	or details	on how to	pay, see	instructions .	🕨	22				
	23	Estimated tax penalty (see instructions	5)			23							

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

	175	DO NOT MAI	L THIS FORM	I TO THE F	ТΒ
Your rame Your SSN or ITN SACE.IN_PANJALA 757 - 98 - 9446 SpouseVRDP's same SpouseVRDP's SSN or ITN Part I. Tax Return Information (whole dollars only) Image: Comparison of the state of the	TAXABLE YEAR			FORM	
SACHIN PANJALA 757-98-9446 Spouse WRDP's name Spouse VRDP's SSN or TIN Part I. Tax Return Information (whole dollars only) 1 1. California Adjusted Gross Income. See instructions 1 2. Amount You Ove. See instructions 3 3. Returd To No Amount Due. See instructions 3 4. Mount You Ove. See instructions 3 5. Part II. Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 0 Under penalties of periup: J declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax detertification under J and the amounts shown in Neordega and belief. It is true, cortex, and complete. If under agrees in the corresponding lines of my electron income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return of a mount shown in the correspondent of the dottax payment or my tax individual income tax return. The payment Provide income tax return and income tax return. The payment of the dotta pay of the date when the relund was sent. If I am filing a balance MED. Intermediate serve provider, and/or the setimated interest and penalties. Lacknowledge that I have agrees and/or the setimated interest and penalties. Lacknowledge that I have agrees and/or the setimated interest and penalties. Lacknowledge that I have agrees and/or the date when the relund was sent. If I am filing a balance MED. Intermediate serve provider, and/or thasetimetar on	2018	California e-file Signature Authorization for Individ	duals	8879)
Spouse WRDP's same Spouse WRDP's SSN or (TIN Part I Tax Return Information (whole dollars only) 1 79,00 1 California Adjusted Gross Income. See instructions 2 3 2 Anount You Owe. See instructions 3 66 Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Impact of the set of my knowledge and belief, Ris true, correct, and complete. I further delaws that social security number or individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, Ris true, correct, and complete. I further delaws that social security number or individual tax identification number) and the amounts shown in Part Labox agrees with the information and amounts shown on the tax tax identification and mounts shown on the secure and social security number or individual tax identification number) and the amounts shown in Part Labox agrees with the information and amounts shown on the secure and social security number or individual income tax return. This is an introvocable appointing lines of my electron in agrees with the information and amounts shown on the secure and social secure and electronic funds withdrawal or Consent included and or the information as an introvocable appointement of the other spouse/RDP as a secient secure and accoser to transmitter, or intermediate service provider (individual income tax return. This is an introvocable appointement of the return of the information and applicable interest and persisten in advocable appointement of the information and applicable interest and pensisten. Laxknowledge that 1 har ead and consent to th	Your name		Your SSN or ITIN		
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2 Amount You Ovec. See instructions	Part I Tax Ret	rn Information (whole dollars only)			_
3 Refund or No Amount Due. See instructions	1 California Adju	ted Gross Income. See instructions	1	79,000	•
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) 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 tax year ending December 31, 2018, and to the best of my knowledge and belief, It is true, correct, and complete. Turther declare that the information I provide to my electronic funds withing runne, address, and social security number or individual tax identification number of mid-idual is eavice provider (including my name, address, and social security number or individual tax identification number or individual is eavice provider (including my name, address, and social security number or individuals, or a comparable form. If applicable, I declare that direct deposit and worn on my return and on form TEB 4455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit and payment and on or my return or term individual income tax return. Thave site and payment of my tak individual integes with the information and amounts shown on my return terurn to the factorise to transmit my completerion to the factorise an electronic funds withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own and your return is filed using the Practitioner PIN method.					
Under penalties of perium; I declare that i have examined a copy of my individual income tax return and accompanying schedules and statements for the tax 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 provider to my electronic return originator (EPO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part 1 above agree with the information and amounts ohnown on the corresponding lines of my electronic individuals for a comparable form. If applicable, I declare that direct deposit retund amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-line Payment Record for individuals, or a comparable form. If applicable, I declare that direct deposit retund amount on line is an intervocable appointment of the other spouse/RDP as a agent to authorize an electronic funds withdrawal of direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete eliunt to the franchise tax Badom (FTB). If the processing of my return or return is delayed, authorize the FTB to disclose to my ERO. Intermediate service provider to transmit my complete dees not receive, full and timely payment of my tax liability. I return and is delayed, authorize the FTB to disclose to my ERO. Intermediate service provider to transmit and papplicable interest and penalties. Lacknowledge that 1 have eade addition and anounts of the size and penalties. Lacknowledge that 1 have eade addition and anounts on the accorest and penalties. Lacknowledge that 1 have eade addition and anount on the sources PRO is a schowled on the copy of my electronic income tax return. I have selected a personal identificati number or individual income tax return. Beave setting the Practitioner PIN method. The ERO firm name as my signature on my 2018 e-filed California i	3 Refund or No A	mount Due. See instructions	3	668	÷
