Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

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) 587278201905001eclx5			
Taxpayer's name	Social security number	r	
TEJESWI RAGAM	778-99-9116		
Spouse's name	Spouse's social securi	ty number	
Part I Tax Return Information — Tax Year Ending December 3	31, 2018 (Whole dollars only)		
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) .		1	43,209.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		2	3,557.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, lir		3	5,728.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 104		4	2,171.
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 co	py of you	r return)
in Part I above are the amounts from my electronic income tax return. I consent to allow originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowled reason for any delay in processing the return or refund, and (c) the date of any refund. If a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instit of my federal taxes owed on this return and/or a payment of estimated tax, and the financia remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received ate. I also authorize the financial institutions involved in the processing of the electronic answer inquiries and resolve issues related to the payment. I further acknowledge that the electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	gement of receipt or reason for rejection pplicable, I authorize the U.S. Treasur tution account indicated in the tax presult institution to debit the entry to this account authorization. To revoke (cancel) a paywed no later than 2 business days price payment of taxes to receive confide	on of the trandy and its desparation software count. This and ment, I must or to the payontial informat	nsmission, (b) the dignated Financial ware for payment authorization is to tontact the U.S. ment (settlement) cion necessary to
Taxpayer's PIN: check one box only	_		
▼ lauthorize GLOBAL TAXES LLC	to enter or generate my PIN	9 9 1 1	L 6
ERO firm name	_	nter five digits	s, but
as my signature on my tax year 2018 electronically filed income tax r	return. do	on't enter all z	eros
I will enter my PIN as my signature on my tax year 2018 electronica entering your own PIN and your return is filed using the Practitioner			
Your signature ►	Date ▶		
Spouse's PIN: check one box only	Г		
☐ I authorize	to enter or generate my PIN		
ERO firm name	Er	nter five digits	s, but
as my signature on my tax year 2018 electronically filed income tax r	return. do	on't enter all z	eros
I will enter my PIN as my signature on my tax year 2018 electronica entering your own PIN and your return is filed using the Practitioner			
Spouse's signature ▶	Date ▶		
Practitioner PIN Method Returns Onl	ly—continue below		
Part III Certification and Authentication — Practitioner PIN Me	-		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-seld	ected PIN. 5 8 7 2 7	8 1 2	3 4 5
I certify that the above numeric entry is my PIN, which is my signature for the taxpayer(s) indicated above. I confirm that I am submitting this return in a method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indiv	ne tax year 2018 electronically fi accordance with the requiremen	nter all zeros led income ts of the P	e tax return for ractitioner PIN
ERO's signature ▶	Date ▶		
EDOM A DATA TO E	Na a Landau attan		
ERO Must Retain This Form — S Don't Submit This Form to the IRS Unles			

Form **9325**

Department of the Treasury - Internal Revenue Service

(January 2017)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file</i> .	
	778-99-9116	
Гахрауе	rname TEJESWI RAGAM	
Гахрауе	r address (optional)	
169 LO	CH CT	
ROCKY 1	MOUNT NC 27804	
1. X	Your federal income tax return for2018	was filed electronically with the _Andover
	Submission Processing Center. The electronic filing	services were provided by GLOBAL TAXES LLC
2. 🗵		ing a Personal Identification Number (PIN) as your electronic ctronic Return Originator (ERO) to enter or generate a PIN is 587278201905001eclx5.
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 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.
5.	Your electronic funds withdrawal payment request var section.	vas not accepted for processing. Refer to the "If You Owe
6.		on of Time to File U.S. Individual Income Tax Return, was abmission ID assigned to your extension

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.

BAA REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

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.

Catalog Number 12901K BAA www.irs.gov REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

