

**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) ▶ 5872782019036019fbkt

|                                      |  |                                       |
|--------------------------------------|--|---------------------------------------|
| Taxpayer's name<br>JAMAL BASHA SHAIK |  | Social security number<br>305-69-6557 |
| 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> | 65,261. |
| <b>2</b> | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | <b>2</b> | 7,660.  |
| <b>3</b> | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | <b>3</b> | 9,543.  |
| <b>4</b> | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)             | <b>4</b> | 1,883.  |
| <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.

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 6 | 5 | 5 | 7 |
|---|---|---|---|---|

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**

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

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

305-69-6557

Taxpayer name JAMAL BASHA SHAIK

Taxpayer address (optional)

507 LITTLE EAST NECK ROAD

WEST BABYLON NY 11704

1.  Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 02/05/2019 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 5872782019036019fbkt.
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](http://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](http://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.

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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](http://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](http://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: JAMAL BASHA Last name: SHAIK Your social security number: 305-69-6557

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. 507 LITTLE EAST NECK ROAD Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. WEST BABYLON NY 11704 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: Spouse's signature. If a joint return, both must sign. Date: Date. Your occupation: SOFTWARE ENGINEER Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM PTIN: P02082703 Firm's EIN: 30-1017196 Check if:  3rd Party Designee  Self-employed

Firm's name: GLOBAL TAXES LLC Phone no. (212) 920-4151

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   | 69,761. |
| 2a  | Tax-exempt interest  | 2a      | 2b  |         |
| 3a  | Qualified dividends  | 3a      | 3b  |         |
| 4a  | IRAs, pensions, and annuities  | 4a      | 4b  |         |
| 5a  | Social security benefits   | 5a      | 5b  |         |
| 6   | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22   | -4,500. | 6   | 65,261. |
| 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   | 65,261. |
| 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  | 53,261. |
| 11  | a Tax (see inst.) 7,660. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) |         | 11  | 7,660.  |
| 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  | 7,660.  |
| 14  | Subtract line 12 from line 11. If zero or less, enter -0-  |         | 14  | 0.      |
| 15  | Other taxes. Attach Schedule 4   |         | 15  | 7,660.  |
| 16  | Total tax. Add lines 13 and 14   |         | 16  | 9,543.  |
| 17  | Federal income tax withheld from Forms W-2 and 1099  |         | 17  |         |
| 18  | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863   |         | 18  | 9,543.  |
| 19  | Add any amount from Schedule 5   |         | 19  | 1,883.  |
| 20a | Add lines 16 and 17. These are your total payments   |         | 20a | 1,883.  |
| 21  | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid  |         | 21  |         |
| 22  | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>  |         | 22  |         |
| 23  | Routing number 021000322 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                                       |         | 23  |         |
| 24  | Account number 483070829113  |         |     |         |
| 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  |         |     |         |

**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

JAMAL BASHA SHAIK

Your social security number

305-69-6557

|                              |   |   |             |         |
|------------------------------|---|---|-------------|---------|
| <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>   |         |
|                              | <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>   | -4,500. |
|                              | <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>   | -4,500.     |         |
| <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

JAMAL BASHA SHAIK

Your social security number

305-69-6557

**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>  | HYDERNAGAR HYDERABAD TELANGANA IN 500090                          |  |                  |                   |                          |
| <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. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 2   |  | <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)

| Income:          |  | Properties: |   | A        | B | C |
|------------------|--|-------------|---|----------|---|---|
| <b>3</b>         | Rents received . . . . .   | <b>3</b>    |   | 500.     |   |   |
| <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>    |   |          |   |   |
| <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>   |   | 5,000.   |   |   |
| <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>   |   | -4,500.  |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .   | <b>22</b>   | ( | -4,500.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>  |   | 500.     |   |   |
| <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>   | ( | 4,500.)  |   |   |
| <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>   |   | -4,500.  |   |   |



