

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

► **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ► 587278201907801mla9u

| | |
|---|---------------------------------------|
| Taxpayer's name SUDHAL KUMAR ACHARYA | Social security number 476-51-3308 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole dollars only)

| | | |
|--|----------|---------|
| 1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 49,797. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 4,343. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 7,513. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 3,170. |
| 5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 1 | 3 | 3 | 0 | 8 |
|---|---|---|---|---|

Enter five digits, but don't enter all zeros

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

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

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

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

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

476-51-3308

Taxpayer name SUDHAL KUMAR ACHARYA

Taxpayer address (optional)

5695 BRIARDALE CT APT D

DUBLIN OH 43016

1. Your federal income tax return for 2018 was filed electronically with the Kansas City Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 03/19/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 587278201907801mla9u.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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

Your first name and initial: SUDHAL KUMAR Last name: ACHARYA Your social security number: 476-51-3308

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 5695 Briardale CT Apt. no. D 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. DUBLIN OH 43016 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: SERVICE

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.) [] [] [] [] [] [] [] [] [] []

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

Paid Preparer Use Only

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

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

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

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

| | | | |
|----------------|--|-----|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 49,797. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 | 49,797. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 49,797. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 37,797. |
| 11 | a Tax (see inst.) 4,343. (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"/> | 11 | 4,343. |
| 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 12 | 4,343. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 4,343. |
| 14 | Other taxes. Attach Schedule 4 | 14 | 0. |
| 15 | Total tax. Add lines 13 and 14 | 15 | 4,343. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | 7,513. |
| 17 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5 | 17 | |
| 18 | Add lines 16 and 17. These are your total payments | 18 | 7,513. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 19 | 3,170. |
| 20a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 20a | 3,170. |
| ▶ b | Routing number 044000037 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| ▶ d | Account number 280008175 | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | 21 | |
| Amount You Owe | 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 22 | |
| 23 | Estimated tax penalty (see instructions) | 23 | |



2018 Ohio IT 1040 Individual Income Tax Return



11 20 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 476 51 3308 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 0201

First name SUDHAL KUMAR M.I. Last name ACHARYA

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 5695 BRIARDALE CT

Address line 2 (apartment number, suite number, etc.) APT D

City DUBLIN State OH ZIP code 43016 Ohio county (first four letters) DARK

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

- Full-year resident, Part-year resident, Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

- Single, head of household or qualifying widow(er), Married filing jointly, Married filing separately

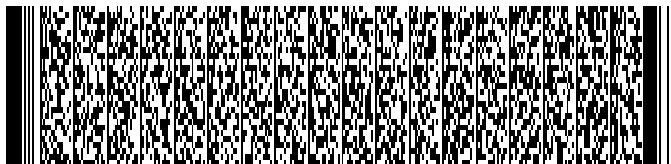
Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



Postmark date Code



2018 Ohio IT 1040 Individual Income Tax Return



SSN 476 51 3308

18000233 Sequence No. 2

| | | |
|--|----------|----------|
| 7a. Amount from line 7 on page 1..... | 7a. | 47697 00 |
| 8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)..... | 8a. | 1114 00 |
| 8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)..... | 8b. | 00 |
| 8c. Income tax liability before credits (line 8a plus line 8b)..... | 8c. | 1114 00 |
| | | |
| 9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE)..... | 9. | 0 00 |
| 10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)..... | 10. | 1114 00 |
| 11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)..... | 11. | 00 |
| 12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due..... | X ...12. | 00 |
| 13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)..... | 13. | 1114 00 |
| 14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return..... | 14. | 1602 00 |
| 15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return..... | 15. | 00 |
| | | |
| 16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)..... | 16. | 00 |
| 17. Amended return only – amount previously paid with original and/or amended return..... | 17. | 00 |
| | | |
| 18. Total Ohio tax payments (add lines 14, 15, 16 and 17)..... | 18. | 1602 00 |
| 19. Amended return only – overpayment previously requested on original and/or amended return..... | 19. | 00 |
| | | |
| 20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero..... | 20. | 1602 00 |

If line 20 is **MORE THAN** line 13, skip to line 24. OTHERWISE, continue to line 21.

