

IRS e-file Signature Authorization

2018

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.**

Submission Identification Number (SID) ► 587278201906201usfoa

| | |
|--|---------------------------------------|
| Taxpayer's name PAVAN KUMAR REDDY BOPPIDI | Social security number 118-55-2127 |
| 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 | 98,807. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 15,161. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 17,050. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 1,889. |
| 5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic 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, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

| | | | | |
|---|---|---|---|---|
| 5 | 2 | 1 | 2 | 7 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed 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 **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS *e-file*.

118-55-2127

Taxpayer name PAVAN KUMAR REDDY BOPPIDI

Taxpayer address (optional)

1301 E CENTRAL AVE APT C5

BENTONVILLE AR 72712

1. Your federal income tax return for 2018 was filed electronically with the Austin Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 03/03/2019 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 587278201906201usfoa.
3. 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.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**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.**

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

Your first name and initial: PAVAN KUMAR REDDY Last name: BOPPIDI Your social security number: 118-55-2127

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 1301 E CENTRAL AVE Apt. no. C5 Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. BENTONVILLE AR 72712 If more than four dependents, see inst. and here

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

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

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

Your signature: Date: Your occupation: SOFTWARE ENGINEER

Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no.:

Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2

| | | | | |
|-----|---|----|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 98,478. |
| 2a | Tax-exempt interest | 2a | 2b | |
| 3a | Qualified dividends | 3a | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | 4b | 329. |
| 5a | Social security benefits | 5a | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | | 6 | 98,807. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | | 7 | 98,807. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | 10 | 86,807. |
| 11 | a Tax (see inst.) 15,128. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | 11 | 15,128. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | 12 | |
| 13 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | | 13 | 15,128. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | | 14 | 33. |
| 15 | Other taxes. Attach Schedule 4 | | 15 | 15,161. |
| 16 | Total tax. Add lines 13 and 14 | | 16 | 17,050. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | 17 | |
| 18 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | | 18 | 17,050. |
| 19 | Add any amount from Schedule 5 | | 19 | 1,889. |
| 20a | Add lines 16 and 17. These are your total payments | | 20a | 1,889. |
| 21 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | 21 | |
| 22 | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | 22 | |
| 23 | Routing number 021000322 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | 23 | |
| 24 | Account number 483062976184 | | | |
| 25 | Amount of line 19 you want applied to your 2019 estimated tax ▶ 25 | | | |
| 26 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 26 | | | |
| 27 | Estimated tax penalty (see instructions) ▶ 27 | | | |

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

PAVAN KUMAR REDDY BOPPIDI

Your social security number

118-55-2127

**Other
Taxes**

| | | | |
|------------|--|------------|-----|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required No. | 59 | 33. |
| 60a | Household employment taxes. Attach Schedule H | 60a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____ | 62 | |
| 63 | Section 965 net tax liability installment from Form 965-A 63 | | |
| 64 | Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14 | 64 | 33. |

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

REV 12/21/18 PRO

Schedule 4 (Form 1040) 2018

2018 AR1000NR



NR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2018 or fiscal year ending _____, 20__

PROSERIES

Primary's Legal First Name: PAVAN KUMAR REDDY, MI: BOPPIDI, Last Name: BOPPIDI, Primary's Social Security Number: 118-55-2127. Spouse's Legal First Name: , MI: , Last Name: , Spouse's Social Security Number: . Mailing Address: 1301 E CENTRAL AVE, APT. C5, BENTONVILLE, AR 72712.

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN. NONRESIDENT: (List State of residence) . PART YEAR RESIDENT: (Dates Lived in AR) 04/30/2018 12/31/2018

FILING STATUS: 1. Single (Or widowed before 2018 or divorced at end of 2018) [X]. 2. Married Filing Joint (Even if only one had income) . 3. Head of Household (See Instructions) . 4. Married Filing Separately on the Same Return . 5. Married Filing Separately on Different Returns . 6. Qualifying Widow(er) with dependent child .

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

7A. Yourself [X] 65 or Over . 65 Special . Blind . Deaf . Spouse . 65 or Over . 65 Special . Blind . Deaf . Head of Household/Qualifying Widow(er) (Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked 7A 1 X \$26 = 26.00

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Includes 7B, 7C, and 7D totals for personal tax credits.

