

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

|  |  |  |
|--|--|--|
| Taxpayer's name<br><b>ANAND KASHYAP SRINIVASA MURTHY</b> |  | Social security number<br><b>893-44-9033</b> |
| Spouse's name  |  | Spouse's social security number              |

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

|          |   |          |          |
|----------|---|----------|----------|
| <b>1</b> | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)                                 | <b>1</b> | 102,906. |
| <b>2</b> | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | <b>2</b> | 16,112.  |
| <b>3</b> | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | <b>3</b> | 16,236.  |
| <b>4</b> | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | <b>4</b> | 124.     |
| <b>5</b> | Amount you owe (Form 1040, line 22; Form 1040NR, line 75)                                       | <b>5</b> |          |

**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.

4 9 0 3 3

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 6 1 9 8 9

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**



**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

ANAND KASHYAP SRINIVASA MURTHY

Your social security number

893-44-9033

|                              |   |   |             |         |
|------------------------------|---|---|-------------|---------|
| <b>Additional Income</b>     | <b>1-9b</b>   | Reserved . . . . .  | <b>1-9b</b> |         |
|                              | <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>10</b>   | 216.    |
|                              | <b>11</b>   | Alimony received . . . . .  | <b>11</b>   |         |
|                              | <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ . . . . .  | <b>12</b>   |         |
|                              | <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>               | <b>13</b>   |         |
|                              | <b>14</b>   | Other gains or (losses). Attach Form 4797 . . . . .   | <b>14</b>   |         |
|                              | <b>15a</b>  | Reserved . . . . .  | <b>15b</b>  |         |
|                              | <b>16a</b>  | Reserved . . . . .  | <b>16b</b>  |         |
|                              | <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                 | <b>17</b>   | -4,700. |
|                              | <b>18</b>   | Farm income or (loss). Attach Schedule F . . . . .  | <b>18</b>   |         |
|                              | <b>19</b>   | Unemployment compensation . . . . .   | <b>19</b>   |         |
|                              | <b>20a</b>  | Reserved . . . . .  | <b>20b</b>  |         |
| <b>21</b>                    | Other income. List type and amount ▶ _____  | <b>21</b>   |             |         |
| <b>22</b>                    | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . . | <b>22</b>   | -4,484.     |         |
| <b>Adjustments to Income</b> | <b>23</b>   | Educator expenses . . . . .   | <b>23</b>   |         |
|                              | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . . | <b>24</b>   |         |
|                              | <b>25</b>   | Health savings account deduction. Attach Form 8889 . . . . .  | <b>25</b>   |         |
|                              | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>26</b>   |         |
|                              | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>27</b>   |         |
|                              | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>28</b>   |         |
|                              | <b>29</b>   | Self-employed health insurance deduction . . . . .  | <b>29</b>   |         |
|                              | <b>30</b>   | Penalty on early withdrawal of savings . . . . .  | <b>30</b>   |         |
|                              | <b>31a</b>  | Alimony paid <b>b</b> Recipient's SSN ▶ _____   | <b>31a</b>  |         |
|                              | <b>32</b>   | IRA deduction . . . . .   | <b>32</b>   |         |
| <b>33</b>                    | Student loan interest deduction . . . . .   | <b>33</b>   |             |         |
| <b>34</b>                    | Reserved . . . . .  | <b>34</b>   |             |         |
| <b>35</b>                    | Reserved . . . . .  | <b>35</b>   |             |         |
| <b>36</b>                    | Add lines 23 through 35 . . . . .   | <b>36</b>   |             |         |