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Filing status:	X	single Married filing jointly	Marr	ried filing s	separately	Head of I	nousehold	Qualif	ing widow	/(er)				
Your first name	and ini	tial	L	Last name	,					Ţ,	Your soc	ial sec	urity n	number
TEJESWI			1	RAGAM						-	778-9	9-91	.16	
Your standard d	leducti	on: Someone can claim you			You were	e born be	fore Januar	v 2, 1954	П Уо	u are				
If joint return, sp	ouse's	first name and initial		Last name				,		:	Spouse's	social	securi	ity number
Spouse standard	deducti	on: Someone can claim your	spouse a	as a deper	ndent Sr	oouse wa	s born befo	re January	2, 1954	- E	Full-ve	ear heal	th care	e coverage
Spouse is bli	ind	Spouse itemizes on a sepa	rate retur	rn or you v	vere dual-status	alien				"		mpt (se		
Home address (numbe	r and street). If you have a P.O. bo							Apt. no.	.	Presidenti	al Elect	ion Car	mpaign
169 LOCH	CT										(see inst.)	_	You	Spouse
City, town or po	st offic	e, state, and ZIP code. If you have	a foreig	n address	, attach Schedu	ıle 6.					If more th	nan four	r dene	ndents
ROCKY MC	UNT	NC 27804	_								see inst.			
Dependents (see in	structions):		(2) Soc	ial security number	(3	Relationship	to you		(4) 🗸	if qualifies	for (see	inst.):	
(1) First name		Last name			,				Child t	ax cred				dependents
													\Box	
													〒	
													一	
													一	
		enalties of perjury, I declare that I have								y know	ledge and	belief, th	ey are t	true,
Here		and complete. Declaration of preparer (other than	n taxpayer) i	ı	1		er has any kn	owledge.	Lieu				D:
Joint return?	N Y	our signature			Date		cupation			PIN	N, enter it	$\dot{}$	Identity	y Protection
See instructions.			l4l		Dete		WARE E		iR		re (see inst.)		Idontit	Drotootion
Keep a copy for your records.	5	oouse's signature. If a joint return,	both mu	ust sign.	Date	Spouse	's occupation	on		PIN	N, enter it	$\dot{\Box}$	identity	y Protection
	D.		D			<u> </u>		PTIN			re (see inst.)			
Paid		eparer's name	Prepare	er's signat	ure					Firm	's EIN	Che		
Preparer		ANA RUPA VENKATA SATYA SAI MANIKUMAR						P0209				+ =		ty Designee
Use Only		m's name ► GLOBAL TAX					00011	Phone no	-			Ш	Self-em	nployed
	Fi	m's address ► 2530 Pebb	le Cr	eek L	n Cummin	g GA	30041							
For Disclosure, I	Privac	Act, and Paperwork Reduction	Act Not	tice, see s	separate instru	ctions.						F	orm 10	040 (2018
Form 1040 (2018))													Page 2
	1	Wages, salaries, tips, etc. Attach	Form(c)	\/\ 2						1			43	,209.
	і 2а		2a	vv-2 .			b Taxable	interest		21				7200.
Attach Form(s)	2 <i>a</i> 3a	Tax-exempt interest	3a				b Ordinary			31				
W-2. Also attach Form(s) W-2G and	4a	IRAs, pensions, and annuities .	4a				b Taxable			41				
1099-R if tax was withheld.	ч а 5а	Social security benefits	5a				b Taxable			51				
	6	Total income. Add lines 1 through 5. A		mount from	Schedule 1 line 2	12	DTAXABLE	amount .		6			43	,209.
	7	Adjusted gross income. If you h					amount fro	om line 6;	otherwise,					72071
Standard		subtract Schedule 1, line 36, from								7				,209.
Deduction for— Single or married	8	Standard deduction or itemized	deductio	ns (from S	chedule A) .					8	-		_12	,000.
filing separately,	9	Qualified business income deduc	ction (see	e instruction	ons)					9)			
\$12,000 Married filing	10	Taxable income. Subtract lines 8	and 9 fr	om line 7.	If zero or less, e	enter -0-				10)		_31	,209.
jointly or Qualifying widow(er),	11	a Tax (see inst.) 3,557. (chec	ck if any fr	rom: 1	Form(s) 8814	2	rm 4972 3		— _)				
\$24,000		b Add any amount from Schedul	le 2 and	check her	e				▶ ∐	1	1		3	<u>,557.</u>
Head of household,	12	a Child tax credit/credit for other depe	ndents _		b Add an	y amount fi	om Schedule	3 and check h	nere ►	12	2			
\$18,000	13	Subtract line 12 from line 11. If z	ero or les	ss, enter -	0					13	3		3	,557.
If you checked any box under	14	Other taxes. Attach Schedule 4								14	1			0.
Standard deduction,	15	Total tax. Add lines 13 and 14								15	5			<u>,557.</u>
see instructions.	16	Federal income tax withheld from	n Forms	W-2 and						10	3		5	,728.
	[/] 17	Refundable credits: a EIC (see inst	· ——		b Sch. 8812		c For	m 8863		.				
		Add any amount from Schedule								17				
	18	Add lines 16 and 17. These are y		•						18				<u>,728.</u>
Refund	19	If line 18 is more than line 15, sul					•	paid		19				<u>,171.</u>
Diversity days 110	20a	Amount of line 19 you want refu	1 1		1 1 1				▶ □	20	а			,171.
Direct deposit? See instructions.	▶ b	Routing number 1 1 1				c Type:	Check	ing	Savings					
	► d					1 9			ا					
	21	Amount of line 19 you want applie					21				_			
Amount You Owe	22	Amount you owe. Subtract line		line 15. Fo	or details on how	· 1	1	ions	. •	22	2			
	23	Estimated tax penalty (see instru	ctions)			. •	23							

