

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

Your first name and initial: **PRADEEP KUMAR** Last name: **JAIN** Your social security number: **851-38-7632**

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: **VASUDHA** Last name: **JAIN** Spouse's social security number: **967-99-5500**

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. **1400 UNIVERSITY AVENUE** Apt. no. **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. **Monroe LA 71203** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
		IT PROFESSIONAL	
		HOME MAKER	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
APPANA RUPA VENKATA SATYA SAI MANIKUMAR		P02090332		<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no.		<input type="checkbox"/> Self-employed
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)

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	44,893.
<b>2a</b> Tax-exempt interest	<b>2a</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	
<b>5a</b> Social security benefits	<b>5a</b>	
<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	44,893.
<b>7</b> 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	<b>7</b>	44,893.
<b>8</b> Standard deduction or itemized deductions (from Schedule A)	<b>8</b>	24,000.
<b>9</b> Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	20,893.
<b>11</b> a Tax (see inst.) 2,124. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	<b>11</b>	2,124.
<b>12</b> a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	<b>12</b>	2,124.
<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	0.
<b>14</b> Other taxes. Attach Schedule 4	<b>14</b>	2,124.
<b>15</b> Total tax. Add lines 13 and 14	<b>15</b>	2,910.
<b>16</b> Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	2,910.
<b>17</b> Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	<b>17</b>	
<b>18</b> Add lines 16 and 17. These are your total payments	<b>18</b>	786.
<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	<b>19</b>	786.
<b>20a</b> Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>20a</b>	
▶ <b>b</b> Routing number 065400137 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ <b>d</b> Account number 932369007		
<b>21</b> Amount of line 19 you want applied to your 2019 estimated tax ▶ <b>21</b>	<b>21</b>	
<b>Amount You Owe</b> <b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ <b>22</b>	<b>22</b>	
<b>23</b> Estimated tax penalty (see instructions) ▶ <b>23</b>	<b>23</b>	

## Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**  
 ▶ See separate instructions.

**An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.**

**Before you begin:**

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN  
 Renew an Existing ITIN

**Reason you're submitting Form W-7.** Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
  - b** Nonresident alien filing a U.S. federal tax return
  - c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
  - d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 851-38-7632
  - e** Spouse of U.S. citizen/resident alien }     PRADEEP KUMAR JAIN
  - f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
  - g** Dependent/spouse of a nonresident alien holding a U.S. visa
  - h** Other (see instructions) ▶ \_\_\_\_\_
- Additional information for **a** and **f**: Enter treaty country ▶ \_\_\_\_\_ and treaty article number ▶ \_\_\_\_\_

<b>Name</b> (see instructions)	<b>1a</b> First name PRADEEP KUMAR	Middle name	Last name JAIN
	<b>1b</b> First name	Middle name	Last name
Name at birth if different ▶ _____			

<b>Applicant's mailing address</b>	<b>2</b> Street address, apartment number, or rural route number. <b>If you have a P.O. box, see separate instructions.</b> 1400 UNIVERSITY AVENUE		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Monroe LA USA 71203		

<b>Foreign (non-U.S.) address</b> (if different from above) (see instructions)	<b>3</b> Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		

<b>Birth information</b>	<b>4</b> Date of birth (month / day / year) 01 / 04 / 1978	Country of birth INDIA	City and state or province (optional)	<b>5</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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<b>Other information</b>	<b>6a</b> Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.D. number (if any)	<b>6c</b> Type of U.S. visa (if any), number, and expiration date	
	<b>6d</b> Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: INDIA No.: P1478858 Exp. date: 04 / 06 / 2026 Date of entry into the United States (MM/DD/YYYY): 06 / 09 / 2018			
	<b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> <b>No/Don't know.</b> Skip line 6f. <input type="checkbox"/> <b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	<b>6f</b> Enter ITIN and/or IRSN ▶ <b>ITIN</b> <b>IRSN</b> and name under which it was issued ▶ _____ First name Middle name Last name			
<b>6g</b> Name of college/university or company (see instructions) _____ City and state Length of stay _____				

