1040	Depa	S. Individual Income Tax	Retu	n <u>1</u> 29	OMB No.	1545-0074	IRS Use O	nly—Do r	ot write	or staple in	this space.
Filing status:		Single 🔀 Married filing jointly 🗌 Ma	rried filing s	separately	lead of household	Qualif	ying widow(e	er)			
Your first name			Last name				, , , , , , , , , , , , , , , , , , , ,		r socia	I security	number
HARIHARA	SUD	HAN	SHANM	UGAM				69	1-16	-6740	
Your standard d	leducti	on: Someone can claim you as a d			born before Januar	2, 1954	You	are blind	-		
		s first name and initial	Last name			, ,		Spo	use's s	ocial secu	rity number
BRAHANNA	YAK	I	RAMAK	RISHNAN				69	3-16	-0578	-
Spouse standard					ouse was born befo	re Januarv	2. 1954				re coverage
Spouse is bli		Spouse itemizes on a separate retu				,,	,			pt (see ins	
<u> </u>		er and street). If you have a P.O. box, see i					Apt. no.	Pres	idential	Election C	ampaign
3727 CIE	BOLO	СТ						(see	inst.)	You	Spouse
City, town or po	st offic	e, state, and ZIP code. If you have a forei	gn address	s, attach Schedul	e 6.	I		lf m	ore that	n four dep	 endents
PEARLAND) TX	77584								nd 🗸 here	
Dependents ((see ir	nstructions):	(2) Soc	cial security number	(3) Relationship	to you	(4	4) √ if qu	alifies fo	r (see inst.):	
(1) First name	•	Last name		,			Child tax			· /	r dependents
ANANYA		HARIHARASUDHAN	884	-22-8497	Daughter		×]]
SHRIDHAM	Δ	HARIHARASUDHAN		-59-7627	Son		×	_]
AMBIGA		SHANMUGAM		-99-3125	Parent			1		×	1
<u></u>		5111 14110 51 141		<u> </u>	<u>i ui ciic</u>		<u>_</u>	1]
	correct,	enalties of perjury, I declare that I have examined and complete. Declaration of preparer (other tha		is based on all infor	nation of which prepare						e true, ity Protection
Joint return?		our signature		Date	Your occupation			PIN, en	terit ┎		
See instructions.		nouse's signature of a joint wature watthe	unt alon	Data	SOFTWARE P		JUNAL	here (se			ity Protection
Keep a copy for your records.	5	pouse's signature. If a joint return, both m	lust sign.	Date	Spouse's occupation	nc		PIN, en	terit 🗖	ou an ideni	Illy Protection
	D				HOMEMAKER	PTIN	r	here (se			
Paid			er's signat	lure				Firm's El		Check if:	
Preparer		RVSSMANIKUMAR				P0209		0-1017	196		arty Designee
Use Only		irm's name ► GLOBAL TAXES				Phone no).			Self-e	employed
_		rm's address ► 2530 Pebble C									
For Disclosure, I	Privac	y Act, and Paperwork Reduction Act No	otice, see	separate instruc	tions					Form	1040 (2018)
Farma 1040 (0010)											()
Form 1040 (2018))										
F0fff1 1040 (2018)		Wares salaries tips ato Attach Form/s	-) W/-2		DCB			1			Page 2
	1	Wages, salaries, tips, etc. Attach Form(s	;) W-2 .	· · · · · ·	DCB	· · ·		1 2b			
Attach Form(s)	1 2a	Tax-exempt interest 2a	;) W-2 .	· · · · · ·	DCB b Taxable		· ·	2b			Page 2 3,404. 255.
Attach Form(s) W-2. Also attach Form(s) W-2G and	1 2a 3a	Tax-exempt interest 2a Qualified dividends 3a	s) W-2 .		DCB b Taxable b Ordinary	dividends	· · · ·	2b 3b			Page 2 3,404.
Attach Form(s) W-2. Also attach	1 2a 3a 4a	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 4a	i) W-2 .	· · · · · ·	DCB b Taxable b Ordinary b Taxable	dividends amount	· · · ·	2b 3b 4b			Page 2 3,404. 255.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was	1 2a 3a 4a 5a	Tax-exempt interest2aQualified dividends3aIRAs, pensions, and annuities4aSocial security benefits5a		551	DCB b Taxable b Ordinary b Taxable b Taxable b Taxable	dividends amount amount		2b 3b 4b 5b		123	Page 2 3,404. 255. 551.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was	1 2a 3a 4a	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 4a	amount from	551	DCB b Taxable b Ordinary b Taxable b Taxable c 7, 372.	dividends amount amount		2b 3b 4b		123	Page 2 3,404. 255.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was	1 2a 3a 4a 5a 6	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 4a Social security benefits 5a Total income. Add lines 1 through 5. Add any 3.	amount from	551 n Schedule 1, line 22 ents to income, e	DCB b Taxable b Ordinary b Taxable b Taxable c 7, 372.	