Filing Status:       Single       Marrod ting portly       Land rank       Your shadow diverses       127 - 88 - 091 6         Your Status       Land rank       Your week tent name and initial       Land rank       127 - 88 - 091 6         Your Status       Land rank       Decremental initial       Land rank       127 - 88 - 091 6         Status       Decremental initial       Land rank       Special backet provided initial       Special backet provided initial         Column       Special backet provide diverses       Special backet provided diverses       Special backet provided initial       Special backet provided diverses       Special backet provided diverses       Special backet provided diverses       Special backet provide diverses	E 1040	Depa	artment of the Treasury—Internal Revenue <b>S. Individual Income</b>		(99) <b>Jrn</b>	20	18	OMB No.	1545-0074	IRS Use C	only—Do	not writ	e or staple in	this space.
Your for harmer and infail         Last name         Your social security number           Your addred deduction:         Some advance (no concern your as a copendent    You were toon before January 2, 1194    Your well ad entering and infail         Your well ad entering were address of the manual infail of the manual in	Filing status:		Single X Married filing jointly	Married filin	a separa		Head of I	l household	Qualify	ina widow(e	er)			
Your structure         Someone can claim you as a sequenced         You were horn before January 2, 1964         You are their           If off return, scope structure         GONE         Spouse's backlose can claim you as a sequenced of the score your spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Spouse's backlose can claim you spouse as a Spouse's weak horn before January 2, 1964         Apr. not           Spouse's backlose can claim you spouse as a Spouse's weak horn people spouse horn people spouse's weak horn people spouse's weak horn	0			_						<u>g</u>		ur soci	al security	number
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If joint return, spould's find names and initial         Last name         GORE	Your standard d	leducti	on: Someone can claim you				born be	fore Januar	y 2, 1954	You	-			
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253       LAFAYETTE FD, BUILDENG B       2C       less mit)       vs       genue         City, town or patt cittles, state, and ZiP code. If you have a foreign address, states Schedule 6.       If more than four dependents, see intro of dependents.       If more than four dependents.       If mor									,	,				
253         LAFAYETTE FD_ BULLDING B         20         Beal int         1         verse         Beal int         1         verse         Beal int           Cily, town or post office, sittle, and 2P code. If you have a foreign address, attach Schedule 6.         If more than four dependents.         If more than four dependents.         If more than four dependents.           Dependents (see instructions):         (1) First case         (2) Secial social reaction and the secons and the seco	Home address (	numbe	r and street). If you have a P.O. box	, see instruction	ons.					Apt. no.	Pre	sidentia	I Election Ca	ampaign
EDISON NJ 07083       ase instructions):       (4) / fragments frage instructions):       (b) instrume         (c) instrume       (c) instrume       (c) instrume       (c) instrume       (c) instrume         Sign       (c) instrume       (c) instrume       (c) instrume       (c) instrume       (c) instrume         Sign       (c) instrume       (c) instrume       (c) instrume       (c) instrume       (c) instrume         Sign       (c) instrume       (c) instrume       (c) instrume       (c) instrume       (c) instrume         See instrume       Date       (c) instrume       (c) instrume       (c) instrume       (c) instrume       (c) instrume         See instrume       Date       Your accupation       (c) instrume       (	253 LAFA	YET	FE RD, BUILDING E							2C	(see	e inst.)	You	Spouse
EDISON NJ 07083       peerdents (see instructions):       (2) Social security numer       (3) Hestanetic to you       (4) F distancet to you <td< td=""><td>City, town or po</td><td>st offic</td><td>e, state, and ZIP code. If you have a</td><td>a foreign addre</td><td>ess, atta</td><td>ch Schedu</td><td>le 6.</td><td></td><td>1</td><td></td><td>lfr</td><td>nore th</td><td>an four dep</td><td>endents.</td></td<>	City, town or po	st offic	e, state, and ZIP code. If you have a	a foreign addre	ess, atta	ch Schedu	le 6.		1		lfr	nore th	an four dep	endents.
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Sign Mercel Model penalties of perjup. I decises that I have examined this return and accompanying schedules and statements, and the best of my browledge model of perjure (other than taceware) is based on all formation of which prepare that any knowledge.       Image: Compare the compare t	Dependents (	see in	structions):	(2)	Social seci	urity number	(3)	) Relationship	to you	(4	<b>4) √</b> if q	ualifies f	or (see inst.):	
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Priod     Preparer's signature     PTIN     Firm's EN     Check ft:       ARVSSMANTKUMAR     P02090332     30-1017196     3d-Party Designed       Firm's arme & GLOBAL TAXES LLC     Phone no.     Sat-employed       Firm's dress > 2530 Pebble Creek Ln Cumming GA 30041     Sat-employed       For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.     Page 2       1     Wages, salaries, tips, etc. Attach Form(s) W-2.     b Taxable interest.     2b       2a     Tax-exempt interest.     2a     b Taxable amount.     4b       5a     Social security benefits     5a     b Ordinary dividends     3b       5a     Social security benefits     5a     5a     5a     5a       7     Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, standard deduction or temized deductions).     9     1     12.0, 982.       13     Tax (see inst.) 13, 21.4, (check fan y from: 1 [ Form(s) 884 2 [ Form 4972 3 ]     1     13.21.4, 14       14     Other degenders     b Add ary amount from Schedule 2 and check here .     1     13.21.4, 14       15     Tax (see inst.) 13, 21.4, (check fan y from: 1 [ Form(s) 884 2 ] Form 4972 3 ]     1     13.21.4, 14       15     Tax (see inst.) 13, 21.4, (check fan y from: 1 [ Form(s) 884 2 ] Form 4972 3 ]     1     13.22.4, 166. <t< td=""><td>your records.</td><td></td><td></td><td>our must sign</td><td>. Date</td><td>2</td><td></td><td></td><td></td><td></td><td>PIN, e</td><td>nter it</td><td></td><td></td></t<>	your records.			our must sign	. Date	2					PIN, e	nter it		