BAA



NJ-1040 2018 Page 1



2018 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1030

778999116

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)

RAGAM TEJESWI

Spouse's/CU Partner's SSN (if filing jointly)

Your Social Security Number (required)

Home Address (Number and Street, including apartment number)

169 LOCH CT

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ {\rm 1201} \end{array}$

 $\begin{array}{ccc} \text{City, Town, Post Office} & \text{State} & \text{ZIP Code} \\ \text{ROCKY MOUNT} & \text{NC} & 27804 \end{array}$

Driver's License Number (Voluntary) (Instructions page 42)

000046228480

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Presidential disaster relief.

Direct Deposit Information

REV 12/19/18 PRO

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2.	Account type (C for checking, S for savings)	dd2.	C
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4.	Routing number	dd4.	111000025
dd5.	Account number	dd5.	586036247319



NJ-1040 2018 Page 2



$$\label{eq:Name} \begin{split} &\text{Name}(s) \text{ as shown on Form NJ-}1040 \\ &\text{RAGAM } \text{TEJESWI} \end{split}$$

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number} \\ {\rm 778999116} \end{array}$

140MP02180

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Part-	year res	idents, provide months/days y	ou were	a New Jersey resid	lent during 2018:		Fiscal ye	ear filers on	ıly:		
Fron	n:	То:					Enter m	onth of you	r year end	2	019
	ng Statu n only one										
1.	×	Single									
2.		Married/CU Couple, filing j	oint retur	n							
3.		Married/CU Partner, filing s	eparate r	eturn							
4.		Head of Household					Enter Spouse's/CU part	ner's SSN			
5.		Qualifying Widow(er)/Survi	iving CU	Partner							
		Indicate the year of your spo	ouse's/CU	J partner's death:	2016	2017					
	mptions n the oval	s that apply. You must enter a tota	l in the box	xes to the right and co	emplete the calculation.						
6.	Regul	ar	×	Self	Spouse/CU Partner		Domestic Partner	1	x \$1,000 =	1000	
7.	Senio	r 65+ (Born in 1953 or earlier)		Self	Spouse/CU Partner				x \$1,000 =		
8.	Blind/	Disabled		Self	Spouse/CU Partner				x \$1,000 =		
9.	Vetera	an		Self	Spouse/CU Partner				x \$3,000 =		
10.	Qualif	fied Dependent Children							x \$1,500 =		
11.	Other	Dependents							x \$1,500 =		
12.	Depen	dents Attending Colleges (See	e instruct	ions)					x \$1,000 =		
13.	Total 1	Exemption Amount (Add total	s from th	e lines at 6 throug	h 12)				13.	1000	•
14.	Deper	ident Information. Provide the	e followii	ng information for	each dependent. Fill i	n oval on	ly if the dependent does	not have he	alth insurance. (See instruction	ons)
	Last N	Jame, First Name, Middle Initi	ial		•		Social Security Number		Birth Year	No	o Health Insurance
a.							•				
b.											
c.											
d.											