Table with 3 columns: (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only, (C) Arkansas Income Only. Rows 8-25 detailing income sources like Wages, Military compensation, Interest, Dividend, etc.



Primary SSN 118-55-2127

| | | (A) Primary/Joint Income | | (B) Spouse's Income Status 4 Only | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------------------|--|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|------------------------------------|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAX COMPUTATION | 26. ADJUSTED GROSS INCOME: (From Line 25, Columns A and B)..... | 26 | 98,807.00 | 26 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 27. Select tax table: (Check the appropriate box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If you qualify for the Low Income Tax Table, enter zero (0) on Line 27A. If not, then: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Enter the larger of your: • <input type="checkbox"/> Itemized Deductions (See Instructions, Line 27 and attach AR3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OR If your spouse itemizes on a separate return, check here • <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • <input checked="" type="checkbox"/> Standard Deduction (See Instructions, Line 27)..... | 27 | 2,200.00 | 27 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28. NET TAXABLE INCOME: (Subtract Line 27 from Line 26)..... | 28 | 96,607.00 | 28 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 29. TAX: (Enter tax from tax table)..... | 29 | 5,700.00 | 29 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30. Combined tax: (Add amounts from Line 29, Columns A and B)..... | 30 | | 5,700.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)..... | 31 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)..... | 32 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. TOTAL TAX: (Add Lines 30 through 32)..... | 33 | | | 5,700.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAX CREDITS | 34. Personal Tax Credit(s): (Enter total from Line 7D)..... | 34 | 26.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)..... | 35 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36. Other Credits: (Attach AR1000TC)..... | 36 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37. TOTAL CREDITS: (Add Lines 34 through 36)..... | 37 | | 26.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38. NET TAX: (Subtract Line 37 from Line 33. If Line 37 is greater than Line 33, enter 0)..... | 38 | | | 5,674.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRORATION | 38A. Enter the amount from Line 25, Column C:..... | 38A | 73,202.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38B. Enter the total amount from Line 25, Columns A and B:..... | 38B | 98,807.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38C. Divide Line 38A by 38B: (See Instructions)..... | 38C | | 0.740858 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38D. APPORTIONED TAX LIABILITY: (Multiply Line 38 by Line 38C)..... | 38D | | | 4,204.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAYMENTS | 39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, 1099-G)..... | 39 | 4,353.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40. Estimated tax paid or credit brought forward from 2017:..... | 40 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41. Payment made with extension: (See Instructions)..... | 41 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 42. AMENDED RETURNS ONLY - Previous payments: (See instructions)..... | 42 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 43. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)..... | 43 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 44. TOTAL PAYMENTS: (Add Lines 39 through 43)..... | 44 | | 4,353.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... | 45 | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46. Adjusted Total Payments: (Subtract Line 45 from Line 44)..... | 46 | | 4,353.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFUND OR TAX DUE | 47. AMOUNT OF OVERPAYMENT/REFUND: (If Line 46 is greater than Line 38D, enter difference)..... | 47 | | 149.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 48. Amount to be applied to 2019 estimated tax:..... | 48 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... | 49 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 48 and 49 from Line 47)..... | REFUND 50 | | | 149.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. • <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Routing Number | | Account Number | | • <input checked="" type="checkbox"/> Checking or | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | • <table border="1" style="display: inline-table; text-align: center;"><tr><td>0</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>2</td><td>2</td></tr></table> | | 0 | 2 | 1 | 0 | 0 | 0 | 3 | 2 | 2 | • <table border="1" style="display: inline-table; text-align: center;"><tr><td>4</td><td>8</td><td>3</td><td>0</td><td>6</td><td>2</td><td>9</td><td>7</td><td>6</td><td>1</td><td>8</td><td>4</td><td></td><td></td><td></td><td></td></tr></table> | | 4 | 8 | 3 | 0 | 6 | 2 | 9 | 7 | 6 | 1 | 8 | 4 | | | | | • <input type="checkbox"/> Savings | |
| | 0 | 2 | 1 | 0 | 0 | 0 | 3 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | 8 | 3 | 0 | 6 | 2 | 9 | 7 | 6 | 1 | 8 | 4 | | | | | | | | | | | | | | | | | | | |
| | 51. AMOUNT DUE: (If Line 46 is less than Line 38D, enter difference; If over \$1,000, continue to 52A)..TAX DUE 51 | 51 | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A | 52A | • <input type="checkbox"/> Penalty 52B | • <input type="checkbox"/> | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52C. Add Lines 51 and 52B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions..... | TOTAL DUE 52C | | | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DL# / State ID <u>939592029</u> | | Your state <u>AR</u> | | Issue Date (mm/dd/yyyy) <u>04/03/2017</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DL# / State ID _____ | | Spouse state _____ | | Expiration Date (mm/dd/yyyy) <u>09/28/2019</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DL# / State ID _____ | | Spouse state _____ | | Expiration Date (mm/dd/yyyy) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary's Signature | | Date | Telephone | | May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse's Signature | | Date | Telephone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paid Preparer's Signature | | ID Number/Social Security Number | | For Department Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preparer's Name <u>GLOBAL TAXES LLC</u> | | City/State/Zip | | A <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail | | CUMMING GA 30041 | | Telephone | | | | | | | | | | | | | | | | | | | | | | | | | | | |