Paid Preparer       ARVSSMANIKUMAR       P02090332       30-1017196       arr by Designee         Firm's name ▶ GLOBAL TAXES LLC       Phone no.       Self-employed         Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041       Form 1040 (2018)       Form 1040 (2018)         Form 1040 (2018)       Page 2         1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       120, 982.         2a       Tax-excempt interest       2a       3a       b       order         1000 (2018)       Page 2       b       Tax-excempt interest       2b       3b         4a       b       Tax-excempt interest       2a       3b       order       3b         1000 (2018)       Tax-excempt interest       2a       3a       b       order       3b       order       3b       order       3b       order       3b       order       3c       order       da       ac		P	reparer's name	Proparor's sign	aturo				1			,	Chook if:	
Preparer Use Only       Firm's name ▶ GLOBAL TAXES LLC       Phone no.       Salt-amployed         Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041       Form 1040 (pris Page 2         For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.       Form 1040 (pris Page 2         Form 1040 (2018)       Page 2         Tax-exempt interest       2a         attach Form(s)       3a       b Taxable interest       2b         ditted widends       3a       b Ordinary dividends       3b         Form(W 2018)       Backenson, and annutities       4a       b Taxable interest       2b         ditted widends       5a       5a       b Taxable amount       4b         Standard deduction or itemized deductions (from Schedule 1, line 2       6       120,982.         Taxable informer       8       Standard deduction or itemized deductions (from Schedule 4)       8       24,000.         10       96,982.       1       13,214.       13,214.       13,214.         10       96,982.       1       13,214.       14       0.         11       13,214.       13,214.       14       0.       13       13,214.         11       13,214.       14       0.       14       0.       13				reparer 3 sigi	ature									rty Docianoo
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Form 1040 (2018)       Page 2         Attach Form(f)       Wages, salaries, tips, etc. Attach Form(s) W-2.       1       120, 982.         Attach Form(f)       Qualified dividends       3a       b       b         Tax-exempt Interest       2a       a       b       Ordinary dividends       3b         Grom(f) W-2. As attach       Gualified dividends       3a       b       b       Ordinary dividends       3b         Form(f) W-2. As attach       Gualified dividends       3a       b       Taxable amount       4b         4a       As Social security benefits       5a       b       Taxable amount       4b       4b         55       Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, struct Schedule 1, line 36, from line 6       7       120, 982.       7       120, 982.         51.200       Taxable income. Subtract lines 8 and 9 from line 7. Tzer or less, enter -0-       10       96, 982.       11       13, 214.         51.200       1a C (see linst) 13, 214. (check if any from: 1   Farro (ses, enter -0-       11       13, 214.       14       0.         51.200       1a C (see linst) 13, 214. (check if any from: 1   Farro (ses, enter -0-       13       13, 214.       14       0.         51.200       2 = form 4972								20041					Form	<b>040</b> (2018)
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Attach Form(d)       2a       Tax-exempt interest       2a       2a       Second annulities       2b         W2.2 Also attach form(d) W2.8 and 1099-R if tax was withhed.       Gualified dividends       3a       b       Dordinary dividends       3b         5a       Social security benefits       5a       Social security benefits       5a       b       Taxable amount       4b         6       Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22       b       Taxable amount       5b         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       120, 982.         8       Standard deduction or temized deductions (rom Schedule A)       8       24, 000.         9       Gualified business income deduction (see instructions).       9         10       Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       10       96, 982.         10       Taxable income. Subtract lines 10 and 14       11       13, 214.         11       13, 214.       (check if any from: 1 is form line 11. If zero or less, enter -0-       11       13, 214.         14       Other taxes. Attach Schedule 4	Form 1040 (2018)	)												Page 2
Attach Form(s)       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Form(s)       W22. Aso attach Form(s)       4a       b       Ordinary dividends       3b         Standard Deduction for       5a       5a       b       Taxable amount       5b         Standard Deduction for       6       120, 982.       6       120, 982.         Standard deduction or itemized deductions (from Schedule 1, line 22       6       120, 982.         Standard deduction or itemized deductions (from Schedule A)       8       24, 000.         9       Qualified business income deductions (from Schedule A)       8       24, 000.         9       Cualified business income deductions (from Schedule A)       8       24, 000.         10       Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       10       9         10       Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       11       13, 214.         14       Other taxes. Attach Schedule 2 and check here       12       11       13, 214.         15       Total tax. Add lines 13 and 14       14       0.       15       13, 214.         15       Total tax. Add lines 16 and 17. These are your total payments       18       22, 166.		1	Wages, salaries, tips, etc. Attach F	-orm(s) W-2							1		120	,982.
W2.2 Ase attach form(§) W22 and 1099-R II tax was       3a       Dualified dividends       3b       3b         4a       IRAs, pensions, and anuities       4a       b       b       Taxable amount       3b         5a       Coalis security benefits       5a       Social security benefits       5a       Social security benefits       b       Taxable amount       b       Taxable amount       5b         5a       Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22       .       .       6       120, 982.         5a       Standard       Gualified dividends       .       .       6       120, 982.         5a       Standard deduction or itemized deductions (from Schedule A)       .       .       8       24, 000.         512000       Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       .       10       96, 982.         11       a Caki (see inst.) 13, 214. (check if any from: 1 [] Form(s) 8814 2 [] Form (should 2 ]       Form 4972 3 []       11       13       13, 214.         4d any amount from Schedule 2 and check here       .       .       .       12       11       13, 214.         14       Other taxes. Attach Schedule 4       .       .       .       13       13, 214.       14       0.		2a	Tax-exempt interest	2a				<b>b</b> Taxable	interest .		2b			