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: JAMAL BASHA SHAIK

Spouse's name: (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

1 Federal adjusted gross income (from applicable line) 1. 65261.
2 Refund 2. 303.
3 Amount you owe 3.
4 Financial institution routing number 4. 021000322
5 Financial institution account number 5. 483070829113
6 Account type: [X] Personal checking [ ] Personal savings [ ] Business checking [ ] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: SYAM PRIYA RAM SAGAR GUPTA TALLAM



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

|  |  |    |   |                   |   |  |
|--|--|----|---|-------------------|---|--|
| Your first name<br>JAMAL BASHA   |  | MI | Your last name (for a joint return, enter spouse's name on line below)<br>SHAIK |                   | Your date of birth (mmddyyyy)<br>07041990 | Your social security number<br>305696557                                 |
| Spouse's first name  |  | MI | Spouse's last name  |                   | Spouse's date of birth (mmddyyyy)         | Spouse's social security number  |
| Mailing address (see instructions, page 14) (number and street or PO box)<br>507 LITTLE EAST NECK ROAD |  |    |   |                   | Apartment number                          | New York State county of residence<br>SUFFOLK                            |
| City, village, or post office<br>WEST BABYLON  |  |    | State<br>NY   | ZIP code<br>11704 | Country (if not United States)            | School district name<br>BABYLON  |
| Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)       |  |    |   |                   | Apartment number                          | School district code number ..... 684                                    |
| City, village, or post office  |  |    | State<br>NY   | ZIP code          | Decedent information                      | Taxpayer's date of death (mmddyyyy)<br>Spouse's date of death (mmddyyyy) |

- A Filing status**  
(mark an **X** in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's social security number above)
  - ③  Married filing separate return (enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er)

**B Did you itemize** your deductions on your 2018 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No



**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see page 15) ..... Yes  No

(2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes  No

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):

(1) Number of months **you** lived in NYC in 2018 .....

(2) Number of months **your spouse** lived in NYC in 2018 .....

**G** Enter your **2-character special condition code(s) if applicable** (see page 15) .....

**H Dependent information** (see page 16)

| First name | MI | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |
|            |    |           |              |                        |                          |

If more than 7 dependents, mark an **X** in the box.



201001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number  
305696557

**Federal income and adjustments** (see page 16)

Whole dollars only

|    |  |    |          |
|----|--|----|----------|
| 1  | Wages, salaries, tips, etc. ....   | 1  | 69761.00 |
| 2  | Taxable interest income .....  | 2  | .00      |
| 3  | Ordinary dividends .....   | 3  | .00      |
| 4  | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....                           | 4  | .00      |
| 5  | Alimony received .....   | 5  | .00      |
| 6  | Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....                                       | 6  | .00      |
| 7  | Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....                                     | 7  | .00      |
| 8  | Other gains or losses (submit a copy of federal Form 4797) .....   | 8  | .00      |
| 9  | Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>  | 9  | .00      |
| 10 | Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/> | 10 | .00      |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)     | 11 | -4500.00 |
| 12 | Rental real estate included in line 11   | 12 | -4500.00 |
| 13 | Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....   | 13 | .00      |
| 14 | Unemployment compensation .....  | 14 | .00      |
| 15 | Taxable amount of social security benefits (also enter on line 27) .....   | 15 | .00      |
| 16 | Other income (see page 16) Identify: .....   | 16 | .00      |
| 17 | Add lines 1 through 11 and 13 through 16 .....   | 17 | 65261.00 |
| 18 | Total federal adjustments to income (see page 16) Identify: .....  | 18 | .00      |
| 19 | <b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....   | 19 | 65261.00 |

**New York additions** (see page 17)

|    |  |    |          |
|----|--|----|----------|
| 20 | Interest income on state and local bonds and obligations (but not those of NYS or its local governments) | 20 | .00      |
| 21 | Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)          | 21 | .00      |
| 22 | <b>New York's</b> 529 college savings program distributions (see page 17) .....                          | 22 | .00      |
| 23 | Other (Form IT-225, line 9) .....  | 23 | .00      |
| 24 | Add lines 19 through 23 .....  | 24 | 65261.00 |