year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. In further declare that the information I provides in one determine return origination return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual income tax return, it applicable, I declare that the informatice or a determine that with the direct deposit return dividuals, or a comparable form. If applicable, I declare that direct deposit return dividual or ford deposit, Lauthoriza meteronic and expressive provider to transmit my complete return to the franchise Tax Board (FIB). If the processing of my return or return site and expression for the delay or the delay or the delay or the delay or the return dividuals, or a comparable form. If applicable, I declare that direct deposit return dividual or direct deposit. Lauthorize metRO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FIB). If the processing of my return or return dis delayed, I authorize metRO: tax board (FIB), If the processing of my return or return dis delayed, I authorize metRO: tax board (FIB), If the delay or the delay or the delay or the teruind was sent. If iam filing a balance due return, in understand that If the FI does not receive full and timely payment of my tax liability. I remain liable for the tax liability and all applicable, interesting sent to the Electronic Funds Withdrawal Consent. If applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's PIN: check one box only I authorize ERO firm name as my signature on my 2018 e-filed California individual income tax return. Check this box					
I authorize GLOBAL TAXES LLC to enter my PIN ERO firm name as my signature on my 2018 e-filed California individual income tax return. I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature >	tax identification n income tax return. and on form FTB 8 agrees with the dir agent to authorize return to the Franc provider, and/or t u does not receive fu read and consent t	umber) and the amounts shown in Part I above agree with the information and amounts shown on the corn If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax p 455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that dir ect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointme an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service p hise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose ansmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due r II and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and pe o the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have	responding lines (bayments as show rect deposit refun- nt of the other spi- provider to transme to my ERO, inte return, I understar enalties. I acknow e selected a perso	of my electronic on my return d amount on line ouse/RDP as an hit my complete rmediate servic nd that if the FTE ledge that I have	e 3 :e 3 e
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11	Exemp	tion amoun	t: Add lin	e 7 throu	ıgh line 1	0. Transfe	er this	amou	nt to lin	e 32				11	I \$			118
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You	r nam	ne: P_A_N_J_A_L_A_ Your SSN or ITIN: 757-98-9446										
	12	State wages from your Form(s) W-2, box 16										
	13	Enter federal adjusted gross income from Form 1040, line 7	79000_00									
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14	. 00									
me	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	79000.00									
Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C • 16	- 00									
able	17	California adjusted gross income. Combine line 15 and line 16 • 17	79000_00									
Тах	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	4401.00									
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0	74599_00									
	31	Tax. Check the box if from: 🗙 Tax Table Tax Rate Schedule										
<u> </u>	32	2 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504,										
Тах		see instructions	118 <u>00</u> 4073 <u>0</u>									
	33	Subtract line 32 from line 31. If less than zero, enter -0										
	34	Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A	4073_00									
	35	Add line 33 and line 34	4073][UU]									
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	- 00									
S	43	Enter credit name code • and amount • 43										
redit	44	Enter credit name code • and amount • 44										
Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	- 00									
Spec	46	Nonrefundable renter's credit. See instructions	- 00									
	47	Add line 40 through line 46. These are your total credits	- 00									
	48	Subtract line 47 from line 35. If less than zero, enter -0	4073_00									
	61	Alternative minimum tay, Attach Schodule P (540)	. 00									
axes	61 62	Alternative minimum tax. Attach Schedule P (540)										
Other Taxes	62 63	Other taxes and credit recapture. See instructions										
Ot	63		4073_00									
	64	Add line 48, line 61, line 62, and line 63. This is your total tax										