1099-R if tax was       4a       b       b       Taxable amount       4a         5a       Social security benefits       5a       b       Taxable amount       5b         6       Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22       b       Taxable amount       6       120, 982.         8       Standard deduction or temized deductions (from Schedule A)       c       6       120, 982.         9       Gualified business income deduction (see instructions)       c       8       244, 000.         9       Gualified business income deduction (see instructions)       c       9       10       96, 982.         10       Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       10       96, 982.       10       9         11       a Tax (see inst.) 13, 214.       (check fary from: 1  = form(s) 8814       2  = form 4972       3  = .       11       13, 214.         14       Other taxes. Attach Schedule 2 and check here       .       14       0.       13       13, 214.         15       Total income tax withheld from Forms W-2 and 1099       .       14       0.       14       0.         16       C22, 166.       19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overp		3a	Qualified dividends	3a				<b>b</b> Ordinary	dividends		3b			
withheld. 5a Social security benefits 5a b   6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 6 120,982.   7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, standard deduction or itemized deductions (from Schedule A) 7 120,982.   8 Standard deduction or itemized deductions (from Schedule A) 8 24,000.   9 Qualified business income deduction (see instructions). 9   10 96,982.   11 a Tax (see inst) 13, 214. (check if any from: 1   Form(s) 8814 2   Form 4972 3		4a	IRAs, pensions, and annuities .	4a				<b>b</b> Taxable	amount .		4b			
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       120,982.         Standard Deduction for       8       Standard deduction or itemized deductions (from Schedule A)       8       24,000.         • Single or maried filing separately, strong with ower adjustments to income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       9       9         10       Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-       10       96,982.         11       a Tax (see inst.) 13,214. (check if any from: 1    Form(s) 8814 2    Form 4972 3    -       11       13,214.         12       a Child tax credit/credit for other dependents b Add any amount from Schedule 2 and check here       11       13,214.         13       Subtract line 12 from line 11. If zero or less, enter -0-       13       13,214.         14       Other taxes. Attach Schedule 4		5a	Social security benefits .	5a				<b>b</b> Taxable	amount .		5b			
Standard Deduction for- Beturbitor for Single or married filing separately, \$12,000       8       Standard deduction or itemized deductions (from Schedule A)       7       120,982.         Married filing jointly or Qualifying widow(er), \$22,000       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       96,982.         11       13,214. (check if any from: 1 ] Form(s) 8814       2 ] Form 4972       11       13,214.         14       Other taxes. Attach Schedule 2 and check here       11       13,214.       13       13,214.         15       13,214.       Child tax credit/credit for other dependents       b Add any amount from Schedule 2 and check here       11       13,214.         14       Other taxes. Attach Schedule 4 .       14       0.       13       13,214.         15       13,214.       14       0.       15       13,214.         16       Federal income tax withheld from Forms W-2 and 1099       16       22,166.       17         18       Add any amount from Schedule 5       17       18       22,166.       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 888 is attached, check here       19       8,952.       20a       8,952. <td></td> <td>6</td> <td>Total income. Add lines 1 through 5. Ad</td> <td>ld any amount fr</td> <td>om Scheo</td> <td>dule 1, line 2</td> <td>2</td> <td></td> <td></td> <td></td> <td>6</td> <td></td> <td>120</td> <td>,982.</td>		6	Total income. Add lines 1 through 5. Ad	ld any amount fr	om Scheo	dule 1, line 2	2				6		120	,982.
Deduction for-       8       Standard deduction or itemized deductions (from Schedule A)       8       24,000.         • Single or married filing separated piontly or Qualified business income deduction (see instructions).       9       9         • Married filing piontly or Qualified business income deduction (see instructions).       10       96,982.         • Married filing piontly or Qualifying widow(er), \$24,000       11       a Tax (see inst.)       13,214. (check if any from: 1 ] Form(s) 8814 2 ] Form 4972 3 ]       10         • Head of household, \$12       a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here >1       11       13,214.         • Head of household, \$13,000       12       a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here >1       12       13         • Head of household, \$14,000       Other taxes. Attach Schedule 4		7								otherwise,	_		1.00	000
<ul> <li>Single or married filing sparstely, \$12,000</li> <li>Married filing sparstely, \$12,000</li> <li>Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-</li> <li>a Tax (see inst.) 13, 214. (check if any from: 1   Form(s) 8814 2   Form 4972 3  )</li> <li>b Add any amount from Schedule 2 and check here</li> <li>b Add any amount from Schedule 2 and check here</li> <li>a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here &gt;1</li> <li>b Add any amount from 11. If zero or less, enter -0-</li> <li>if you checked any how under Standard deduction, see instructions.</li> <li>if you checked any box under Standard deduction, see instructions.</li> <li>if ou checked any amount from Schedule 4.</li> <li>if you checked any amount from Schedule 4.</li> <li>if to a checked any amount from Forms W-2 and 1099</li> <li>if to a lax. Add lines 13 and 14.</li> <li>if consenses and any amount from Schedule 5.</li> <li>if add any amount from Schedule 5.</li> <li>if line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid.</li> <li>if line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid.</li> <li>if line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid.</li> <li>if Add lines 16 and 17. These are your total payments.</li> <li>if on a line 19 you want refunded to you. If Form 8888 is attached, check here .</li> <li>if Account number 5 5 7 7 2 2 6 0 8 6 1</li> <li>if Amount of line 19 you want applied to your 2019 estimated tax .</li> <li>if Amount of line 19 you want applied to your 2019 estimated tax .</li> <li>if Amount of line 19 you want applied to your 2019 estimated tax .</li> <li>if Amount of line 19 you want applied to your 2019 estimated tax .</li> <li>if Amount of line 19 you want applied to your 2019 estimated tax .</li> <li>if Amount of line 19 you want applied to your 2019 estimated tax .</li> <li>if Amount of line 19</li></ul>			, ,											
