

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

Your first name and initial: **RAMANI** Last name: **VISWANATHAN** Your social security number: **477-63-9806**

If a joint return, spouse's first name and initial: **UMA A** Last name: **VAITHEESWARAN** Spouse's social security number: **948-97-2380**

Home address (number and street). If you have a P.O. box, see instructions. **5211 CITRUS BLVD** Apt. no. **Q119**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **New Orleans LA 70123**

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

**Make sure the SSN(s) above and on line 6c are correct.**

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

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here.

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) (see instructions)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
<b>ACHYUTH</b>	<b>RAMANI</b>	<b>948-97-2403</b>	<b>Son</b>	<input checked="" type="checkbox"/>
<b>ASMITHA</b>	<b>RAMANI</b>	<b>948-97-2429</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:  
 • lived with you **2**  
 • did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **97,679**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** **15b** Taxable amount

16a Pensions and annuities **16a** **16b** Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **(1,690)**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** **20b** Taxable amount

21 Other income

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **95,989**

**Adjusted Gross Income**

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **31a** **b** Recipient's SSN

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36** **0**

37 Subtract line 36 from line 22. This is your adjusted gross income **95,989**

Table with columns for line numbers, descriptions, and amounts. Includes sections for Tax and Credits, Other Taxes, Payments, and Refund. Total tax is 5,389. Total payments are 9,108. Amount owed is 78.

Third Party Designee: Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No

Sign Here: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year.

Paid Preparer Use Only: Print/Type preparer's name MOULI, Firm's name GLOBAL TAXES LLC, Firm's address 2530 Pebble Creek Ln Cumming, GA 30041, Firm's EIN 30-1017196, Phone no. 212-920-4151