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You	ir nan	ne: P_A_N_J_A_L_A_ Your SSN or ITIN: 757-98-9446	
	71	California income tax withheld. See instructions	4741_00
	72	2018 CA estimated tax and other payments. See instructions	
Payments	73	Withholding (Form 592-B and/or 593). See instructions	
Paym	74	Excess SDI (or VPDI) withheld. See instructions	00
_	75	Earned Income Tax Credit (EITC)	00
	76	Add lines 71 through 75. These are your total payments. See instructions	4741_00
UseTax	91	Use Tax. Do not leave blank. See instructions	
ē	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	4741.00
DU XE	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	
Overpaid Tax/Tax Due	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	668_00
aid T	95	Amount of line 94 you want applied to your 2019 estimated tax	0_00
)verp	96	Overpaid tax available this year. Subtract line 95 from line 94	668_00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	. 00
Contributions		Code A California Seniors Special Fund. See instructions 400 Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund 401	Amount . 00 . 00
õ		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	_ 00

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Your	name:
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Your SSN or ITIN: 757-98-9446

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

Contributions

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111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Bo not send cash. Mail IX: FRANCHISE TAX BOARD Yey online – Go to W1.2827 SACAMENTO CA 92257-0001 Yey online – Go to W1.2827 111 Yey online – Go to W1.2827 111 Yey online – Go to W1.2827 112 Yey online – Go to W1.2827 113 Yey online – Go to W1.2827 114	You	r name: P_A_	NJALA		Your SSN or ITIN	: 757-98-94	46	
Pay online – Go to fib. ca. gov/pay for more information. I12 Interest, late return penalties, and late payment penalties 112 00 I13 Underspayment of estimated tax. Check the box: ● FTB 58055 attached ● FTB 5805F attached ● 113 00 I14 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 00 I14 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 00 I15 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions. 0115 6 6 00 I16 Into into into advected boot ● 115 6 6 00 I17 Diroc day 2440 ● 01 0 0.0 6 6 00 III in the information to authorized information to minore for great deposit only. ● 116 Direct deposit amount. ● 116 Direct deposit amount. III in the information cannot on my returd (line 115) is authorized for direct deposit into the account shown below: ● Type ● Pauling number ● 117 Direct deposit amount. ● 000 III	ount Owe	111 AMOUNT Mail to:	FRANCHISE TAX		mount on line 96, add line 93,	line 97, and line 11	0. See instr	ructions. Do not send cash.
114 Intervention 115 Intervention	Am	Pay online	SACRAMENTO CA				. • 111	
118 Ital Induit and online. See instructions. Encloses, out to not stappe, any payment. 114 114 115 114 114 115 114 114 115 114 114 115 <	and es	112 Interest, la	ite return penaltie	s, and late payme	ent penalties			112
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Mail to: FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0001 115	P	114 Total amo	unt due. See instr	uctions. Enclose,	but do not staple, any paymer	ıt		11400
Wave you verified the routing and account number? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number		Mail to:	FRANCHISE TAX Po box 942840	BOARD				
Type Prove Prov	t Deposit	Have you verifi	ed the routing an	nd account number y refund (line 115	ers? Use whole dollars only.			
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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) It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) Important tax return, both must sign) It is unlawful to forge a spouse's/RDP's signature (or yours, it self-employed) Important tax return? Joint tax return? Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person to discuss this tax return with us? See instructions Important to allow another person	č		annount of my fen	,			WII DEIOW.	
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 800.852.8711. 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) It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) Preferred phone number It is unlawful to forge a spouse's/RDP's signature (or yours, if self-employed) PTIN glaute tax return? GLOBAL TAXES LLC P 0, 2, 0, 9, 0, 3, 3, 2 Joint tax return? Firm's name (or yours, if self-employed) PTIN Signature. 2530 PEBBLE CREEK LN CUMMING GA 30041 Telephone Number Up you want to allow another person to discuss this tax return with us? See instructions Yes (X) No Print Third Party Designee's Name Telephone Number (Routing nur	nber	Checking	Account number			• 117 Direct deposit amount
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.				Savings				
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 Sign Here It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) Firm's name (or yours, if self-employed) Firm's address Date Firm's address Firm's address Do you want to allow another person to discuss this tax return with us? See instructions Paid prepare's Name REV 12/17/18 PRO REV 12/17/18 PRO					., .	· ·		
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It is unlawful to forge a spouse's/RDP's signature. Joint tax return? (See instructions) Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041 Do you want to allow another person to discuss this tax return with us? See instructions • Yes • X No Print Third Party Designee's Name		-	Paid proparar's sid		n of proparor is based on all info	rmation of which pro		
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Joint tax return? (See instructions) GLOBAL TAXES LLC P 0 2 0 9 0 3 3 2 Firm's address Firm's FEIN 2530 PEBBLE CREEK LN CUMMING GA 30041 P 0 2 0 9 0 3 3 2 Do you want to allow another person to discuss this tax return with us? See instructions Yes • X No Print Third Party Designee's Name Telephone Number REV 12/17/18 PRO Image: See instruction in the image: See imag	spou	use's/RDP's	Firm's name (or ye	ours, if self-employe	ed)) PTIN	
(See instructions) PHINS address PHINS FEIN 2530 PEBBLE CREEK LN CUMMING GA 30041	•			XES LLC				
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