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial: PAVAN KUMAR REDDY; Last Name: BOPPIDI; Primary's Social Security Number: 118-55-2127; Spouse's Legal First Name and Middle Initial: ; Last Name: ; Spouse's Social Security Number: ; Mailing Address: 1301 E CENTRAL AVE, APT. C5; Telephone: (660) 528-9258; City: BENTONVILLE; State or Province: AR; ZIP: 72712; Check if address is outside U.S. Foreign Country: []

Table with 5 rows: 1. Total Income (98,807.00), 2. Net Tax (4,204.00), 3. State Income Tax Withheld (4,353.00), 4. Refund (149.00), 5. Tax Due (00.00)

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2018 Arkansas income tax return. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2018 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary's Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature Date Check if paid preparer [] Check if self-employed [] P02090332 Your SSN or PTIN GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 30-1017196 Firm's name and address FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature Date Check if self-employed [] P02090332 Preparer's SSN or PTIN APPANA RUPA VENKATA SAI MANIKUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's name and address FEIN

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

Your first name and initial: PAVAN KUMAR REDDY Last name: BOPPIDI Your social security number: 118-55-2127

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 1301 E CENTRAL AVE Apt. no. C5 Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. BENTONVILLE AR 72712 If more than four dependents, see inst. and here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no.:

Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018) Page 2

| | | | | |
|-----|---|----|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 98,478. |
| 2a | Tax-exempt interest | 2a | 2b | |
| 3a | Qualified dividends | 3a | 3b | |
| 4a | IRAs, pensions, and annuities | 4a | 4b | 329. |
| 5a | Social security benefits | 5a | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | | 6 | 98,807. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | | 7 | 98,807. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | 10 | 86,807. |
| 11 | a Tax (see inst.) 15,128. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | | 11 | 15,128. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | | 12 | |
| 13 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | | 13 | 15,128. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | | 14 | 33. |
| 15 | Other taxes. Attach Schedule 4 | | 15 | 15,161. |
| 16 | Total tax. Add lines 13 and 14 | | 16 | 17,050. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | 17 | |
| 18 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 | | 18 | 17,050. |
| 19 | Add any amount from Schedule 5 | | 19 | 1,889. |
| 20a | Add lines 16 and 17. These are your total payments | | 20a | 1,889. |
| 21 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | 21 | |
| 22 | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | | 22 | |
| 23 | Routing number 021000322 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | 23 | |
| 24 | Account number 483062976184 | | | |
| 25 | Amount of line 19 you want applied to your 2019 estimated tax | 25 | | |
| 26 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 26 | | |
| 27 | Estimated tax penalty (see instructions) | 27 | | |

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

PAVAN KUMAR REDDY BOPPIDI

Your social security number

118-55-2127

**Other
Taxes**

| | | | |
|------------|--|------------|-----|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required No. | 59 | 33. |
| 60a | Household employment taxes. Attach Schedule H | 60a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 60b | |
| 61 | Health care: individual responsibility (see instructions) | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____ | 62 | |
| 63 | Section 965 net tax liability installment from Form 965-A 63 | | |
| 64 | Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14 | 64 | 33. |

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

REV 12/21/18 PRO

Schedule 4 (Form 1040) 2018