dividends amount amount 		2b 3b 4b 5b		123	Page 2 3,404. 255. 551. 5,838.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. Standard Deduction for –	1 2a 3a 4a 5a 6	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 4a Social security benefits 5a Total income. Add lines 1 through 5. Add any a Adjusted gross income. If you have not	amount from	551 Schedule 1, line 22 ints to income, e	DCB b Taxable b Ordinary b Taxable b Taxable -7,372. nter the amount from	dividends amount amount om line 6;		2b 3b 4b 5b 6		123	Page 2 3,404. 255. 551.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. Standard Deduction for— • Single or married filing separately,	1 2a 3a 4a 5a 6 7	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 4a Social security benefits 5a Total income. Add lines 1 through 5. Add any Adjusted gross income. If you have no subtract Schedule 1, line 36, from line 6	amount from adjustme	551 Schedule 1, line 22 ents to income, e Schedule A)	DCB b Taxable b Ordinary b Taxable b Taxable c	dividends amount amount om line 6;	otherwise,	2b 3b 4b 5b 6 7		123 116 116 24	Page 2 3,404. 255. 551. 5,838. 5,838. 4,000. 0.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. Standard Deduction for— • Single or married filing separately, \$12,000	1 2a 3a 4a 5a 6 7 7 8	Tax-exempt interest . 2a Qualified dividends . 3a IRAs, pensions, and annuities . 4a Social security benefits . 5a Total income. Add lines 1 through 5. Add any a Adjusted gross income. If you have no subtract Schedule 1, line 36, from line 6 Standard deduction or itemized deduction Standard deduction	amount from adjustme ons (from S ee instructi	551 Schedule 1, line 22 ents to income, e Schedule A)	DCB b Taxable b Ordinary b Taxable b Taxable c	dividends amount amount om line 6;	otherwise,	2b 3b 4b 5b 6 7 8		123 116 116 24	Page 2 3,404. 255. 551. 5,838. 5,838. 4,000.
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Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if ax was withheld. Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund Direct deposit?	1 2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18	Tax-exempt interest. 2a Qualified dividends 3a IRAs, pensions, and annuities 3a IRAs, pensions, and annuities 4a Social security benefits 5a Total income. Add lines 1 through 5. Add any a Adjusted gross income. If you have no subtract Schedule 1, line 36, from line 6 Standard deduction or itemized deduction Qualified business income deduction (see Taxable income. Subtract lines 8 and 9 a Tax (see inst.) 12, 263 (check if any b Add any amount from Schedule 2 and a Child tax credit/credit for other dependents Subtract line 12 from line 11. If zero or lease of the taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forms Refundable credits: a EIC (see inst.) Add any amount from Schedule 5	amount from adjustme ons (from S ee instructi from line 7 from: 1 [check her 4, 5 ess, enter- s W-2 and al payment ne 15 from you. If Fo	551 Schedule 1, line 22 and Schedule 1, line 22 and Schedule A) Schedule A S	DCB b Taxable b Ordinary b Taxable b Taxable b Taxable c -7, 372. nter the amount from 	dividends amount	 otherwise, 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		123 116 116 24 92 92 12 11 11 11	Page 2 3,404. 255. 551. 5,838. 4,000. 0. 2,838. 4,000. 0. 2,838. 4,500. 7,763. 0. 7,763. 1,733. 1,733. 3,970.