\$12,000 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- 10 96,982.   11 a Tax (see inst.) 13,214. (check if any from: 1 ] Form(s) 8814 2 ] Form 4972 3 ] 11 13,214.   12 a Child tax credit/credit for other dependents b Add any amount from Schedule 2 and check here . 11 13,214.   13 Subtract line 12 from line 11. If zero or less, enter -0- 13 14 0.   14 Other taxes. Attach Schedule 4. 14 0.   15 Total tax. Add lines 13 and 14 15 13,214.   16 Federal income tax withheld from Forms W-2 and 1099 16 22,166.   17 18 Add any amount from Schedule 5 17   18 Add lines 16 and 17. These are your total payments 18 22,166.   19 9,952. 20a 8,952.   Direct deposit? b Routing number 0 2 1 2   20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here 19 8,952.   20a Account number 5 5 7 2 2 6   21 Amount of line 19 you want applied to you 2019 estimated tax 21 21 22	Single or married					,							47	,000.
• Married filing jointy or Qualitying vidow(er), \$24,000 In a Tax (see inst.) 13,214. (check if any from: 1  Form(s) 8814 2  Form 4972 3  1 1 13,214. b Add any amount from Schedule 2 and check here					,								96	982
widow(er), \$24,000       b Add any amount from Schedule 2 and check here       11       13,214.         Head of household, \$18,000       12       a Child tax credit/credit for other dependents       b Add any amount from Schedule 3 and check here       12         11       13,214.       13       13,214.         13       Subtract line 12 from line 11. If zero or less, enter -0-       13       13,214.         14       Other taxes. Attach Schedule 4       14       0.         15       Total tax. Add lines 13 and 14       15       13,214.         16       Federal income tax withheld from Forms W-2 and 1099       c       c         16       Federal income tax withheld from Forms W-2 and 1099       16       22,166.         17       Refundable credits: a EIC (see inst.)       b Sch. 8812       17         18       Add any amount from Schedule 5       17       18       22,166.         19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       >       20a       8,952.         20a       Account number       5       5       7       2       6       8       6       19       32a	<ul> <li>Married filing</li> </ul>					, -			_	• • •				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• Head of household, \$18,000       12       a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶1       12         13       Subtract line 12 from line 11. If zero or less, enter -0-       13       13,214.         14       Other taxes. Attach Schedule 4.       14       0.         15       Total tax. Add lines 13 and 14       15       13,214.         16       Federal income tax withheld from Forms W-2 and 1099       16       22,166.         17       Refundable credits: a EIC (see inst.)       b Sch. 8812       c Form 8863         Add any amount from Schedule 5       17       18       22,166.         Refund       19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       ▶	widow(er),		· · · · · · · · · · · · · · · · · · ·	-						,,	44		1 7	21/
household, \$18,000       13       Subtract line 12 from line 11. If zero or less, enter -0-       13       13, 214.         If you checked any box under Standard deduction, see instructions.       14       Other taxes. Attach Schedule 4.       14       0.         15       Total tax. Add lines 13 and 14       15       13, 214.       14       0.         16       Federal income tax withheld from Forms W-2 and 1099       15       16       22, 166.         17       Refundable credits: a EIC (see inst.)       b Sch. 8812       c Form 8863       17         18       Add any amount from Schedule 5       17       18       22, 166.         Refund       19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8, 952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       >       20a       8, 952.         Direct deposit?       >b       Routing number       0       2       1       2       0       2       3       7       > c Type:       C Checking       2avings         Lifet deposit?       b       Routing number       5       5       7       2       2       0       8       6       1       1       20a       8, 952.		10											13	,414.
14       0.ther taxes. Attach Schedule 4       14       0.         15       Total tax. Add lines 13 and 14       15       13, 214.         15       Total tax. Add lines 13 and 14       15       13, 214.         16       Federal income tax withheld from Forms W-2 and 1099       16       22, 166.         17       Refundable credits: a EIC (see inst.)       b Sch. 8812       c Form 8863         Add any amount from Schedule 5       17       18       22, 166.         19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8, 952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       19       8, 952.         20a       8, 952.       20a       8, 952.         20a       8, 952.       20a       8, 952.         20a       8, 952.       20a       8, 952.         21       Amount of line 19 you want applied to your 2019 estimated tax       21       22         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.       22	household,					_							13	. 214
any box under Standard deduction, see instructions.       15       Total tax. Add lines 13 and 14       15       13,214.         16       Federal income tax withheld from Forms W-2 and 1099       6       16       22,166.         17       Refundable credits: a EIC (see inst.)       b Sch. 8812       c Form 8863       16         18       Add lines 16 and 17. These are your total payments       17       18       22,166.         19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       20a       8,952.         Direct deposit? See instructions.       b Routing number       0       2       1       2       0       2       3       7       b c Type:       Checking       Savings         21       Amount of line 19 you want applied to your 2019 estimated tax       b 21       20a       22       22				,					• • •	• •			L	