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

ANAND KASHYAP SRINIVASA MURTHY

Your social security number

893-44-9033

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

|           |   |  |                         |                          |                          |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                         |                          |                          |
| <b>A</b>  | HYDERABAD HYDERABAD IN  |  |                         |                          |                          |
| <b>B</b>  |   |  |                         |                          |                          |
| <b>C</b>  |   |  |                         |                          |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>Fair Rental Days</b> | <b>Personal Use Days</b> | <b>QJV</b>               |
| <b>A</b>  | 5   |  | <b>A</b> 365            | 0                        | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>                |                          | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>                |                          | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| <b>Income:</b>   |  | <b>Properties:</b> |   | <b>A</b> | <b>B</b> | <b>C</b> |
|------------------|--|--------------------|---|----------|----------|----------|
| <b>3</b>         | Rents received . . . . .   | <b>3</b>           |   | 300.     |          |          |
| <b>4</b>         | Royalties received . . . . .   | <b>4</b>           |   |          |          |          |
| <b>Expenses:</b> |  |                    |   |          |          |          |
| <b>5</b>         | Advertising . . . . .  | <b>5</b>           |   |          |          |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .   | <b>6</b>           |   | 500.     |          |          |
| <b>7</b>         | Cleaning and maintenance . . . . .   | <b>7</b>           |   |          |          |          |
| <b>8</b>         | Commissions. . . . .   | <b>8</b>           |   |          |          |          |
| <b>9</b>         | Insurance . . . . .  | <b>9</b>           |   |          |          |          |
| <b>10</b>        | Legal and other professional fees . . . . .  | <b>10</b>          |   |          |          |          |
| <b>11</b>        | Management fees . . . . .  | <b>11</b>          |   |          |          |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)   | <b>12</b>          |   |          |          |          |
| <b>13</b>        | Other interest. . . . .  | <b>13</b>          |   | 4,500.   |          |          |
| <b>14</b>        | Repairs. . . . .   | <b>14</b>          |   |          |          |          |
| <b>15</b>        | Supplies . . . . .   | <b>15</b>          |   |          |          |          |
| <b>16</b>        | Taxes . . . . .  | <b>16</b>          |   |          |          |          |
| <b>17</b>        | Utilities. . . . .   | <b>17</b>          |   |          |          |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .  | <b>18</b>          |   |          |          |          |
| <b>19</b>        | Other (list) ▶ . . . . .   | <b>19</b>          |   |          |          |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .   | <b>20</b>          |   | 5,000.   |          |          |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .  | <b>21</b>          |   | -4,700.  |          |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .   | <b>22</b>          | ( | -4,700.) | (        | )        |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>         |   | 300.     |          |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>         |   |          |          |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>         |   |          |          |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>         |   |          |          |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b>         |   | 5,000.   |          |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .  | <b>24</b>          |   |          |          |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .   | <b>25</b>          | ( | 4,700.)  |          |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . . | <b>26</b>          |   | -4,700.  |          |          |

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

ANAND KASHYAP SRINIVASA MURTHY

Identifying number

893-44-9033

**Part I 2018 Passive Activity Loss**

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

|  |           |            |         |
|--|-----------|------------|---------|
| <b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .   | <b>1a</b> | 0.         |         |
| <b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .      | <b>1b</b> | ( 4,700. ) |         |
| <b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . . | <b>1c</b> | ( )        |         |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |            | -4,700. |

**Commercial Revitalization Deductions From Rental Real Estate Activities**

|   |           |     |  |
|---|-----------|-----|--|
| <b>2a</b> Commercial revitalization deductions from Worksheet 2, column (a) . . . . .                     | <b>2a</b> | ( ) |  |
| <b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) . . . . . | <b>2b</b> | ( ) |  |
| <b>c</b> Add lines 2a and 2b . . . . .  | <b>2c</b> | ( ) |  |

**All Other Passive Activities**

|  |           |     |  |
|--|-----------|-----|--|
| <b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a)) . . . . .   | <b>3a</b> | ( ) |  |
| <b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)) . . . . .      | <b>3b</b> | ( ) |  |
| <b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . . | <b>3c</b> | ( ) |  |
| <b>d</b> Combine lines 3a, 3b, and 3c . . . . .  | <b>3d</b> |     |  |

|   |          |  |         |
|---|----------|--|---------|
| <b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . .<br>If line 4 is a loss and: <ul style="list-style-type: none"> <li>• Line 1d is a loss, go to Part II.</li> <li>• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.</li> <li>• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.</li> </ul> | <b>4</b> |  | -4,700. |
|---|----------|--|---------|