**Sign Here** Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

<b>Signature of applicant</b> (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	
<b>Signature</b>	Date (month / day / year)	Phone
	Name and title (type or print)	

<b>Acceptance Agent's Use ONLY</b>	Name of company	EIN	PTIN
	Office Code		

# LOUISIANA

DEPARTMENT of REVENUE

Your first name and initial <b>PRADEEP KUMAR</b>	Last name <b>JAIN</b>	Your Social Security Number <b>1 8 5 1 3 8 7 6 3 2</b>	<b>2018</b>
Spouse's first name and initial <b>VASUDHA</b>	Last name <b>JAIN</b>	Spouse's Social Security Number <b>2 9 6 7 9 9 5 5 0 0</b>	
Present home address (number and street including apartment number or rural route) <b>1400 UNIVERSITY AVENUE</b>		Daytime Telephone Number <b>9 8 2 3 0 0 7 1 3 8</b>	
City, town, or post office <b>MONROE</b>		State ZIP <b>LA 71203</b>	

### Part A Tax Return Information

Balance Due    ,    ,    .   Refund Due    ,    ,    .

### Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

#### Direct Debit Payment

,    ,    .

#### Account Number

#### Withdrawal Date

MM DD YYYY

Type of Account:  Checking  Savings  
(Check one.)

Full Payment  Partial Payment   
 Payment made/will be made by credit card.

### PART C Declaration of Taxpayer

REV 12/10/18 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue 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.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. \_\_\_\_\_  
Your signature Date Spouse's signature (if joint return) Date

### Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. \_\_\_\_\_  
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. \_\_\_\_\_  
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

**This form is to be maintained by ERO.**

Name Change

# 2018 LOUISIANA RESIDENT - 2D

Decedent Filing

PRADEEP KUMAR JAIN

Taxpayer SSN 851387632

Spouse Decedent

VASUDHA JAIN

Spouse SSN 967995500

Address Change

1400 UNIVERSITY AVENUE

Amended Return

MONROE

LA 71203

Telephone 9823007138

NOL Carryback

Taxpayer DOB

Spouse DOB

2015 Legislation Recovery

01041978

07271979

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

- Enter a "1" in box if **single**.
- Enter a "2" in box if **married filing jointly**.
- Enter a "3" in box if **married filing separately**.
- Enter a "4" in box if **head of household**.  
If the qualifying person is not your dependent, enter name here.
- Enter a "5" in box if **qualifying widow(er)**.

**6 EXEMPTIONS:**

6A	<input checked="" type="checkbox"/>	Yourself	65 or older	Blind	Qualifying Widow(er) Total of 6A & 6B	2
6B	<input checked="" type="checkbox"/>	Spouse	65 or older	Blind		

**6C DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040.

6C 0

Dependent First and Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

**6D TOTAL EXEMPTIONS** – Total of 6A, 6B, and 6C **6D 2**

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Field Flag						
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If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 13.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	44893
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL STANDARD DEDUCTION		8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C	0
9	FEDERAL INCOME TAX Mark Box 1 if your federal income tax has been decreased by the foreign tax credit. Mark Box 2 if your federal income tax has been decreased by a federal disaster credit allowed by IRS.	1      2	9	2124
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0".		10	42769
11	YOUR LOUISIANA INCOME TAX		11	1035
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 9		12	0
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, enter zero "0".		13	1035
14	2018 LOUISIANA REFUNDABLE CHILD CARE CREDIT – From Refundable Child Care Credit Worksheet, Line 11		14	0
14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		14A	0
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		14B	0
15	2018 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – From Refundable School Readiness Credit Worksheet, Line 4		15	0
	5   0   4   0   3   0   2   0			
16	EARNED INCOME CREDIT – From Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3		16	0
17	LOUISIANA CITIZENS INSURANCE CREDIT      17A	0	17	0
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10		18	0
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14 and 15 through 18. Do not include amounts on Lines 14A, 14B, and 17A.		19	0
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		20	1035
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		21	0
22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16		22	0