deduction, see instructions.       16       Federal income tax withheld from Forms W-2 and 1099       16       22,166.         17       Refundable credits: a EIC (see inst.)      b Sch. 8812      c Form 8863      17         18       Add any amount from Schedule 5      b Sch. 8812      c Form 8863      17         18       Add lines 16 and 17. These are your total payments       18       22,166.         19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid      19         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here      19         20a       8,952.       20a         Direct deposit?       b       Refund       0       2       1       2       0       2       3       7       b c Type:       Checking       Savings         b       Routing number       0       2       1       2       0       2       3       3       7       b c Type:       Checking       Savings       20a       8,952.         21       Amount of line 19 you want applied to your 2019 estimated tax       .       >       21       22         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For de	any box under								• • •	• •			13	
17       Refundable credits: a EIC (see inst.)       b Sch. 8812       c Form 8863       17         18       Add any amount from Schedule 5       17         18       Add lines 16 and 17. These are your total payments       18       22,166.         19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       •       •         Direct deposit?       •       •       0       2       1       2       0       2       3       3       7       • c Type:       Checking       Savings         •       •       0       2       1       2       0       2       3       3       7       • c Type:       Checking       Savings         •       •       0       2       1       2       0       2       3       3       7       • c Type:       Checking       Savings         •       •       0       2       1       2       0       2       6       0       8       •       •       •       20a       8,952.         20a       Account number       5       5       7 <td>deduction,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>• • •</td> <td>• •</td> <td></td> <td></td> <td></td> <td></td>	deduction,								• • •	• •				
Add any amount from Schedule 5       17         18       Add lines 16 and 17. These are your total payments       18       22,166.         Refund       19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       ►       □       20a       8,952.         Direct deposit? See instructions.       ►       B       0       2       1       2       0       2       3       7       ► c Type:       Checking       Savings         ≥ 1       Amount of line 19 you want applied to your 2019 estimated tax       ►       21       21       22         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.       ►       22	see instructions.							• • • •	 m 8863	• •	10			, _ 00 .
18       Add lines 16 and 17. These are your total payments       18       22,166.         Refund       19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       •       •       19       8,952.         Direct deposit? See instructions.       •       0       2       1       2       0       2       3       7       • c Type:       Checking       Savings         •       •       0       2       1       2       0       2       3       3       7       • c Type:       Checking       Savings         •       •       •       0       2       1       2       0       2       3       3       7       • c Type:       Checking       Savings         •       •       0       2       1       2       0       8       6       •       •       •         21       Amount of line 19 you want applied to your 2019 estimated tax       •       21       •       22       •         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions       •		17		-							17			
Refund       19       If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid       19       8,952.         20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       •       •       •         Direct deposit? See instructions.       •       0       2       1       2       0       2       3       7       • c Type:       Checking       Savings         •       •       0       2       1       2       0       2       3       7       • c Type:       Checking       Savings         •       •       •       0       2       1       2       0       0       8       6       •       •       •         21       Amount of line 19 you want applied to your 2019 estimated tax       •       >       21       •       22         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions       •       >       22		18											2.2	.166
20a       Amount of line 19 you want refunded to you. If Form 8888 is attached, check here       .       .       .       20a       8,952.         Direct deposit? See instructions.       b       Routing number       0       2       1       2       0       2       3       3       7       b c Type:       X Checking       Savings         21       Amount of line 19 you want applied to your 2019 estimated tax       .       >       21       21         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions       .       >       22			· · · · · · · · · · · · · · · · · · ·											
Direct deposit? See instructions.       ▶ b       Routing number       0       2       1       2       0       2       3       3       7       ▶ c Type:       ∑ Checking       ☐ Savings         ▶ d       Account number       5       5       7       2       2       6       0       8       6	Refund								puiu	_				
See instructions.       ▶ d       Account number       5       5       7       2       2       6       0       8       6       1       1         21       Amount of line 19 you want applied to your 2019 estimated tax       .       ▶       21       21       21       21         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions       .       ▶       22	Direct deposit?										208			,
21       Amount of line 19 you want applied to your 2019 estimated tax       . ▶       21         Amount You Owe       22       Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions       . ▶       22							• iype.		y 🗀	l				
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			· · · · · · · · · · · · · · · · · · ·					21		_i				
	Amount You Owe								ions .	. ►	22			
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Go to *www.irs.gov/Form1040* for instructions and the latest information.