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

|  |           |          |         |
|--|-----------|----------|---------|
| <b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .   | <b>5</b>  |          | 4,700.  |
| <b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>6</b>  | 150,000. |         |
| <b>7</b> Enter modified adjusted gross income, but not less than zero (see instructions) . . . . .                                       | <b>7</b>  | 107,606. |         |
| <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.            |           |          |         |
| <b>8</b> Subtract line 7 from line 6 . . . . .   | <b>8</b>  | 42,394.  |         |
| <b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . . | <b>9</b>  |          | 21,197. |
| <b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .<br>If line 2c is a loss, go to Part III. Otherwise, go to line 15.      | <b>10</b> |          | 4,700.  |

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

|  |           |  |  |
|--|-----------|--|--|
| <b>11</b> Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . . . . . | <b>11</b> |  |  |
| <b>12</b> Enter the loss from line 4 . . . . .   | <b>12</b> |  |  |
| <b>13</b> Reduce line 12 by the amount on line 10 . . . . .  | <b>13</b> |  |  |
| <b>14</b> Enter the <b>smallest</b> of line 2c (treated as a positive amount), line 11, or line 13 . . . . .                 | <b>14</b> |  |  |

**Part IV Total Losses Allowed**

|  |           |  |        |
|--|-----------|--|--------|
| <b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .   | <b>15</b> |  | 0.     |
| <b>16</b> <b>Total losses allowed from all passive activities for 2018.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . . | <b>16</b> |  | 4,700. |

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

| Name of activity                                       | Current year             |                        | Prior years                  | Overall gain or loss |          |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
|  | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| HYDERABAD  | 0.                       | 4,700.                 |                              |                      | 4,700.   |
|  |                          |                        |                              |                      |          |
|  |                          |                        |                              |                      |          |
| <b>Total. Enter on Form 8582, lines 1a, 1b, and 1c</b> | 0.                       | 4,700.                 |                              |                      |          |

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

| Name of activity                                  | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
|   |                                       |   |                  |
|   |                                       |   |                  |
| <b>Total. Enter on Form 8582, lines 2a and 2b</b> |                                       |   |                  |

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

| Name of activity                                       | Current year             |                        | Prior years                  | Overall gain or loss |          |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
|  | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain             | (e) Loss |
|  |                          |                        |                              |                      |          |
|  |                          |                        |                              |                      |          |
| <b>Total. Enter on Form 8582, lines 3a, 3b, and 3c</b> |                          |                        |                              |                      |          |

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Special allowance | (d) Subtract column (c) from column (a) |
|------------------|---|----------|------------|-----------------------|---|
| HYDERABAD        | E Ln 22   | 4,700.   | 1.00000000 | 4,700.                | 0.                                      |
|                  |   |          |            |                       |   |
|                  |   |          |            |                       |   |
| <b>Total</b>     |   | 4,700.   | 1.00       | 4,700.                | 0.                                      |

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
|                  |   |          |           |                    |
|                  |   |          |           |                    |
| <b>Total</b>     |   |          | 1.00      |                    |



Department of Taxation Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



18000133 Sequence No. 1

02 18 19

Use only black ink and UPPERCASE letters.

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) 893 44 9033

If deceased Spouse's SSN (if filing jointly) check box

If deceased Enter school district # for this return (see instructions). SD# 0201

First name ANAND KASHYAP

M.I. Last name SRINIVASA MURTHY

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 6624 LAKESIDE DR

Address line 2 (apartment number, suite number, etc.) APT 211NG

City WEST CHESTER

State ZIP code OH 45069

Ohio county (first four letters) BUTL

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

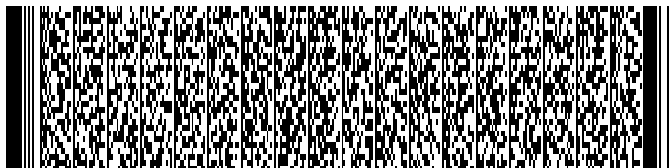
Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

