1040		rtment of the Treasury-Internal Revenu 3. Individual Income			99) n	20	18	OMB N	No. 1545-007	4 IRS Use	Only—	Do not writ	e or staple i	n this space.		
Filing status:		Single Married filing jointly	Marı	ried filing s	eparate	ly 🔲 I	lead of h	ousehol	d Quali	fying widow	r(er)					
Your first name	ur first name and initial Last name												Your social security number			
VIMALKUM	VIMALKUMAR KALIDAS											386-45-5117				
Your standard d	leducti	on: Someone can claim you	ı as a de	pendent	\	ou were	born bet	ore Jan	uary 2, 1954	Yo	u are l	blind				
If joint return, spouse's first name and initial Last name												Spouse's social security number				
ANUGRAHA SANKARAN JANAKI										9	970-90-8340					
Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954											5	▼ Full-year health care coverage				
Spouse is bli	ind	Spouse itemizes on a sepa	rate retur	rn or you w	vere dua	ıl-status a	lien					or exer	npt (see in	st.)		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.													al Election	Campaign		
701 WELLINGTON HILLS RD 722											(:	(see inst.) You Spouse				
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.												If more than four dependents,				
LITTLE R	OCK	AR 72211									:	see inst. a	and 🗸 her	e ▶		
Dependents ((see in	instructions): (2) Social security number (3) Relationship to you							(4) 🗸) ✓ if qualifies for (see inst.):						
(1) First name		Last name									Child tax credit		lit Credit for other dependents			
										[
										[
										[
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.												elief, they a	re true,		
Here		Your signature Date Your occupation									l If th	ne IRS sent	vou an Ide	ntity Protection		
Joint return?	turn?							F.R	PIN	I, enter it e (see inst.)	. 	, , , , , , , , , , , , , , , , , , , 				
See instructions. Keep a copy for	Sı	oouse's signature. If a joint return,	ıst sian.	Date	Date	Spouse's occupation HOME MAKER							ntity Protection			
your records.		, ,	3							PIN	I, enter it e (see inst.)	$\dot{\Box}$	i i i i			
	Pr	reparer's name	Prepare	er's signat	ure				PTIN		Firm's		Check it	:		
Paid	APP	PPANA RUPA VENKATA SATYA SAI MANIKUMAR							P0209	0332			3rd I	Party Designee		
Preparer	eparer - GLODAL MANUELLIC											=	-employed			
Use Only		Firm's address > 2530 Pebble Creek Ln Cumming GA 30041												. ,		
For Disclosure, I		Act, and Paperwork Reduction											Form	1040 (2018)		
Form 1040 (2018))													Page 2		
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .							1		6	2,846.		
	2a	Tax-exempt interest	2a					b Taxal	ble interest		2b	.				
	3a	Qualified dividends	3a					b Ordin	ary dividends		3b	.				
	4a	IRAs, pensions, and annuities .	4a					b Taxal	ble amount		4k	.				
	5a	Social security benefits	5a					b Taxal	ble amount		5k)				
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22								6		6	2,846.			
	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		6	2,846.			
Standard Deduction for—	8	subtract Schedule 1, line 36, from line 6 Standard deduction or itemized deductions (from Schedule A)								8			4,000.			
Single or married	9	Qualified business income deduction (see instructions)								9			1,000.			
filing separately, \$12,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-								10		3	8,846.			
Married filing jointly or Qualifying		a Tax (see inst.) 4, 278. (check if any from: 1 Form(s) 8814 2 Form 4972 3												,		
widow(er),	' '	b Add any amount from Schedule 2 and check here									′ ₁₁			4,278.		
\$24,000 • Head of	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ ☑								12			200.			
household, \$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0								13			4,078.			
• If you checked	14	Other taxes. Attach Schedule 4								14			0.			
any box under Standard	15	Total tax. Add lines 13 and 14								15			4,078.			
deduction,	16	Federal income tax withheld from									16			7,184.		
see instructions.	17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863							-							
		Add any amount from Schedule 5								17	7					
	18	Add lines 16 and 17. These are your total payments										3		7,184.		
Pofund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid									19			3,106.		
Refund	20a											a		3,106.		
Direct deposit?	▶ b	Routing number 0 8 2 0 0 0 0 7 3 ▶ c Type: ★ Checking Savings												,		
See instructions.	►d	Account number 4 8 7 0 0 4 1 5 4 3 2 6														
	21	Amount of line 19 you want applied	d to your	2019 esti	mated t	ax	•	21		_						
Amount You Owe	22	Amount you owe. Subtract line							uctions .	•	22	2		,		
	23	Estimated tax penalty (see instru-	ctions) .				•	23				•				