888 Form

Department of the Treasury

# **Health Savings Accounts (HSAs)**

OMB No. 1545-0074 20 8

Attachment

► Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service	Go to www.irs.gov/Form8889 for instructions	and the latest information.	Sequence No. 52
Name(s) shown on Form 104	40 or Form 1040NR	Social security number of HSA beneficiary. If both spouses have	
ANUSH YANAGAND	ULA	HSAs, see instructions ► 12	27-89-0916

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this p and both you and your spouse each have separate HSAs, complete a separate Part			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during			
	2018 (see instructions)	× Se	elf-only	E Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2		0.
3	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6		3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family			
•	coverage under an HDHP at any time during 2018, enter your additional contribution amount			
	(see instructions)	7		0.
8	Add lines 6 and 7	8		3,450.
9	Employer contributions made to your HSAs for 2018 9 1,437.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,437.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,013.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			
Part		sepa	rate HS	As, complete
	a separate Part II for each spouse.		1	
14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
_	withdrawn by the due date of your return (see instructions)	14b		
C	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box .	17b		

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

BAA REV 12/21/18 PRO Form 8889 (2018)

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box .	21	

REV 12/21/18 PRO Form **8889** (2018)

Form <b>W-7</b>
(Rev. September 2016)
Department of the Treasury Internal Revenue Service
An IRS individual t

### **Application for IRS Individual Taxpayer Identification Number**

For use by individual	als who are not U.S. citizens or permanent residents.	als who are not U.S. citizens or permanent residents.
	See separate instructions.	See separate instructions.

Descent version submitting Form W/7. Dead the instructions for the boundary sheet. Continue form	, ala al charrie a dia fiana ma
• Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.	Renew an Existing ITIN
• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).	Apply for a New ITIN
Before you begin:	Application Type (Oneck one box)
An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.	Application Type (Check one box)

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

a Nonresident alien required to get an ITIN to claim tax treaty benefit

**b** Nonresident alien filing a U.S. federal tax return

c 🗌 U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return

<b>d</b> Dependent of U.S. citizen/resident alien	Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 127-89-0916
e 🛛 Spouse of U.S. citizen/resident alien	ANUSH YANAGANDULA

f 🗌 Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception

g Dependent/spouse of a nonresident alien holding a U.S. visa

h 🗌 Other (see ir	nstructions) ►								
Additional in	formation for <b>a</b> and <b>f</b> : Enter treaty	country 🕨		and treaty a	rticle nu	mber 🕨			
Name	1a First name	Mide	dle name		Last	name			
(see instructions)	ANUSH				YA	NAGANDUL	A		
Name at birth if different ►	<b>1b</b> First name	Mide	dle name		Last	name			
Applicant's	2 Street address, apartment nu 253 LAFAYETTE RD,			you have a P.O.	box, se	e separate i	nstruct	ons.	
mailing address	City or town, state or provinc	e, and country. In	clude ZIP cod	e or postal code	where a	opropriate.			
	EDISON			NJ	USA	ł	07	083	
Foreign (non- U.S.) address (if different from	3 Street address, apartment nu	mber, or rural rou	te number. <b>D</b> e	on't use a P.O. b	ox num	ber.			
above) (see instructions)	City or town, state or provinc	e, and country. In	clude ZIP cod	e or postal code	where a	ppropriate.			
Birth information	4 Date of birth (month / day / year) 08/24/1991	Country of birth INDIA		City and state or	r provinc	e (optional)		Male Female	
	6a Country(ies) of citizenship	6b Foreign tax I.	D. number (if	anv) 6c Type	of U.S.	/isa (if anv), n		and expiration	date
Other information	INDIA	N5013410	(	H4		L69585		04/25/2	
	6d Identification document(s) su	Other			Ē	s license/Sta Date of entry United States	into the		
	Issued by: INDIA No.:	L6958536	Exp. da	ate: 04/25/2	021 (	MM/DD/YYY	Y):	10/26/20	018
	6e Have you previously received No/Don't know. Skip lin	e 6f.							
	Yes. Complete line 6f. If		st on a sheet a			e instruction	s).		
	6f Enter ITIN and/or IRSN ► IT			IF	ISN				and
	name under which it was issu	Jed ►	t name	Middle na			1		
				Iviiddle na	ame		Last	name	
	6g Name of college/university or	company (see ins	structions)	l an ath af					
	City and state			Length of	,				
Sign Here	Under penalties of perjury, I (applied documentation and statements, and information with my acceptance agen	to the best of my	knowledge an	d belief, it is true,	correct,	and complete	. I autho	orize the IRS t	panying o share
	Signature of applicant (if dele	egate, see instruct	tions)	Date (month / day /	′ year)	Phone nun	nber		
Keep a copy for your records.	Name of delegate, if applical	ole (type or print)	1	Delegate's relations to applicant		Parent [		rt-appointed gu ey	Jardian
Acceptance	Signature			Date (month / day /	' year)	Phone			
Agent's						Fax			
Use ONLY	Name and title (type or print)		Name of cor	npany	EIN		PTI	N	

Office Code



NJ-1040 2018 Page 1



For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)

127890916

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) YANAGANDULA ANUSH & GONE SRAVANTHI

Spouse's/CU Partner's SSN (if filing jointly) 967958038

> Home Address (Number and Street, including apartment number) 253 LAFAYETTE RD BUILDIN APT 2C

County/Municipality Code (See Table page 50) 1212

City, Town, Post Office	State	ZIP Code
EDISON	NJ	07083

Driver's License Number (Voluntary) (Instructions page 42)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Presidential disaster relief.