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

Check here if you filed the federal extension 4868. Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

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 Schedule A

## Income Adjustments – Additions and Deductions



18000333

Sequence No. 3

02 18 19

SSN of primary filer

893 44 9033

### Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

|   |    |    |
|---|----|----|
| 1. Non-Ohio state or local government interest and dividends.....   | 1. | 00 |
| 2. Certain Ohio pass-through entity and financial institutions taxes paid.....  | 2. | 00 |
| 3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account.....  | 3. | 00 |
| 4. Losses from sale or disposition of Ohio public obligations.....  | 4. | 00 |
| 5. Nonmedical withdrawals from a medical savings account.....   | 5. | 00 |
| 6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income..... | 6. | 00 |

### Federal

|   |     |    |
|---|-----|----|
| 7. Internal Revenue Code 168(k) and 179 depreciation expense addback.....                             | 7.  | 00 |
| 8. Federal interest and dividends subject to state taxation.....                                      | 8.  | 00 |
| 9. Federal conformity additions.....  | 9.  | 00 |
| 10. <b>Total additions</b> (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a..... | 10. | 00 |

### Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

|  |     |        |
|--|-----|--------|
| 11. Business income deduction – Ohio Schedule IT BUS, line 11.....   | 11. | 00     |
| 12. Employee compensation earned in Ohio by residents of neighboring states.....   | 12. | 00     |
| 13. State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 10.....   | 13. | 216 00 |
| 14. Taxable Social Security benefits.....  | 14. | 00     |
| 15. Certain railroad retirement benefits.....  | 15. | 00     |
| 16. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; or income from a transfer agreement..... | 16. | 00     |
| 17. Amounts contributed to an Ohio county's individual development account program.....  | 17. | 00     |
| 18. Amounts contributed to STABLE account: Ohio's ABLE Plan.....   | 18. | 00     |
| 19. Income earned in Ohio by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period.....   | 19. | 00     |

### Federal

|  |     |    |
|--|-----|----|
| 20. Federal interest and dividends exempt from state taxation.....   | 20. | 00 |
| 21. Deduction of prior year 168(k) and 179 depreciation addbacks.....  | 21. | 00 |
| 22. Refund or reimbursements shown on the federal 1040, Schedule 1, line 21 for itemized deductions claimed on a prior year federal income tax return..... | 22. | 00 |

Do not staple or paper clip.

**2018 Ohio Schedule A**  
**Income Adjustments – Additions and Deductions**

SSN of primary filer



18000433

Sequence No. 4

893 44 9033

|   |     |        |
|---|-----|--------|
| 23. Repayment of income reported in a prior year .....  | 23. | 00     |
| 24. Wage expense not deducted due to claiming the federal work opportunity tax credit.....  | 24. | 00     |
| 25. Federal conformity deductions .....   | 25. | 00     |
| <b><u>Uniformed Services</u></b>  |     |        |
| 26. Military pay for Ohio residents received while the military member was stationed outside Ohio .....   | 26. | 00     |
| 27. Certain income earned by military nonresidents and civilian nonresident spouses .....   | 27. | 00     |
| 28. Uniformed services retirement income .....  | 28. | 00     |
| 29. Military injury relief fund .....   | 29. | 00     |
| 30. Certain Ohio National Guard reimbursements and benefits.....  | 30. | 00     |
| <b><u>Education</u></b>   |     |        |
| 31. Ohio 529 contributions, tuition credit purchases .....  | 31. | 00     |
| 32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board .....  | 32. | 00     |
| <b><u>Medical</u></b>   |     |        |
| 33. Disability and survivorship benefits (do not include pension continuation benefits).....  | 33. | 00     |
| 34. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance<br>premiums and excess health care expenses (see instructions for worksheet) ..... | 34. | 00     |
| 35. Funds deposited into, and earnings of, a medical savings account for eligible health care<br>expenses (see instructions for worksheet) .....                          | 35. | 00     |
| 36. Qualified organ donor expenses .....  | 36. | 00     |
| 37. <b>Total deductions</b> (add lines 11 through 36 ONLY). Enter here and on Ohio IT 1040, line 2b.....  | 37. | 216 00 |