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund	1 2a 3a 4a 5a 6 7 8 9 10 10 11 12 13 14 15 16 17 18 19 20a	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 3a IRAs, pensions, and annuities 4a Social security benefits 5a Total income. Add lines 1 through 5. Add any a Adjusted gross income. If you have not subtract Schedule 1, line 36, from line 6 Standard deduction or itemized deduction Gualified business income deduction (set Taxable income. Subtract lines 8 and 9 a a Tax (see inst.) 12,263. (check if any b b Add any amount from Schedule 2 and a Child tax credit/credit for other dependents Subtract line 12 from line 11. If zero or led Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forms Refundable credits: a EIC (see inst.) Add any amount from Schedule 5	amount from adjustme ons (from S be instruction from: 1 [check here 4, 5 ess, enter- w-2 and al payment ne 15 from you. If Fo X X 2	551 Schedule 1, line 22 and Schedule 1, line 22 and schedule A, line 22 and schedule A, line 22 and schedule A, line 22 and schedule A, line 23 and schedule A, line 3 and schedule A,	DCB b Taxable b Ordinary b Taxable b Taxable b Taxable b Taxable c -7, 372. nter the amount from ther -0- c	amount amount for line 6;	 otherwise, 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		123 116 116 24 92 92 12 11 11 11	Page 2 3,404. 255. 551. 5,838. 4,000. 0. 2,838. 4,000. 0. 2,838. 4,500. 7,763. 0. 7,763. 1,733. 1,733. 3,970.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if ax was withheld. Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund Direct deposit?	1 2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a ▶ b	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 3a IRAs, pensions, and annuities 4a Social security benefits 5a Total income. Add lines 1 through 5. Add any a Adjusted gross income. If you have not subtract Schedule 1, line 36, from line 6 Standard deduction or itemized deduction Gualified business income deduction (set Taxable income. Subtract lines 8 and 9 a a Tax (see inst.) 12,263. (check if any b b Add any amount from Schedule 2 and a Child tax credit/credit for other dependents Subtract line 12 from line 11. If zero or led Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from Forms Refundable credits: a EIC (see inst.) Add any amount from Schedule 5	amount from o adjustme ons (from S ee instruction from line 7 from: 1 [check here 4, 5 ess, enter - s W-2 and al payment ne 15 from you. If Foo X X 2 X X 2	551 Schedule 1, line 22 and Schedule 1, line 22 and schedule A)	DCB b Taxable b Ordinary b Taxable b Taxable b Taxable c -7, 372. nter the amount from 	amount amount for line 6;	 otherwise, 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		123 116 116 24 92 92 12 11 11 11	Page 2 3,404. 255. 551. 5,838. 4,000. 0. 2,838. 4,000. 0. 2,838. 4,500. 7,763. 0. 7,763. 1,733. 1,733. 3,970.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if ax was withheld. Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund Direct deposit?	1 2a 3a 4a 5a 6 7 10 11 12 13 14 15 16 17 18 19 20a ▶ b ► d 21	Tax-exempt interest 2a Qualified dividends 3a IRAs, pensions, and annuities 3a Social security benefits 5a Total income. Add lines 1 through 5. Add any Adjusted gross income. If you have not subtract Schedule 1, line 36, from line 6 5tandard deduction or itemized deductio Qualified business income deduction (see Taxable income. Subtract lines 8 and 9 a Tax (see inst.) 12, 263. (check if any b Add any amount from Schedule 2 and a Child tax credit/credit for other dependents Subtract line 12 from line 11. If zero or lee Other taxes. Attach Schedule 4. . Total tax. Add lines 13 and 14 . Federal income tax withheld from Forms Refundable credits: a EIC (see inst.) Add any amount from Schedule 5 . Add ines 16 and 17. These are your tota . If line 18 is more than line 15, subtract Ii . Amount of line 19 you want refunded to . Routing number X X X Account number X X X	amount from o adjustme ons (from S ee instructi from line 7 from: 1 [check her 4, 5 ess, enter - s W-2 and al payment ne 15 from you. If Fo X X 2 X X 2 r 2019 est	551 Schedule 1, line 22 ants to income, e Schedule A)	DCB b Taxable b Ordinary b Taxable b Taxable b Taxable c 7, 372. nter the amount from 	dividends amount . amount . 	 otherwise, 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		123 116 116 24 92 92 12 11 11 11	Page 2 3,404. 255. 551. 5,838. 4,000. 0. 2,838. 4,000. 0. 2,838. 4,500. 7,763. 0. 7,763. 1,733. 1,733. 3,970.