**New York subtractions** (see page 18)

|    |  |    |          |
|----|--|----|----------|
| 25 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 25 | .00      |
| 26 | Pensions of NYS and local governments and the federal government (see page 18)     | 26 | .00      |
| 27 | Taxable amount of social security benefits (from line 15) ....                     | 27 | .00      |
| 28 | Interest income on U.S. government bonds .....                                     | 28 | .00      |
| 29 | Pension and annuity income exclusion (see page 19) .....                           | 29 | .00      |
| 30 | <b>New York's</b> 529 college savings program deduction/earnings                   | 30 | .00      |
| 31 | Other (Form IT-225, line 18).....  | 31 | .00      |
| 32 | Add lines 25 through 31 .....  | 32 | .00      |
| 33 | <b>New York adjusted gross income</b> (subtract line 32 from line 24) .....        | 33 | 65261.00 |



**Standard deduction or itemized deduction** (see page 21)

|    |  |    |          |
|----|--|----|----------|
| 34 | Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196)<br>Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b> | 34 | 8000.00  |
| 35 | Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....   | 35 | 57261.00 |
| 36 | Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....  | 36 | 000.00   |
| 37 | <b>Taxable income</b> (subtract line 36 from line 35) .....  | 37 | 57261.00 |

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Name(s) as shown on page 1  
 JAMAL BASHA SHAIK

Your social security number  
 305696557

**Tax computation, credits, and other taxes**

|  |           |           |
|--|-----------|-----------|
| <b>38</b> Taxable income (from line 37 on page 2) .....                                      | <b>38</b> | 57261 .00 |
| <b>39</b> NYS tax on line 38 amount (see page 22) .....                                      | <b>39</b> | 3313 .00  |
| <b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....                             | <b>40</b> | .00       |
| <b>41</b> Resident credit (see page 23) .....  | <b>41</b> | .00       |
| <b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...                      | <b>42</b> | .00       |
| <b>43</b> Add lines 40, 41, and 42 .....   | <b>43</b> | .00       |
| <b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) ..... | <b>44</b> | 3313 .00  |
| <b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....                               | <b>45</b> | .00       |
| <b>46</b> Total New York State taxes (add lines 44 and 45) .....                             | <b>46</b> | 3313 .00  |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|   |            |       |
|---|------------|-------|
| <b>47</b> NYC taxable income (see instructions) .....   | <b>47</b>  | .00   |
| <b>47a</b> NYC resident tax on line 47 amount (see page 23) .....   | <b>47a</b> | .00   |
| <b>48</b> NYC household credit (page 23) .....  | <b>48</b>  | .00   |
| <b>49</b> Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) .....              | <b>49</b>  | .00   |
| <b>50</b> Part-year NYC resident tax (Form IT-360.1) .....  | <b>50</b>  | .00   |
| <b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....  | <b>51</b>  | .00   |
| <b>52</b> Add lines 49, 50, and 51 .....  | <b>52</b>  | .00   |
| <b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....  | <b>53</b>  | .00   |
| <b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....                | <b>54</b>  | .00   |
| <b>54a</b> MCTMT net earnings base ....   | <b>54a</b> | .00   |
| <b>54b</b> MCTMT .....  | <b>54b</b> | .00   |
| <b>55</b> Yonkers resident income tax surcharge (see page 26) .....   | <b>55</b>  | .00   |
| <b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....   | <b>56</b>  | .00   |
| <b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....                             | <b>57</b>  | .00   |
| <b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) .. | <b>58</b>  | .00   |
| <b>59</b> Sales or use tax (see page 27; do not leave line 59 blank) .....                                  | <b>59</b>  | 0 .00 |