Form R  
File by

**2018 BUTLER VILLAGE 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 . . . . . |                     |             | Yes   | No |
| INDICATE WHETHER                                    | SOLE PROPRIETORSHIP | EMPLOYEE    | OTHER   |    |
| ACCOUNT NUMBER                                      | ACCOUNT TYPE        | SSN         |   |    |
|   |                     | 893-44-9033 |   |    |
| Date moved in . . . . .                             |                     | Spouse SSN  |   |    |
| Date moved out . . . . .                            |                     |             |   |    |
| ANAND KASHYAP SRINIVASA MURTHY                      |                     |             | ARE YOU A RESIDENT? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>DID YOU FILE A RETURN FOR 2016? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No<br>YOUR LOCAL PHONE NUMBER . . . . . |    |

6624 LAKESIDE DR APT 211NG  
WEST CHESTER OH 45069

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)**

| Employer's Name (Attach Copy of W-2 Form(s)) | City Where Employed | City Tax Withheld | Wages, Etc |
|--|---------------------|-------------------|------------|
| COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT   |                     | 360               | 107390     |
|  |                     |                   |            |
|  |                     |                   |            |

|                              |   |     |        |
|------------------------------|---|-----|--------|
| <b>INCOME</b>                | <b>1 a</b> TOTALS (if above is <b>fully taxable</b> and your <b>only</b> income, go next to Line 7) . . . . .     | 360 | 107390 |
|                              | <b>2</b> OTHER INCOME: FROM PAGE 2 . . . . .  |     |        |
|                              | <b>3</b> TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) . . . . .                           |     | 107390 |
| <b>ADJUSTMENTS TO INCOME</b> | <b>4 a</b> ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) . . . . . ADD  |     |        |
|                              | <b>b</b> ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) . . . . . DEDUCT  |     |        |
|                              | <b>c</b> DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -) . . . . .           |     |        |
| <b>TAX</b>                   | <b>5 a</b> ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) . . . . .                     |     | 107390 |
|                              | <b>b</b> Amount of Line 5a Allocable ( _____ % from step 5 Schedule Y) . . . . .                                  |     |        |
|                              | <b>c</b> LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule) . . . . .                      |     |        |
| <b>ALLOWABLE CREDITS</b>     | <b>6</b> AMOUNT SUBJECT TO BUTLER VILLAGE INCOME TAX (Line 5a OR 5b LESS LINE 5c) . . . . .                       |     | 107390 |
|                              | <b>7</b> BUTLER VILLAGE TAX RATE 1.000% . . . . .   |     | 1074   |
|                              | <b>8</b> CREDITS: <b>a</b> Tax withheld by employer(s) as shown on line 1a above . . . . .                        | 360 |        |
|                              | <b>b</b> Payments and credits on 2018 Declaration of Estimated Tax . . . . .                                      |     |        |
|                              | <b>c</b> Earned income (Resident individuals only) taxes paid City of _____                                       |     |        |
|                              | <b>TOTAL CREDITS ALLOWABLE.</b> . . . . .   |     | 360    |
|                              | <b>9</b> BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing . . . . . |     | 714    |
|                              | <b>10</b> OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right) . . . . .              |     |        |
|                              | Enter Amount of line 10 You Want: Credited to your 2019 Estimated Tax . . . \$ _____                              |     |        |
|                              | Refunded . . . . . \$ _____   |     |        |

**DECLARATION OF ESTIMATED TAX FOR 2019**

|   |           |          |
|---|-----------|----------|
| <b>11</b> Total Income Subject to Tax \$ _____ x _____ % . . . . .            | <b>11</b> | \$ _____ |
| <b>12</b> Estimated Tax Withheld . . . . .                                    | <b>12</b> | \$ _____ |
| <b>13</b> Total Estimated Tax (Line 11 - Line 12) . . . . .                   | <b>13</b> | \$ _____ |
| <b>14</b> Credit From Line 10 . . . . .                                       | <b>14</b> | \$ _____ |
| <b>15</b> Net Estimated Tax Due (Line 13 - Line 14) . . . . .                 | <b>15</b> | \$ _____ |
| <b>16</b> First Quarter 2019 Estimated Payment Due (1/4 of Line 15) . . . . . | <b>16</b> | \$ _____ |
| <b>17</b> Total Due With This Return (Add Lines 9 and 16) . . . . .           | <b>17</b> | \$ 714   |