23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20. If the result is less than zero, enter zero "0".		23	1035
24A	CONSUMER USE TAX for purchases <b>before</b> July 1, 2018	<input checked="" type="checkbox"/> No use tax due.	24A	0
24B	CONSUMER USE TAX for purchases <b>on or after</b> July 1, 2018	Amount from the Consumer Use Tax Worksheet.	24B	0
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23, 24A, and 24B.		25	1035
26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.		26	0
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6		27	0

**PAYMENTS**

28	<b>AMOUNT OF LOUISIANA TAX WITHHELD FOR 2018 – Attach Forms W-2 and 1099.</b>		28	1789
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2017		29	0
30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2018		30	0
31	AMOUNT PAID WITH EXTENSION REQUEST		31	0
32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.		32	1789
33	OVERPAYMENT – If Line 32 is greater than Line 25, subtract Line 25 from Line 32. Otherwise, enter zero "0" on Lines 33 through 39 and go to Line 40.		33	754
34	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.		34	0
35	<b>ADJUSTED OVERPAYMENT</b> – If Line 33 is greater than Line 34, subtract Line 34 from Line 33 and enter the result here. If Line 34 is greater than Line 33, enter zero "0" on Lines 35 through 39, subtract Line 33 from Line 34, and enter the balance on Line 40.		35	754
36	TOTAL DONATIONS – From Schedule D, Line 21		36	0

**REFUND DUE**

37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.		37	754
38	AMOUNT OF LINE 37 TO BE CREDITED TO 2019 INCOME TAX	<b>CREDIT</b>	38	0
39	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit and complete the information below. If the information is unreadable, you will receive your refund by paper check.		39	754

**REFUND 3**

**If you are filing for the first time or if you do not make a refund selection, you will receive your refund by paper check.**

**DIRECT DEPOSIT INFORMATION**

Type: Checking  Savings

Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number 065400137 Account Number 932369007



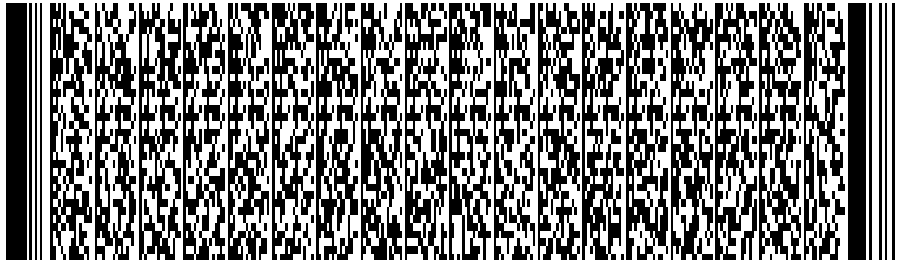
**AMOUNTS DUE LOUISIANA**

40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	40	0
41	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	41	0
42	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	42	0
43	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	43	0
44	INTEREST	44	0
45	DELINQUENT FILING PENALTY	45	0
46	DELINQUENT PAYMENT PENALTY	46	0
47	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	47	0
48	<b>BALANCE DUE LOUISIANA</b> – Add Lines 40 through 47.	48	0

**PAY THIS AMOUNT.  
DO NOT SEND CASH.**

**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip.  
**Do not staple.**



Status 010

Contribution and Donation 0000

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. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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<b>PAID PREPARER USE ONLY</b>	Print/Type Preparer's Name APPANA RUPA VENKATA SATY		Preparer's Signature		Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	GLOBAL TAXES LLC		Firm's FEIN ▶		
	Firm's Address ▶	2530 PEBBLE CR CUMMING GA 30041		Telephone ▶		

Name  
JAIN

**Individual Income Tax Return**  
Calendar year return due 5/15/2019

P02090332

Mail to: Department of Revenue  
PO BOX 3440  
BATON ROUGE LA 70821-3440

PTIN, FEIN, or LDR  
Account Number  
of Paid Preparer

For Office  
Use Only.