NJ-1040 2018 Page 3



Name(s) as shown on Form NJ-1040 RAGAM TEJESWI

Your Social Security Number

778999116

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	0 10.12 0 3 1 0 0			
1	5. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	44397	
1	6a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		
1	6b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.		
1	7. Dividends	17.		
1	8. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.		
1	9. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.		
2	0a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		
2	0b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.		
2	1. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		
2	2. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		
2	3. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.		
2	4. Net Gambling Winnings (See instructions)	24.		
2	5. Alimony and Separate Maintenance Payments received	25.		
2	6. Other (Enclose documents) (See instructions)	26.		
2	7. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	44397	
2	8a. Retirement/Pension Exclusion (See instructions)	28a.		
2	8b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.		
2	8c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.		
2	9. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	44397	
3	0. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1000	
3	1. Medical Expenses (Worksheet F and instructions page 24)	31.		
3	2. Alimony and Separate Maintenance Payments (See instructions)	32.		•
3	3. Qualified Conservation Contribution	33.		
3	4. Health Enterprise Zone Deduction	34.		
3	5. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.		•
3	6. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	1000	•
3	7. Taxable Income (Subtract Line 36 from Line 29)	37.	43397	•
3	8a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	2520	•
3	8b. Block			
3	. Lot			
3	8b. Qualifier			
3	8c. County/Municipality Code			
	Fill in if you completed Worksheet G		0=00	
3	9. Property Tax Deduction (From Worksheet H) (See instructions)	39.	2520	•
4	0. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	40877	•
4	1. Tax on Amount on Line 40 (Tax Table page 52)	41.	766	•
4	2. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	89	•
	Enter Code 33			
	3. Balance of Tax (Subtract Line 42 from Line 41)	43.	677	•
4	4. Child and Dependent Care Credit (See instructions)	44.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		677	
	5. Balance of Tax (Subtract Line 44 from Line 43)	45.	677	•
	6. Sheltered Workshop Tax Credit	46.	688	•
	7. Balance of Tax (Subtract Line 46 from Line 45)	47.	677	•
	8. Gold Star Family Counseling Credit (See instructions)	48.	600	•
	9. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	677	•
	0. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0	•
5	1. Interest on Underpayment of Estimated Tax	51.		•
_	Fill in if Form NJ-2210 is enclosed		677	
5	2. Total Tax Due (Add Lines 49, 50, and 51)	52.	677	•



NJ-1040 2018 Page 4



$$\label{eq:Name} \begin{split} & \text{Name}(s) \text{ as shown on Form NJ-}1040 \\ & \text{RAGAM } \text{TEJESWI} \end{split}$$