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

SCHEDULE 1		Additional Income and Adjustme	ents	s to Income		OMB No. 1545-0074
(Form 1040) Department of the Tre Internal Revenue Serv		 Attach to Form 1040. Go to www.irs.gov/Form1040 for instructions and 				20 18 Attachment Sequence No. 01
Name(s) shown on I	Form 104	10			Your	social security number
H SHANMUG	AM &	B RAMAKRISHNAN			69	1-16-6740
Additional	1–9b	Reserved			1–9b	
Income	10	Taxable refunds, credits, or offsets of state and local inco	me ta	axes	10	
	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule C or C-EZ			12	
	13	Capital gain or (loss). Attach Schedule D if required. If not re	quire	d, check here 🕨 🗌	13	9,231.
	14	Other gains or (losses). Attach Form 4797			14	
	15a	Reserved			15b	
	16a	Reserved			16b	
	17	Rental real estate, royalties, partnerships, S corporations, trust	17	-16,645.		
	18	Farm income or (loss). Attach Schedule F			18	
	19	Unemployment compensation			19	
	20a	Reserved			20b	
	21	42.				
	22	Combine the amounts in the far right column. If you don't				
		income, enter here and include on Form 1040, line 6. Other	erwise	e, go to line 23	22	-7,372.
Adjustments	23	Educator expenses	23			
to Income	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889 .	25			
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27			
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid b Recipient's SSN >	31a			
	32	IRA deduction	32			
	33 Student loan interest deduction					
	34 Reserved					
	35	Reserved	35			
	36	Add lines 23 through 35			36	

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

8

20

Attachment Sequence No. 12

	· Atta	ıch	to	F	or	m	104	0 or	Form	1040N	IR.
			-	-	_	-	-	-			-

► Go to www.irs.gov/ScheduleD for instructions and the latest information.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Your social security number

691-16-6740

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

H SHANMUGAM & B RAMAKRISHNAN

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part I,	from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	521,159.	507,234.	1	.00	14,025.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	7	14,025.			

Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. Ba Totals for all long term transactions reported on Form						(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	8,268.	13,062.			-4,794.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	lule(s) K-1	12			
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a the back		.,		15	-4,794.

Summary

Part III

16	Combine lines 7 and 15 and enter the result	16	9,231.
	• If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.		
	• If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the		
	amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. 		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

REV 12/21/18 PRO

Schedule D (Form 1040) 2018

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

20**18** Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number				
H SHANMUGAM & B RAMAKRISHNAN	691-16-6740				

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment		
BOX A	4			18,781.	12,596.			6,185.	
BOX E	3			4,102.	0.			4,102.	
BOX A	4			473,694.	473,012.			682.	
BOX A	4			2,919.	2,670.	W	100.	349.	
BOX A	4			4,525.	4,366.			159.	
BOX A	4			17,138.	14,590.			2,548.	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			521,159.	507,234.		100.	14,025.		