#### **Direct Deposit Information**

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	С	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		021202337
dd5.	Account number	dd5.		557226086



					Name(s) as shown on YANAGANDU		H & G(	ONE SRAVANT	HI
<b>NJ-104</b> 2018 Page 2		MP02	180		Your Social Security M 127890916				1030
Part-year	r residents, provide months/days y			rsey resid	dent during 2018:		Fiscal year	filers only:	
From:	To:			-	-		Enter mon	h of your year end	2019
Filing St Fill in only									
1.	Single								
2. 🗙	<ul> <li>Married/CU Couple, filing j</li> </ul>	oint retu	rn						
3.	Married/CU Partner, filing s	separate 1	return						
4.	Head of Household					Enter Spouse	s/CU partne	r's SSN	
5.	Qualifying Widow(er)/Survi	iving CU	J Partner						
	Indicate the year of your spo	ouse's/Cl	U partner'	s death:	2016 20	)17			
Exempti Fill in the	<b>ions</b> ovals that apply. You must enter a tota	l in the bo	oxes to the ri	ight and co	omplete the calculation.				
Fill in the		l in the bo	oxes to the ri Self	ight and co	omplete the calculation. Spouse/CU Partner	Domestic F	Partner	2 x \$1,000 =	2000
Fill in the 6. Re	ovals that apply. You must enter a tota				*	Domestic F	Partner	2 x \$1,000 = x \$1,000 =	
Fill in the 6. Re 7. Se	ovals that apply. You must enter a tota egular		Self		Spouse/CU Partner	Domestic F	Partner		
Fill in the 6. Re 7. Se 8. Bl	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier)		Self Self		Spouse/CU Partner Spouse/CU Partner	Domestic I	Partner	x \$1,000 =	
Fill in the 6. Re 7. Se 8. Bl 9. Ve	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled		Self Self Self		Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic F	Partner	x \$1,000 = x \$1,000 =	
Fill in the 6. Re 7. Se 8. B1 9. Ve 10. Qu	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran		Self Self Self		Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic F	Partner	x \$1,000 = x \$1,000 = x \$3,000 =	
Fill in the 6. Ro 7. Se 8. Bl 9. Vo 10. Qu 11. Ot	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran ualified Dependent Children	×	Self Self Self Self		Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic F	Partner	$x \$1,000 = \_$ $x \$1,000 = \_$ $x \$3,000 = \_$ $x \$1,500 = \_$ $x \$1,500 = \_$ $x \$1,000 = \_$	
Fill in the 6. Ro 7. Se 8. Bl 9. Vo 10. Qu 11. Ot 12. Do	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran ualified Dependent Children ther Dependents	×	Self Self Self Self tions)	×	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic F	Partner	$x \$1,000 = \_$ $x \$1,000 = \_$ $x \$3,000 = \_$ $x \$1,500 = \_$ $x \$1,500 = \_$ $x \$1,000 = \_$	
Fill in the 6. Re 7. Se 8. Bl 9. Ve 10. Qe 11. Or 12. De 13. Te	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran ualified Dependent Children ther Dependents ependents Attending Colleges (See	× e instruct ls from th	Self Self Self Self tions) he lines at	<b>X</b> 6 throug	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner			$ \begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$3,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,000 = \\ 13. \end{array} $	2000 .
Fill in the 6. Re 7. Se 8. Bl 9. Ve 10. Qu 11. Or 12. De 13. Te 14. De	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran ualified Dependent Children ther Dependents ependents Attending Colleges (Sec otal Exemption Amount (Add total	× e instruct ls from tl e followi	Self Self Self Self tions) he lines at	<b>X</b> 6 throug	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner		dent does not	$ \begin{array}{c} x \$1,000 = \\ x \$1,000 = \\ x \$3,000 = \\ x \$1,500 = \\ x \$1,500 = \\ x \$1,000 = \\ 13. \end{array} $	2000 .
Fill in the 6. Re 7. Se 8. Bl 9. Ve 10. Qu 11. Or 12. De 13. Te 14. De	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran ualified Dependent Children ther Dependents ependents Attending Colleges (See otal Exemption Amount (Add total ependent Information. Provide the	× e instruct ls from tl e followi ial	Self Self Self Self tions) he lines at ng inform	6 throug	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner th 12)	al only if the depend	dent does not	$x \$1,000 = \_$ $x \$1,000 = \_$ $x \$3,000 = \_$ $x \$1,500 = \_$ $x \$1,500 = \_$ $x \$1,000 = \_$ $13.$ have health insurance. (See	2000 .
Fill in the 6. Re 7. Se 8. Bl 9. Ve 10. Qe 11. Ou 12. De 13. To 14. De La	ovals that apply. You must enter a tota egular enior 65+ (Born in 1953 or earlier) lind/Disabled eteran ualified Dependent Children ther Dependents ependents Attending Colleges (Sec otal Exemption Amount (Add total ependent Information. Provide the ast Name, First Name, Middle Initi	× e instruct ls from th e followi ial	Self Self Self Self tions) he lines at ng inform	6 throug ation for	Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner th 12)	al only if the depend	dent does not	$x \$1,000 = \_$ $x \$1,000 = \_$ $x \$3,000 = \_$ $x \$1,500 = \_$ $x \$1,500 = \_$ $x \$1,000 = \_$ $13.$ have health insurance. (See	2000 .

d.