Your Social Security Number

778999116

1030

4. Property Tax Credit (See instructions page 25) 5. New Jersey Estimated Tax Payments/Credit from 2017 tax return 5. New Jersey Estimated Tax Payments/Credit from 2017 tax return 6. New Jersey Estimated Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income read: Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income credit Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the NJ Esteves New Jersey Estevations Fill in if you are a CU couple claiming the N		040MP	04180								
5. New Jersey Hammel Engineering Cheel (from 2017 tax enturn 6 55 6 6 New Jersey Hammel Incomer Tax Cheeli (See instructions) 5 56 7 7 7 7 7 7 7 7 7	53.	Total New Jersey Income Tax Withheld	d (Enclose Forms W-2 and	1 1099)					53.	1232	
5. New Jersey Hammel Engineering Cheel (from 2017 tax enturn 6 55 6 6 New Jersey Hammel Incomer Tax Cheeli (See instructions) 5 56 7 7 7 7 7 7 7 7 7	54.	Property Tax Credit (See instructions p	age 25)						54.		
Fill in if you and the IRS calculate your federal famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a CU complet clariting the NJ Famour factories Fill in if you are a Cu complete Fill in if you are a CU completed	55.		= '						55.		
Fill in Syou are a CU couple claiming the NJ Earned Income Tax Credit	56.	New Jersey Earned Income Tax Credit	(See instructions)						56.		
Fill in Syou are a CU couple claiming the NJ Earned Income Tax Credit		Fill in if you had the IRS calculate your	r federal earned income cre	edit							
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Subernatorial Elections Fund Do you want to designate \$1 to the Gubernatorial Elections Fund? Prior treturn does your spouse want to designate \$1? Spouse/CU Partner Spouse/CU Partner Yes No No And this does not reduce your refund or increase your balance due. Mealth Insurance Indicate whether or not you (and your spouse/CU partner or domestic Arrive have health insurance coverage on the date you file this return. Spouse/CU Partner Yes No Domestic Partner Yes No Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and tatements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Your Signature Date Spouse'sCU Partner's Signature (required if filing jointly) Prederal Identification Number Federal Identification Number Federal Employer Identification Numbe	73.	Total Adjustments to Tax Due/Overpay	ment amount (Add Lines	64 through 72)					73.		
Gubernatorial Elections Fund Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No This does not reduce your refund or increase your balance due. Health Insurance Indicate whether or not you (and your spouse/CU partner or domestic And penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and tatements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Paid Preparer's Signature Tederal Identification Number Federal Identification Number Federal Employer Identification Number Federal Reproper Identification Number Federal Employer Identification Number Federal Employer Identification Number Federal Employer Identification Number Federal Employer Identification Number Federal Reproper Identification Number Federal Employer Identification Numb	74.	Balance due (If Line 62 is more than ze	ero, add Line 62 and Line	73)					74.		
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Figinit return does your spouse want to designate \$1? Spouse/CU Partner Yes No Realth Insurance Idealth Insurance Insurance Insurance Insurance Idealth Insurance Ins	Gube	ernatorial Elections Fund									
Tax Due Address Enclose payment along with the Nr.1040-V payment outcher and tax return. Use the labels provided with the envelopee and mail to: Your Signature Date Pour Signature Pour S	Do y	ou want to designate \$1 to the Gubernato	orial Elections Fund?	You			Yes	No			
Idealth Insurance Indicate whether or not you (and your spouse/CU partner or domestic Partner Yes No D	If joi	nt return does your spouse want to design	nate \$1?	Spou	ise/CU Par	tner	Yes	No			
Andicate whether or not you (and your spouse/CU partner or domestic You Yes No Domestic Partner Yes Domestic Partner Yes No Domestic Partner Yes No Domestic Partner Yes Domestic Partner Yes No Domestic Partner Yes No Domestic Partner Yes Domestic Partner Yes Domestic Partner Yes No Domestic Partner Yes No Domestic Partner Yes No Domestic Partner Yes Domestic Partner Yes Domestic Partner Yes Domestic Partner Yes No Domestic Partner Yes No Domestic Partner Yes Domestic Partner Yes Domestic Partner Yes Domestic Partner Yes No Domestic Partner Yes Domestic Partner Po Box 111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: www.njtaxation.org PO 2090332 Firm's Name Federal Employer Identification Number Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center Payable to: New Jersey Division of Taxation Revenue Processing Center Payable to: New Jersey Division of Taxation Revenue Processing Center Payable to: New Jersey Division of Taxation Revenue Processing Center Payable to: New Jersey Division of Taxation Revenue Processing Center Payable to: New Jersey Division of Taxation Revenue Processing Center Payab	This	does not reduce your refund or increase y	your balance due.								
Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and tatements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than he taxpayer, this declaration is based on all information of which the preparer has any knowledge. Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Paid Preparer's Signature Federal Identification Number Po 2090332 Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: www.njaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: www.njaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center	Heal	th Insurance									
Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and tatements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Pederal Identification Number Pederal Identification Number Po Box 111 Trenton, NJ 08645-0111 Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Tenton, NJ 08645-0111 Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Tenton, NJ 08645-0111 Includes Social Security number and make check or money order payable to: State of New Jersey - TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center	Indic	ate whether or not you (and your spouse	CU partner or domestic	You			Yes	No			
Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and tatements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Paid Preparer's Signature Federal Identification Number Po 2090332 Firm's Name Federal Employer Identification Number Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or money order payable to: State of New Jersey – TGI You can also make a payment on our website: www.njtaxation.org Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center	partn	er) have health insurance coverage on the	e date you file this return.	Spou	ise/CU Par	tner	Yes	No			
tatements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date				Dom	estic Partn	er	Yes	No			
Your Signature Paul Preparer's Signature Paul Preparer's Signature Pederal Identification Number Proceeding Preparer's Signature Procedure Procedure Processing Country number and make check or money order payable to: State of New Pressey – TGI You can also make a payment on our website: www.njtaxation.org Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center	state	ments, and to the best of my knowle	edge and belief, it is tru	ie, correct, and comp	olete. If p	repared b		han Enclose payr voucher and envelope and New Reve PO B	ment along with the tax return. Use the I mail to: Jersey Division of nue Processing Cer tox 111	e NJ-1040-V payment e labels provided with Taxation nter	
Paid Preparer's Signature Federal Identification Number Polary Proparer's Signature Polary Proparer's Signature Polary Identification Number Polary Polary Proparer's Signature Polary Polary Proparer's Propare	You	ur Signature	Date	Spouse's/CU Partner's	Signature (re	quired if fili	ng jointly) Date	Include Socia	al Security number		
Firm's Name Federal Employer Identification Number View Lessey Division of Taxation Revenue Processing Center We the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center		-		_				State You can also	of New Jersey – T make a payment of		
Firm's Name Federal Employer Identification Number View Lessey Division of Taxation Revenue Processing Center We the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center					P	2090	0332	F	Refund or No Tax	Due Address	
PO Box 555	Firm	's Name						Use the label New Reve	ls provided with the Jersey Division of nue Processing Cer	e envelope and mail to Taxation	o:
GLOBAL TAXES LLC Trenton, NJ 08647-0555	GI	LOBAL TAXES LLC								5	

D-400 (< Staple All

(50) 8-22-18 2018 Pages of Your and W-2s Here		ncome Tax Return a Department of Revenue	
ır year 2018, or fiscal year beginning	18	and ending	
DACAM		-	Ι.