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2018)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification numb	er

H SHANMUGAM & B RAMAKRISHNAN

691-16-6740

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
BOX I)			5,701.	3,739.			1,962.
BOX I	C			2,009.	0.			2,009.
BOX I)			440.	7,381.			-6,941.
BOX I)			118.	1,942.			-1,824.
nega Sche	IIs. Add the amounts in columns ative amounts). Enter each tota adule D, line 8b (if Box D above re is checked). or line 10 (if Box	al here and inc is checked), lir	ude on your ne 9 (if Box E	8,268	13,062			-4.794.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form	2441	Child	and Depen	dent Care Exp	enses	1040			OMB No. 1545-0074
			Attach to Fo	rm 1040 or Form 1040N	R.	1040NR			2018
	ent of the Treasury Revenue Service (99)	► Go	to www.irs.gov/l	Form2441 for instruction st information.			2441	ノ	Attachment Sequence No. 21
• •) shown on return								al security number
	IANMUGAM & B								6-6740
				are expenses if your fil d Persons Filing Separ					
Part				ovided the Care—Y viders, see the instru		omplete th	s part		
1	(a) Care provider's name		(number, street, a	(b) Address apt. no., city, state, and ZIP c	ode)	(c) Identify (SSN	ing numl or EIN)	ber	(d) Amount paid (see instructions)
		Did vo	ou receive	No		mplete only	Part II	below	
			care benefits?			mplete Parl			
	on: If the care was 1040), line 60a; or			i may owe employmen					
Part	II Credit for	Child and	Dependent Ca	re Expenses					
2	Information abou	it your quali	fying person(s).	If you have more than	two qualifyii	ng persons,	see th		
	First	(a) Qualifyin	ng person's name	Last		ng person's so Irity number	cial	incurred	ualified expenses you and paid in 2018 for the on listed in column (a)
3				n't enter more than \$3 If you completed Par			3		
4	Enter your earne	d income.	See instructions				4		
5	If married filing j	ointly, enter	your spouse's e	earned income (if you); all others, enter the	· ·		5		
6	Enter the smalle	st of line 3,	4, or 5				6		
7	Enter the amou 1040NR, line 36		rm 1040, line 7 	′; or Form · · · · │ 7 │					
8	Enter on line 8 th	e decimal a	mount shown be	elow that applies to the	amount on	ine 7			
	If line 7 is:			If line 7 is:					
			ecimal	But		imal			
	Over ov		nount is	Over ove		ount is			
	\$0-15		.35	\$29,000-31,0		27			
	15,000-17	-	.34	31,000-33,0		26	8		V
	17,000—19 19,000—21	·	.33 .32	33,000-35,0 35,000-37,0		25 24	0		Χ
	21,000-21	·	.32	37,000-39,0		24 23			
	23,000-25	·	.30	39,000-41,0		23 22			
	25,000-25	-	.29	41,000-43,0		22			
	27,000-29	-	.28	43,000—No I		20			
9		y the decima	al amount on lin	e 8. If you paid 2017 e			9		
10	Tax liability limi Limit Worksheet						-		
11	Credit for child	and depen	dent care expe	enses. Enter the small or Form 1040NR, line			11		