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

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

Form R  
File by

2018 READING 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 893-44-9033

Date moved in 10/22/2018 Spouse SSN  
Date moved out

ANAND KASHYAP SRINIVASA MURTHY  
6624 LAKESIDE DR APT 211NG  
WEST CHESTER OH 45069

Table with 2 columns: Question, Yes/No. Includes questions about residency, 2016 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. Entry for COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT.

Main income tax calculation table with rows for INCOME, ADJUSTMENTS TO INCOME, TAX, and ALLOWABLE CREDITS. Includes line items 1a through 10.

DECLARATION OF ESTIMATED TAX FOR 2019 table with rows 11 through 17 for Total Income Subject to Tax, Estimated Tax Withheld, Total Estimated Tax, Credit From Line 10, Net Estimated Tax Due, First Quarter 2019 Estimated Payment Due, and Total Due With This Return.

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.

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

Staple W-2s to the back of this page

|  |   |
|--|---|
| ANAND KASHYAP<br><small>First name and Middle Initial</small><br>SRINIVASA MURTHY<br><small>Last Name</small><br><hr/> If a joint return, spouse's first name and initial _____ Last Name _____<br>6624 LAKESIDE DR 211NG<br><small>CURRENT Home Address (number and street)</small><br>WEST CHESTER OH 45069<br><small>City State Zip Code</small>  | Primary Social Security Number<br>893 44 9033<br>Spouse's Social Security Number _____<br>Filing Status:<br><input checked="" type="checkbox"/> Single<br><input type="checkbox"/> Married-Filing Jointly<br><input type="checkbox"/> Married-Filing Separately<br>Occupation or nature of business _____<br>Trade Name _____<br>City of Employment #1 COLUMBUS<br>City of Employment #2 _____<br>City of Employment #3 _____<br>City of Residence WEST CHESTER |
| Check the appropriate box if:<br><input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request)<br><input type="checkbox"/> <b>AMENDED</b> Tax year _____<br>Should your account be inactivated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, explain _____<br>Did you file a City return in 2017? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |
| <b>Residence change in 2018 (If applicable)</b><br>Did you change residence during 2018? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, enter date of move: _____<br>Previous Address (number and street) _____<br>City, State, Zip Code _____   |   |

**Part A TAXABLE WAGES** Attach all forms and applicable Federal schedules and/or documentation to the back of this return.

| Employer(s) and address where work performed | TAXABLE WAGES  |
|--|----------------|
| COGNIZANT TECHNOLOGY                         | (+)<br>17,983. |
|  | (+)            |
| <b>ADJUSTMENTS (from Part D on Page 2)</b>   | (-)            |
| <b>NET WAGES (enter in Column B below)</b>   | (=)<br>17,983. |

**Part B TAX CALCULATION** A Declaration of Estimated City Tax (form IR-21) is REQUIRED for all individuals whose tax is not fully withheld.

| COLUMN A | COLUMN B | COLUMN C   | COLUMN D  | COLUMN E                 | COLUMN F | COLUMN G |   |             |
|----------|----------|--|---|--------------------------|----------|----------|---|-------------|
| CITY     | CODE     | INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES) | INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME* | TOTAL NET TAXABLE INCOME | TAX RATE | TAX DUE  | LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, OR PAID DIRECTLY TO CITY WHERE EARNED | NET TAX DUE |
| COLUMBUS | 01       | 17,983.  |   | 17,983.                  | 2.5%     | 450.     | 360.  | 90.         |