Re	turn a	nd W-2	2s Hei	re												Amended F	Return	
		_	2018,	or fiscal y					18	1	and ending	1					<u>Yes</u>	No
	ESWI		1	F	RAGAM							0011	77000	00116	_	e you a veteran?	H	X
		CH CT INC		4	ROCK							our SSN: [e's SSN:	//895	99116) Is y	our spouse a veteran?	П	ш
	Statu		1. Sin			ed Filing .	Jointly			d Filing	Separately		ad of Ho	usehold		5. Qualifying Widow(er)	
								Ye:		<u></u>						Year spouse died:		
	-			C. for the lent for th	-			-] <u> </u>	X	. —	urn for dec urn for dec				Date of death: Date of death:		
							ribute t	o the I	N.C. Ed	ducatio						tion or designating	some or	all of
your	overpa	ayment	to the	Fund. To	make a	a contrib	ution, e	enclos	e Form	NC-E	OU and you e instruction	r payment	of \$		0.	To designate your		
_		-									country or urt-Appoint					resident.		
FS	1	PP	Y	DT	N	OC	N	TPF	RES	N	SPRI	ES N		VT	N	SVT		
RAG	A	169		2780)4	DS	N	EA	N	TD)			SD				
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															NC	27804		
169	LOC	СН С	Т									ROCK	Y MC	UNT				
06			43	209			16				0	2	26C			0		
07				0			18	Y			0	2	26E			0		702
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11	S	Y	I	N		:	21B				0		30			0		
11			8'	750		:	21C				0	:	31			0		
13			01	200		:	21D				0	:	32			0		
14			4	135		:	26A				0	:	34			25		
15			:	227		:	26B				0							
TN	4	1094	999:	299]	PN]	PP	-	P02	090332		
_		turn E				nd Due			_	5		ent Due				0		
I certify	that, to t	he best of	my knov	wledge, this	return is a	ccurate an	d comple	ete.			if you author with the pai			ina Depa	artmen	t of Revenue to discus	_	ırn and
Your Sig	gnature:					Γ	Date	Spo	ouse's Si	gnature ((If filing joint re	turn, both mu	st sign.)	D	ate	409499929 Contact Phone No. (a		a code)
PAID P	REPARE	R USE O	NLY /	f prepared b	y a persor	n other than	n taxpaye	er, this ce	ertification	n is based	d on all informa	ation of which	the prep	arer has a	any knov	vledge.		
																D00000000		
Paid Pr	eparer's	Signature	:				Date	Pre	parer's C	ontact Ph	none Number (Include area	code)			Preparer's FEIN, SSI	N, or PTIN	—

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001

If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

varrie	(First 10 Characters) RAGAM Your Social Security Number	er 7789:	
	D-400 Line-by-Line Information		
6.	Federal Adjusted Gross Income	6.	432
7.	Additions to Federal Adjusted Gross Income	7.	
8.	Add Lines 6 and 7	8.	432
9.	Deductions from Federal Adjusted Gross Income	9.	
10.	Child Deduction		
	a. Enter the number of dependent children for whom you were allowed a federal child tax credit.	10a.	
	b. Enter the amount of the child deduction.	10b.	
11.	N.C. Standard Deduction	11.	
11.	N.C. Itemized Deduction	11.	0.17
11. 12.	Deduction amount	11.	87
12.	Add Lines 9, 10b, and 11. Subtract the total from Line 8.	12. 13.	344
13. 14.	Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income	13. 14.	0.12 41
15.	N.C. Income Tax	1 4 . 15.	2
16.	Tax Credits	16.	2
17.	Subtract Line 16 from Line 15	17.	2
18.	Consumer Use Tax	18.	
	You certify that no Consumer Use Tax is due		
19.	Add Lines 17 and 18	19.	2
200	Vous toy withhold	200	_
20a. 20b.	Your tax withheld Spouse's tax withheld	20a. 20b.	2
20b.			2
20b.	Spouse's tax withheld		2
20b. Other 21a. 21b.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension	20b. 21a. 21b.	2
20b. Other 21a. 21b. 21c.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension Partnership	20b. 21a. 21b. 21c.	2
20b. Other 21a. 21b. 21c. 21d.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation	20b. 21a. 21b. 21c. 21d.	2
20b. Other 21a. 21b. 21c. 21d. 22.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments	20b. 21a. 21b. 21c. 21d. 22.	
20b. 21a. 21b. 21c. 21d. 22. 23.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments	21a. 21b. 21c. 21d. 22. 23.	
20b. 21a. 21b. 21c. 21d. 22. 23. 24.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds	21a. 21b. 21c. 21d. 22. 23. 24.	2
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23	21a. 21b. 21c. 21d. 22. 23. 24. 25.	2
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	2
20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c.	Spouse's tax withheld Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Income Tax	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment	21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. EU 26e. 27. 28. Amou	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment int of Refund to Apply to:	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 27c. 28. Amou	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2019 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	2 2
20b. Other 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26c. 26d. EU 26e. 27. 28. Amou 29. 30. 31.	Tax Payments 2018 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment and of Refund to Apply to: Amount of Line 28 to be applied to 2019 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund	20b. 21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.	2