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REV 12/19/18 PRO



NJ-1040

2018

Page 3

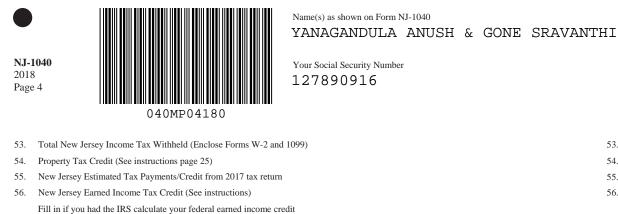


#### Name(s) as shown on Form NJ-1040 YANAGANDULA ANUSH & GONE SRAVANTHI

Your Social Security Number 127890916

1030

			100000	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	123277	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.		•
17.	Dividends	17.		·
18.	Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.		·
19.	Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.		·
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		•
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.		·
24.	Net Gambling Winnings (See instructions)	24.		•
25.	Alimony and Separate Maintenance Payments received	25.		·
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	123277	•
28a.	Retirement/Pension Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.		•
28c.	Total Exclusion Amount (Add Lines 28a and 28b)	28c.		•
29.	New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	123277	•
30.	Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	2000	•
31.	Medical Expenses (Worksheet F and instructions page 24)	31.		•
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		
34.	Health Enterprise Zone Deduction	34.		
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.		
36.	Total Exemptions and Deductions (Add Lines 30 through 35)	36.	2000	
37.	Taxable Income (Subtract Line 36 from Line 29)	37.	121277	
38a.	Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	3240	
38b.	Block .			
38b.	Lot .			
38b.	Qualifier			
38c.	County/Municipality Code			
	Fill in if you completed Worksheet G			
39.	Property Tax Deduction (From Worksheet H) (See instructions)	39.	3240	
40.	New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	118037	
41.	Tax on Amount on Line 40 (Tax Table page 52)	41.	3747	
42.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.		
	Enter Code			
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.	3747	
44.	Child and Dependent Care Credit (See instructions)	44.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
45.	Balance of Tax (Subtract Line 44 from Line 43)	45.	3747	
46.	Sheltered Workshop Tax Credit	46.		
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	3747	
48.	Gold Star Family Counseling Credit (See instructions)	48.		
49.	Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	3747	
50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0	
51.	Interest on Underpayment of Estimated Tax	51.		
	Fill in if Form NJ-2210 is enclosed			
52.	Total Tax Due (Add Lines 49, 50, and 51)	52.	3747	



2	2	
Fill in if you are a CU	J couple claiming the NJ	Earned Income Tax Credit

	57.	. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)						57.		•
	58.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)						58.		•
	59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (2010)	See instru	(ctions)				59.		•
	60.	Wounded Warrior Caregivers Credit (See instructions)						60.		•
	61.	Total Withholdings, Credits, and Payments (Add Lines 53 through 60)						61.	6112	•
	62.	If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 a	and enter	the amour	nt you owe			62.		•
		If you owe tax, you can still make a donation on Lines 65 through 72.								
	63.	If the total on Line 61 is more than Line 52, you have an overpayment. Subtract I	Line 52 fr	om Line 6	1 and ente	er the overpayment		63.	2365	•
	64.	Amount from Line 63 you want to credit to your 2019 tax						64.		•
	65.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other			65.		•
	66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other			66.		•
	67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other			67.		•
	68.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other			68.		•
	69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other			69.		•
	70.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		70.		•
	71.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		71.		•
	72.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		72.		•
	73.	Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)						73.		•
	74.	Balance due (If Line 62 is more than zero, add Line 62 and Line 73)						74.		•
	75.	Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)						75.	2365	•
Gubernatorial Elections Fund										
	Do yo	ou want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No			

1030

53.

54.

55.

56.

6112 .

0

Do you want to designate \$1 to the Gubernatorial Elections Fund?	100	168	INU
If joint return does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No
This does not reduce your refund or increase your balance due.			
Health Insurance			
Indicate whether or not you (and your spouse/CU partner or domestic	You	Yes	No
partner) have health insurance coverage on the date you file this return.	Spouse/CU Partner	Yes	No
	Domestic Partner	Yes	No

Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. envelope and mail to: New Jersey Division of Taxation Revenue Processing Center PO Box 111 Trenton, NJ 08645-0111 Include Social Security number and make check or Date Spouse's/CU Partner's Signature (required if filing jointly) Your Signature Date money order payable to: State of New Jersey – TGI You can also make a payment on our website: Federal Identification Number Paid Preparer's Signature www.njtaxation.org P02090332 **Refund or No Tax Due Address** Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Name Federal Employer Identification Number Revenue Processing Center PO Box 555 GLOBAL TAXES LLC 30-1017196 Trenton, NJ 08647-0555



#### Payment by Credit Card

You may pay your 2018 New Jersey income taxes or make payment of estimated tax for 2019 by credit card by visiting the Division's website at <u>www.njtaxation.org</u> and selecting "Make a Payment".

### **Payment by E-Check**

You may pay your 2018 New Jersey income taxes or make a payment of estimated tax for 2019 by e-check. This option is available on the Division's Website at: <u>www.njtaxation.org</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

#### Payment by Check

If you are paying your 2018 New Jersey income taxes by check, be sure to enclose the payment voucher printed below with your check or money order and mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 282, Trenton, NJ 08646-0282.

## DO NOT CUT THIS PAGE



New Jersey Gross Income Tax Application for Extension of Time to File NJ-630-V

1555 2018

Make check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 282 Trenton, NJ 08646-0282 127-89-0916 YANA 967-95-8038 YANAGANDULA, ANUSH & GONE, SRAVANTHI 253 LAFAYETTE RD, BUILDIN, Apt. 2C EDISON NJ 07083

I hereby request an extension of 6 months, until 10/15/2019 to file the return as indicated below.

Indicate the return the extension is being requested by checking the appropriate box:

R	Х	NJ-1040	Ν	NJ-1040-NR NJ-1080-C	F	NJ-1041 NJ-1041SB
		6 Month Ext.		6 Month Ext.		5 1/2 Month Ext.

Enter amount of payment here:

0.00