See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 28)

|   |            |          |                                   |            |     |
|---|------------|----------|-----------------------------------|------------|-----|
| <b>60a</b> Return a Gift to Wildlife  | <b>60a</b> | .00      | <b>60o</b> Veterans' Homes        | <b>60o</b> | .00 |
| <b>60b</b> Missing/Exploited Children   | <b>60b</b> | .00      | <b>60p</b> Love Your Library Fund | <b>60p</b> | .00 |
| <b>60c</b> Breast Cancer Research   | <b>60c</b> | .00      | <b>60q</b> Lupus Fund             | <b>60q</b> | .00 |
| <b>60d</b> Alzheimer's Fund   | <b>60d</b> | .00      | <b>60r</b> Military Family Fund   | <b>60r</b> | .00 |
| <b>60e</b> Olympic Fund (\$2 or \$4)  | <b>60e</b> | .00      | <b>60s</b> CUNY Fund              | <b>60s</b> | .00 |
| <b>60f</b> Prostate Cancer  | <b>60f</b> | .00      |                                   |            |     |
| <b>60g</b> 9/11 Memorial  | <b>60g</b> | .00      |                                   |            |     |
| <b>60h</b> Volunteer Firefighting   | <b>60h</b> | .00      |                                   |            |     |
| <b>60i</b> Teen Health Education  | <b>60i</b> | .00      |                                   |            |     |
| <b>60j</b> Veterans Remembrance   | <b>60j</b> | .00      |                                   |            |     |
| <b>60k</b> Homeless Veterans  | <b>60k</b> | .00      |                                   |            |     |
| <b>60l</b> Mental Illness Anti-Stigma   | <b>60l</b> | .00      |                                   |            |     |
| <b>60m</b> Women's Cancers Fund   | <b>60m</b> | .00      |                                   |            |     |
| <b>60n</b> Autism Fund  | <b>60n</b> | .00      |                                   |            |     |
| <b>60</b> Total voluntary contributions (add lines 60a through 60s) .....   | <b>60</b>  | .00      |                                   |            |     |
| <b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) ..... | <b>61</b>  | 3313 .00 |                                   |            |     |

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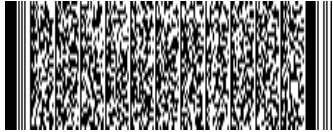


Your social security number  
305696557

62 Enter amount from line 61 ..... **62** 3313 .00

**Payments and refundable credits** (see pages 29 through 32)

|   |            |          |
|---|------------|----------|
| 63 Empire State child credit .....  | <b>63</b>  | .00      |
| 64 NYS/NYC child and dependent care credit .....                          | <b>64</b>  | .00      |
| 65 NYS earned income credit (EIC) .....                                   | <b>65</b>  | .00      |
| 66 NYS noncustodial parent EIC .....                                      | <b>66</b>  | .00      |
| 67 Real property tax credit .....   | <b>67</b>  | .00      |
| 68 College tuition credit .....   | <b>68</b>  | .00      |
| 69 NYC school tax credit (fixed amount) (also complete F on page 1) ..... | <b>69</b>  | .00      |
| 69a NYC school tax credit (rate reduction amount) .....                   | <b>69a</b> | .00      |
| 70 NYC earned income credit .....   | <b>70</b>  | .00      |
| 70a NYC enhanced real property tax credit .....                           | <b>70a</b> | .00      |
| 71 Other refundable credits (Form IT-201-ATT, line 18) .....              | <b>71</b>  | .00      |
| 72 Total New York State tax withheld .....                                | <b>72</b>  | 3616 .00 |
| 73 Total New York City tax withheld .....                                 | <b>73</b>  | .00      |
| 74 Total Yonkers tax withheld .....                                       | <b>74</b>  | .00      |
| 75 Total estimated tax payments and amount paid with Form IT-370 .....    | <b>75</b>  | .00      |



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13).  
**Do not send federal Form W-2 with your return.**