D-400 Sch PN (50)

8-29-18

2018 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) RAGAM Your Social Security Number 778999116

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

	Important: Refer to the Instructions before completing this form.											
NRT	Y	PYT	N	22	5187							
NRS	N	PYS	N	23	43209							
Part A. Residency S	Status											
Taxpa Full-Year Resident Date N.C. residency beg	X No	Select applicable onresident [Part-Year Resident Date N.C. residency ended	Spouse is: (Select applic Full-Year Resident Nonresid Date N.C. residency began								

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part E	3. Allocation of Income for Part-Year Residents and Nonresidents			
	Income		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
1.	Wages, salaries, tips, etc.	1.	43209	5187
2.	Taxable interest	2.	0	0
3.	Taxable dividends	3.	0	0
4.	Taxable refunds, credits, or offsets			
	of state and local income taxes	4.	0	0
5.	Alimony received	5.	0	0
6.	Business income or (loss)	6.	0	0
7.	Capital gain or (loss)	7.	0	0
8.	Other gains or (losses)	8.	0	0
9.	Taxable amount of IRA distributions	9.	0	0
10.	Taxable amount of pensions			
	and annuities	10.	0	0
11.	Rental real estate, royalties, partnerships,			
	S-Corps, estates, trusts, etc.	11.	0	0
12.	Farm income or (loss)	12.	0	0
13.	Unemployment compensation	13.	0	0
14.	Taxable amount of Social Security benefits			
	or Railroad Retirement benefits	14.	0	0
15.	Other income	15.	0	0
16.	Total Income	16.	43209	5187
North	Carolina Adjustments		COLUMN A er the amount from n D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17.	Additions			<i>'</i>
	a. Interest income from obligations of states other than N.C.	17a.	0	0
	b. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2	17b.	0	0
	c. Adjustment for bonus depreciation	17c.	0	0
	d. Adjustment for IRC section 179 expense deduction	17d.	0	0
	e. Other additions to federal adjusted gross income that relate to gross income	17e.	0	0
18.	Total additions	18.	0	0

Las	t Name (First 10 Characters) RAGAM	Your Socia	I Security Number	778999116								
Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)												
		C	COLUMN A	COLUMN B								
		Enter	the amount from	Amount of Column A								
		Form D	-400 Schedule S	subject to N.C. tax								
19.	Deductions											
	State and local income tax refund	19a.	0	0								
	b. Interest from obligations of the United States											
	or United States' possessions	19b.	0	0								
	c. Taxable portion of Social Security or											
	Railroad Retirement benefits	19c.	0	0								
	d. Bailey retirement benefits	19d.	0	0								
	e. Adjustment for bonus depreciation	19e.	0	0								
	f. Adjustment for IRC section 179 expense	19f.	0	0								
	g. Other deductions to federal adjusted gross											
	income that relate to gross income	19g.	0	0								
20.	Total deductions	20.	0	0								
21.	Total income modified by N.C. adjustments	21.	43209	5187								
Part	C. Part-Year Residents and Nonresidents Taxable Percentage	9										
22.	Enter the amount from Column B, Line 21		22	. 5187								
23.	Enter the amount from Column A. Line 21		23									
24.	Part-year residents and nonresident taxable percentage		24									

REV 11/09/18 PRO

E 1040 Department of the Treasury-Internal Revenue Service (99)
U.S. Individual Income Tax Return 2018 OMB No. 1545-0074 IRS Use Only-Do not write or staple