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

REV 12/21/18 PRO

Form	2441 (2018)		Page 2
Par	t III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2018. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	2,650.
13	Enter the amount, if any, you carried over from 2017 and used in 2018 during the grace period. See instructions	13	
15	Enter the amount, if any, you forfeited or carried forward to 2019. See instructions Combine lines 12 through 14. See instructions	14 15	()2,650.
18	Enter the smaller of line 15 or 16.170.Enter your earned income. See instructions18120,754.Enter the amount shown below that applies to you.		
	 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see instructions. All others, enter the amount from line 18. 		
	Enter the smallest of line 17, 18, or 19		
	income on line 19)		
22	Is any amount on line 12 from your sole proprietorship or partnership?		
	☑ No. Enter -0 ☑ Yes. Enter the amount here	22	0.
	Subtract line 22 from line 15 2,650 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on		0.
05	the appropriate line(s) of your return. See instructions	24	0.
	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, include thisamount on Form 1040, line 1; or Form 1040NR, line 8. On the dotted line next to Form1040, line 1; or Form 1040NR, line 8, enter "DCB"	26	2,650.
	To claim the child and dependent care credit, complete lines 27 through 31 below.		
28	Enter \$3,000 (\$6,000 if two or more qualifying persons)Add lines 24 and 25Subtract line 28 from line 27. If zero or less, stop. You can't take the credit.Exception. If you paid 2017 expenses in 2018, see the instructions for line 9	27 28 29	

REV 12/21/18 PRO

Form **2441** (2018)

8867 Form

 Paid Preparer's Due Diligence Checklist

 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

 ► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

 ► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 20 8

Department of the Treasury Internal Revenue Service To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR. Go to www.irs.gov/Form8867 for instructions and the latest information.			Attachme Sequenc	ent e No. 70		
Taxpay	er name(s) shown on return			er identif	fication num	
	HANMUGAM & B RAMAKRISHNAN		691-	-16-6	740	
	eparer's name and PTIN SSMANIKUMAR		D02	09033	2	
Part			P020	19033	2	
		EIC	СТС	2/	AOTC	НОН
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on a return and complete the related Parts I–V for the benefit(s), and/or HOH filing		ACTC/		AOTO	
	status claimed (check all that apply).		×]		
1	Did you complete the return based on information for tax year 2018 provided					
	by the taxpayer or reasonably obtained by you?	×	Yes	1 🗌	No	
2	If credits are claimed on the return, did you complete the applicable EIC and/ or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	×	Yes		No	□ N/A
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.					
	• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.					
	 Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed. 	×	Yes	1	No	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)		Yes		No	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information?		Yes	1	No	
b	Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)		Yes		No	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)	X	Yes	1	No	
	List those documents, if any, that you relied on.					
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	×	Yes	• • • • • • • • • • • • • • • • • • •	No	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?					
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	X	Yes		No	□ N/A
	Did you complete the required recertification Form 8862?		Yes		No	□ N/A
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?		Yes	1 []	No	□ N/A

For Paperwork Reduction Act Notice, see separate instructions.

Part	Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)					
		EIC	CTC/ ACTC/ODC	AOTC	НОН	
9a	Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	□ Yes □ No				
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	□Yes□No				
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	Yes No				

Part III	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go
	to Part IV.)

		EIC	CTC/ ACTC/OE	AOTO	нон
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		X Yes 🗌	No	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		□ Yes □ □ N/A	No	
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		X Yes I	No	
Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)					
		EIC	CTC/ ACTC/ODC	AOTC	НОН
13	Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			□ Yes □ N	10
Part	Due Diligence Questions for Claiming HOH (If the return does not claim	HOH filing	status, go to	o Part VI.)	
		EIC	CTC/ ACTC/ODC	AOTC	НОН
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the				

Part VI Eligibility Certification
 You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and

cost of keeping up a home for the year for a qualifying person?

- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - 1. A copy of Form 8867;
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

15	Do you certify that all of the answers on this Form 8867 are, to the best of	
	your knowledge, true, correct, and complete?	🗙 Yes 🗌 No

🗌 Yes 🗌 No

Additional information from your 2018 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income Line 21 - Other Income

Continuation Statement

Description	Amount	
Substitute Payment from 1099-Misc	37.	
Other Income from box 3 of 1099-Misc	5.	
Total	42.	