|  |           |     |
|--|-----------|-----|
| 1. TOTAL NET TAX DUE (TOTAL OF COLUMN G).....  | <b>1</b>  | 90. |
| 2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY.....  | <b>2</b>  |     |
| 3. BALANCE DUE (LINE 1 LESS LINE 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6.....                | <b>3</b>  | 90. |
| 4. PENALTY: 15% \$ _____ + INTEREST \$ _____ + LATE CHARGE \$ _____<br><small>(see instructions) (see instructions) (see instructions)</small> | <b>4</b>  |     |
| 5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less .....  | <b>5</b>  | 90. |
| 6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1).....   | <b>6</b>  |     |
| A. Enter the amount from Line 6 you want <b>CREDITED</b> to your next year tax estimate.....   | <b>6A</b> |     |
| B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00).....   | <b>6B</b> |     |

**Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.**

| CITY  | CODE | COLUMN H<br>Income (or loss) from Part E or Schedule Y | COLUMN I<br>Rental Income (or loss) from Part F (section 1) | COLUMN J (Residents Only)<br>Other income from Part F (section 2) | COLUMN K<br>Total other income (or loss) |
|---|------|--|---|---|--|
| COLUMBUS  | 01   |  |   |   |  |
| <b>Net Operating Loss Carry-forward (see instructions):</b> |      |  |   |   |  |
| <b>Total *(enter in Column C above, if loss enter 0):</b>   |      |  |   |   |  |

**Third Party Designee** Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions)  YES Complete the following  NO

Designee's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

**SIGNATURE** The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

**Sign Here** Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return, both must sign Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer's Use Only** Signature \_\_\_\_\_ Date \_\_\_\_\_ PTIN 30-1017196 Phone # \_\_\_\_\_

**MAILING INFORMATION**

**NO Payment Enclosed:**  
 Mail to: Columbus Income Tax Division  
 PO Box 182437  
 Columbus, Ohio 43218-2437

**Payment Enclosed:**  
 Make payable to: CITY TREASURER  
 Mail to: Columbus Income Tax Division  
 PO Box 182158  
 Columbus, Ohio 43218-2158

Staple check or money order HERE

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

Your first name and initial: **ANAND KASHYAP** Last name: **SRINIVASA MURTHY** Your social security number: **893-44-9033**

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. **6624 LAKESIDE DR** Apt. no. **211NG** 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. **WEST CHESTER OH 45069** If more than four dependents, see inst. and  here ▶

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

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

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **INFRA OPS SPECIALIST**

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: **ARVSSMANIKUMAR** Preparer's signature: \_\_\_\_\_ PTIN: **P02090332** Firm's EIN: **30-1017196** 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**

|            |  |                |            |          |
|------------|--|----------------|------------|----------|
| <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2   |                | <b>1</b>   | 107,390. |
| <b>2a</b>  | Tax-exempt interest  |                | <b>2b</b>  |          |
| <b>3a</b>  | Qualified dividends  |                | <b>3b</b>  |          |
| <b>4a</b>  | IRAs, pensions, and annuities  |                | <b>4b</b>  |          |
| <b>5a</b>  | Social security benefits   |                | <b>5b</b>  |          |
| <b>6</b>   | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22   | <b>-4,484.</b> | <b>6</b>   | 102,906. |
| <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>   | 102,906. |
| <b>8</b>   | Standard deduction or itemized deductions (from Schedule A)  |                | <b>8</b>   | 12,000.  |
| <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>  | 90,906.  |
| <b>11</b>  | <b>a</b> Tax (see inst.) <u>16,112.</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> ) |                | <b>11</b>  | 16,112.  |
| <b>12</b>  | <b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>  |                | <b>12</b>  | 16,112.  |
| <b>13</b>  | <b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>  |                | <b>13</b>  | 16,112.  |
| <b>14</b>  | Subtract line 12 from line 11. If zero or less, enter -0-  |                | <b>14</b>  | 0.       |
| <b>15</b>  | Other taxes. Attach Schedule 4   |                | <b>15</b>  | 16,112.  |
| <b>16</b>  | Total tax. Add lines 13 and 14   |                | <b>16</b>  | 16,236.  |
| <b>17</b>  | Federal income tax withheld from Forms W-2 and 1099  |                | <b>17</b>  |          |
| <b>18</b>  | Refundable credits: <b>a</b> EIC (see inst.) <u>No</u> <b>b</b> Sch. 8812 _____ <b>c</b> Form 8863 _____   |                | <b>18</b>  | 16,236.  |
| <b>19</b>  | Add any amount from Schedule 5   |                | <b>19</b>  | 124.     |
| <b>20a</b> | Add lines 16 and 17. These are your total payments   |                | <b>20a</b> | 124.     |
| <b>21</b>  | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid  |                | <b>21</b>  |          |
| <b>22</b>  | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>  |                | <b>22</b>  |          |
| <b>23</b>  | Routing number <u>211391825</u> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |                | <b>23</b>  |          |
| <b>24</b>  | Account number <u>19475466</u>   |                | <b>24</b>  |          |
| <b>25</b>  | Amount of line 19 you want applied to your 2019 estimated tax  |                | <b>25</b>  |          |
| <b>26</b>  | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions   |                | <b>26</b>  |          |
| <b>27</b>  | Estimated tax penalty (see instructions)   |                | <b>27</b>  |          |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