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Filing status:	X	single Married filing jointly	Marı	ried filing s	separately	Head of hou	sehold	Qualif	ying widow	/(er)					
Your first name	and ini	tial	I	Last name)					,	Your soc	ial sec	curity r	number	
TEJESWI			RAGAM							778-99-9116					
Your standard d	educti	on: Someone can claim you			You were	born before	e Januar	, 2, 1954	☐ Yo	u are					
If joint return, spouse's first name and initial Last name										Spouse's social security number					
Spouse standard	deducti	on: Someone can claim your	spouse a	as a deper	ndent Sr	oouse was b	orn befo	re January	2, 1954	1	Full-ve	ear hea	lth car	e coverage	
Spouse is blind Spouse itemizes on a separate return or you were dual-status alien										"	or exempt (see inst.)				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.											Presidenti	al Elec	tion Ca	mpaign	
169 LOCH	СТ										(see inst.)		You	Spouse	
City, town or po	st offic	e, state, and ZIP code. If you have	a foreig	n address	s, attach Schedu	ıle 6.					If more th	nan for	ır dene	endents.	
ROCKY MO	UNT	NC 27804									see inst.				
Dependents (see in	structions):		(2) Soc	ial security number	(3) Re	lationship	to you		(4) 🗸	if qualifies	for (see	inst.):		
(1) First name		Last name						Child tax of			Credit for other dependents				
													\Box	-	
													一	-	
													一	-	
		enalties of perjury, I declare that I have								y know	ledge and	belief, tl	hey are	true,	
Here		and complete. Declaration of preparer (other than	n taxpayer) i	I	I .		er has any kn	owledge.	15.11	ho IDO ac	t va	n Idaatii	tu Drotaati-	
Joint return?	Y	our signature			Date	Your occu		NICHTATET	an.	PIN	N, enter it	$\dot{\Box}$	identit	ty Protection	
See instructions.		outpoin pigneture. If a !-!tt	ho4b				SOFTWARE ENGINEER Spouse's occupation		_	re (see inst.)		n Idoné:	ty Protection		
Keep a copy for your records.	S	oouse's signature. If a joint return,	both mi	ısı sıgrı.	Date	Spouse s	occupan	311		PIN	N, enter it	$\dot{\Box}$	Tidentil	ly Protection	
	D	anarar'a nama	Duanau	w'a alamat				PTIN			re (see inst.)				
Paid		eparer's name	Prepare	er's signat	ure				0000	FIIIII	's EIN	l	eck if:	. 5 .	
Preparer		ANA RUPA VENKATA SATYA SAI MANIKUMAR					090332			3rd Party Designee					
Use Only		Firm's name ► GLOBAL TAXES LLC Phone no. Phone no									Ш	Self-en	mployed		
							0041							040	
For Disclosure, F	Privacy	Act, and Paperwork Reduction	Act Not	tice, see s	separate instru	ctions.						F	-orm I	040 (2018	
Form 1040 (2018))													Page 2	
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1			43	,209.	
	2a	Tax-exempt interest	2a			h	Taxable			21				·	
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a					dividends		31					
Form(s) W-2G and	4a	IRAs, pensions, and annuities .	4a				,	amount .		41					
1099-R if tax was withheld.	5a	Social security benefits	5a				Taxable			51					
	6									6			43	,209.	
	7		d gross income. If you have no adjustments to income, enter the amount from line 6; otherwise											,	
Standard		subtract Schedule 1, line 36, from line 6								7				,209.	
Deduction for— Single or married	8	Standard deduction or itemized	deductio	ns (from S	schedule A) .					8			12	,000.	
filing separately,	9	Qualified business income deduc	ction (see	e instructi	ons)					9	<u>'</u>				
\$12,000 Married filing	Qualifying 11 a Tax (see inst.) 3,55% (check if any from: 1 Form(s) 8814 2 Form 4972 3 —)									10	3			,209.	
jointly or Qualifying widow(er),)					
\$24,000	b Add any amount from Schedule 2 and check here								1			3	<u>,557.</u>		
Head of household,	12	a Child tax credit/credit for other depe								12					
\$18,000	13	Subtract line 12 from line 11. If z		ss, enter -	0					13			3	,557.	
If you checked any box under	14	Other taxes. Attach Schedule 4								14					
Standard deduction,	15	Total tax. Add lines 13 and 14								1:				,557.	
see instructions.	16	Federal income tax withheld from		W-2 and						10	3		5	,728.	
	17	Refundable credits: a EIC (see inst	· —		b Sch. 8812		_	n 8863		٠	_				
		Add any amount from Schedule								11				700	
	18	Add lines 16 and 17. These are y								18				,728.	
Refund	19	If line 18 is more than line 15, sul						paid		19				,171.	
Direct deposit?	20a	Amount of line 19 you want refu	1 1			_	_		▶ ∐	20	a			,171.	
See instructions.	►b	Routing number 1 1 1					Check	ing	Savings						
	► d					1 9			ا						
	21	Amount of line 19 you want applie						lana		-					
Amount You Owe	22	Amount you owe. Subtract line		iine 15. Fo	or details on how	1	1	ions	. •	2:	2				
	23	Estimated tax penalty (see instru	CHORS			. > 23	1								