76 Total payments (add lines 63 through 75) ..... **76** 3616 .00

**Your refund, amount you owe, and account information** (see pages 33 through 35)

|   |            |         |
|---|------------|---------|
| 77 Amount overpaid (see instructions) .....   | <b>77</b>  | 303 .00 |
| 78 Amount of line 77 available for refund (subtract line 79 from line 77) .....   | <b>78</b>  | 303 .00 |
| 78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) ..... | <b>78a</b> | .00     |
| 78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....                                       | <b>78b</b> | 303 .00 |

Mark one refund choice:  direct deposit to checking or savings account (fill in line 83) - or -  paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.  
**See page 34 for payment options.**

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) ..... **79** .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. .... **80** .00

**See page 37 for the proper assembly of your return.**

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... **81** .00

82 Other penalties and interest (see page 34) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

83b Routing number 021000322 83c Account number 483070829113

84 Electronic funds withdrawal (see page 35) ..... Date ..... Amount .....00

|   |                       |                                |                                      |
|---|-----------------------|--------------------------------|--------------------------------------|
| Third-party designee? (see instr.)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number<br>( ) | Personal identification number (PIN) |
|   | E-mail:               |                                |                                      |

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>▼ Paid preparer must complete ▼</b><br>(see instructions) |  | Preparer's NYTPRN                                   | NYTPRN excl. code   0   9 |
| Preparer's signature<br>SYAM PRIYA RAM SAGAR GUP             |  | Preparer's printed name<br>SYAM PRIYA RAM SAGAR GUP |                           |
| Firm's name (or yours, if self-employed)<br>GLOBAL TAXES LLC |  | Preparer's PTIN or SSN<br>P02082703                 |                           |
| Address<br>2530 PEBBLE CREEK LN<br>CUMMING GA 30041          |  | Employer identification number<br>301017196         |                           |
| E-mail: SYAM@GTAXFILE.COM                                    |  | Date<br>11062019                                    |                           |

|   |                             |
|---|-----------------------------|
| <b>▼ Taxpayer(s) must sign here ▼</b>               |                             |
| Your signature                                      |                             |
| Your occupation<br>SOFTWARE ENGINEER                |                             |
| Spouse's signature and occupation (if joint return) |                             |
| Date  | Daytime phone number<br>( ) |
| E-mail: JBEC896@GMAIL.COM                           |                             |

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

Box a Employee's social security number for this W-2 Record

305696557

Box b Employer identification number (EIN)

980429806

### Box c Employer's information

|   |             |                   |                                |
|---|-------------|-------------------|--------------------------------|
| Employer's name<br>TATA CONSULTANCY SERVICES LIMITED          |             |                   |                                |
| Employer's address (number and street)<br>379 THORNALL STREET |             |                   |                                |
| City<br>EDISON  | State<br>NJ | ZIP code<br>08837 | Country (if not United States) |

Box 1 Wages, tips, other compensation

69761.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

2350.00

Code

DD

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

28.00

Description

SDI

Box 14b Amount

86.00

Description

NY PFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

69761.00

Box 17a NYS income tax withheld

3616.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

## Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

### Box c Employer's information

|  |       |          |                                |
|--|-------|----------|--------------------------------|
| Employer's name                        |       |          |                                |
| Employer's address (number and street) |       |          |                                |
| City                                   | State | ZIP code | Country (if not United States) |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



**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

JAMAL BASHA SHAIK

Your social security number

305-69-6557

**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>  | HYDERNAGAR HYDERABAD TELANGANA IN 500090                          |  |                         |                          |                          |
| <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>  | 2   |  | <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)

| Income:          |  | Properties: |   | A        | B | C |
|------------------|--|-------------|---|----------|---|---|
| <b>3</b>         | Rents received . . . . .   | <b>3</b>    |   | 500.     |   |   |
| <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>    |   |          |   |   |
| <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>   |   | 5,000.   |   |   |
| <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>   |   | -4,500.  |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .   | <b>22</b>   | ( | -4,500.) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b>  |   | 500.     |   |   |
| <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>   | ( | 4,500.)  |   |   |
| <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>   |   | -4,500.  |   |   |