| | | |
|---|--------------|--------|
| 21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13..... | 21. | 00 |
| 22. Interest and penalty due on late filing or late payment of tax (see instructions)..... | 22. | 00 |
| 23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ ..23. | 23. | 00 |
| | | |
| 24. Overpayment (line 20 minus line 13)..... | 24. | 488 00 |
| 25. Original return only – amount of line 24 to be credited toward 2019 income tax liability..... | 25. | 00 |
| 26. Original return only – amount of line 24 to be donated: | | |
| a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species | | |
| 00 00 00 | | |
| d. Military injury relief e. Ohio History Fund f. State nature preserves | | |
| 00 00 00 | Total...26g. | 00 |
| | | |
| 27. REFUND (line 24 minus lines 25 and 26g)..... YOUR REFUND ▶ 27. | | 488 00 |

| | |
|--|--|
| <p>Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number _____</p> <hr/> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name _____</p> <p>Phone number _____ Preparer's TIN (PTIN) PP02090332</p> | <p style="font-size: small;">If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p> <p style="text-align: center;">NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p style="text-align: center;">Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p> |
|--|--|

Form R
File by

2018 DUBLIN CITY INCOME TAX RETURN 2018

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning
Ending
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY

INDICATE WHETHER SOLE PROPRIETORSHIP EMPLOYEE OTHER

ACCOUNT NUMBER ACCOUNT TYPE SSN 476-51-3308

Date moved in Date moved out

SUDHAL KUMAR ACHARYA
5695 BRIARDALE CT APT D
DUBLIN OH 43016

Table with 2 columns: Question, Yes/No. Includes questions about residency, 2017 return filing, and amended returns.

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2018 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Table with 4 columns: Employer's Name, City Where Employed, City Tax Withheld, Wages, Etc. Row 1: TATA CONSULTANCY SERVICES LIMITED, 996, 49797

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 996 49797
INCOME 2 OTHER INCOME: FROM PAGE 2
3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 49797

ADJUSTMENTS TO INCOME 4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD
b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT
c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)
5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 49797
b Amount of Line 5a Allocable (% from step 5 Schedule Y)
c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)

TAX 6 AMOUNT SUBJECT TO DUBLIN CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 49797
7 DUBLIN CITY TAX RATE 2.000% 996
8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 996

ALLOWABLE CREDITS b Payments and credits on 2018 Declaration of Estimated Tax
c Earned income (Resident individuals only) taxes paid City of
TOTAL CREDITS ALLOWABLE. 996

9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing
10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) 0
Enter Amount of line 10 You Want: Credited to your 2019 Estimated Tax . . \$
Refunded \$

DECLARATION OF ESTIMATED TAX FOR 2019
11 Total Income Subject to Tax \$ x % 11 \$
12 Estimated Tax Withheld 12 \$
13 Total Estimated Tax (Line 11 - Line 12) 13 \$
14 Credit From Line 10 14 \$
15 Net Estimated Tax Due (Line 13 - Line 14) 15 \$
16 First Quarter 2019 Estimated Payment Due (1/4 of Line 15) 16 \$
17 Total Due With This Return (Add Lines 9 and 16) 17 \$

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES [] NO []

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

Your first name and initial: SUDHAL KUMAR Last name: ACHARYA Your social security number: 476-51-3308

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions: 5695 Briardale CT Apt. no.: D 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. DUBLIN OH 43016 If more than four dependents, see inst. and check here

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

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

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

Your signature: _____ Date: _____ Your occupation: SERVICE

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.): [] [] [] [] [] [] [] [] [] []

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

Paid Preparer Use Only

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

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

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

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

| | | | |
|------------|---|------------|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 49,797. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 | 49,797. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 49,797. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 8 | 12,000. |
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 37,797. |
| 11 | a Tax (see inst.) <u>4,343.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 4,343. |
| 12 | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 | |
| 13 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 13 | 4,343. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | 15 | 4,343. |
| 16 | Total tax. Add lines 13 and 14 | 16 | 7,513. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | |
| 18 | Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 c Form 8863 | 18 | |
| 19 | Add any amount from Schedule 5 | 19 | |
| 20a | Add lines 16 and 17. These are your total payments | 20a | 7,513. |
| 21 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 21 | 3,170. |
| 22 | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 22 | 3,170. |
| 23 | Routing number: 044000037 Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | 23 | |
| 24 | Account number: 280008175 | 24 | |
| 25 | Amount of line 19 you want applied to your 2019 estimated tax | 25 | |
| 26 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | 26 | |
| 27 | Estimated tax penalty (see instructions) | 27 | |