ANAND KASHYAP SRINIVASA MURTHY

Your social security number

893-44-9033

|                              |   |   |             |         |
|------------------------------|---|---|-------------|---------|
| <b>Additional Income</b>     | <b>1-9b</b>   | Reserved . . . . .  | <b>1-9b</b> |         |
|                              | <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>10</b>   | 216.    |
|                              | <b>11</b>   | Alimony received . . . . .  | <b>11</b>   |         |
|                              | <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ . . . . .  | <b>12</b>   |         |
|                              | <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>               | <b>13</b>   |         |
|                              | <b>14</b>   | Other gains or (losses). Attach Form 4797 . . . . .   | <b>14</b>   |         |
|                              | <b>15a</b>  | Reserved . . . . .  | <b>15b</b>  |         |
|                              | <b>16a</b>  | Reserved . . . . .  | <b>16b</b>  |         |
|                              | <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                 | <b>17</b>   | -4,700. |
|                              | <b>18</b>   | Farm income or (loss). Attach Schedule F . . . . .  | <b>18</b>   |         |
|                              | <b>19</b>   | Unemployment compensation . . . . .   | <b>19</b>   |         |
|                              | <b>20a</b>  | Reserved . . . . .  | <b>20b</b>  |         |
| <b>21</b>                    | Other income. List type and amount ▶ _____  | <b>21</b>   |             |         |
| <b>22</b>                    | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . . | <b>22</b>   | -4,484.     |         |
| <b>Adjustments to Income</b> | <b>23</b>   | Educator expenses . . . . .   | <b>23</b>   |         |
|                              | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . . | <b>24</b>   |         |
|                              | <b>25</b>   | Health savings account deduction. Attach Form 8889 . . . . .  | <b>25</b>   |         |
|                              | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>26</b>   |         |
|                              | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>27</b>   |         |
|                              | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>28</b>   |         |
|                              | <b>29</b>   | Self-employed health insurance deduction . . . . .  | <b>29</b>   |         |
|                              | <b>30</b>   | Penalty on early withdrawal of savings . . . . .  | <b>30</b>   |         |
|                              | <b>31a</b>  | Alimony paid <b>b</b> Recipient's SSN ▶ _____   | <b>31a</b>  |         |
|                              | <b>32</b>   | IRA deduction . . . . .   | <b>32</b>   |         |
| <b>33</b>                    | Student loan interest deduction . . . . .   | <b>33</b>   |             |         |
| <b>34</b>                    | Reserved . . . . .  | <b>34</b>   |             |         |
| <b>35</b>                    | Reserved . . . . .  | <b>35</b>   |             |         |
| <b>36</b>                    | Add lines 23 through 35 . . . . .   | <b>36</b>   |             |         |

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

Schedule 1 (Form 1040) 2018