

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ► 587278201907001y0kuh

| | |
|---|---------------------------------------|
| Taxpayer's name SRIKANTH ADHULAPURAM | Social security number 881-46-3452 |
| Spouse's name | Spouse's social security number |

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

| | | |
|--|----------|---------|
| 1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 81,156. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 11,158. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 11,653. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 495. |
| 5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 6 | 3 | 4 | 5 | 2 |
|---|---|---|---|---|

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
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return.

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

Enter five digits, but don't enter all zeros

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

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

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

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

881-46-3452

Taxpayer name SRIKANTH ADHULAPURAM

Taxpayer address (optional)

100 ENGAMORE LANE APT 101

NORWOOD MA 02062

1. Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 03/11/2019 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 587278201907001y0kuh.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: **SRIKANTH** Last name: **ADHULAPURAM** Your social security number: **881-46-3452**

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. **100 ENGAMORE LANE,** Apt. no. **101** 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. **NORWOOD MA 02062** If more than four dependents, see inst. and here

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

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

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

| | | | |
|---|------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|---|----------------------|------------------|------------|---|
| Preparer's name | Preparer's signature | PTIN | Firm's EIN | Check if: |
| APPANA RUPA VENKATA SATYA SAI MANIKUMAR | | P02090332 | | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC | | Phone no. | | <input type="checkbox"/> Self-employed |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | | | | |

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

| | | | |
|------------|--|------------|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 84,243. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -3,087. | 6 | 81,156. |
| 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 | 81,156. |
| 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 | 69,156. |
| 11 | a Tax (see inst.) 11,158. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 11,158. |
| 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 | 11,158. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | 15 | 11,158. |
| 16 | Total tax. Add lines 13 and 14 | 16 | 11,653. |
| 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 | 11,653. |
| 19 | Add any amount from Schedule 5 | 19 | 495. |
| 20a | Add lines 16 and 17. These are your total payments | 20a | 495. |
| 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 | Amount of line 19 you want applied to your 2019 estimated tax | 23 | |

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

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 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SRIKANTH ADHULAPURAM

Your social security number

881-46-3452

| | | | | |
|------------------------------|---|---|-------------|---------|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | 913. |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -4,000. |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ _____ | 21 | | |
| 22 | 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 | 22 | -3,087. | |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | | |
| 34 | Reserved | 34 | | |
| 35 | Reserved | 35 | | |
| 36 | Add lines 23 through 35 | 36 | | |

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 for instructions and the latest information.

Name(s) shown on return

SRIKANTH ADHULAPURAM

Your social security number

881-46-3452

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

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | HYDERABAD HYDERABAD TELANGANA IN 500072 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 1 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

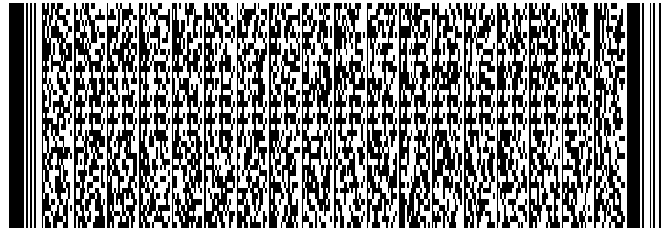
Type of Property:

- 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 |
|------------------|--|-------------|---|----------|---|---------|
| 3 | Rents received | 3 | | 500. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 4,500. | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 4,500. | | |
| 21 | 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 | 21 | | -4,000. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -4,000.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 500. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 4,500. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 4,000.) | | |
| 26 | Total rental real estate and royalty income or (loss). 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. | 26 | | | | -4,000. |



1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID 060312585

STATE ISSUED GA

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. SRIKANTH 881-46-3452

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
ADHULAPURAM

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED

2. 100 ENGAMORE LANE

APT NO 101

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. NORWOOD MA 02062

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. A

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 1

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411529

YOUR SOCIAL SECURITY NUMBER
 881-46-3452

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

First Name, MI. Last Name
 Social Security Number Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 81156
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. 81156
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a. 4600
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c. 4600
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. 76556



1900411539

YOUR SOCIAL SECURITY NUMBER
 881-46-3452

| | | |
|---|------|-------|
| 14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | 2700 |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | |
| 14c. Add Lines 14a. and 14b. Enter total..... | 14c. | 2700 |
| 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) | 15. | 73856 |
| 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... | 16. | 4241 |
| 17. Low Income Credit 17a. 17b. | 17c. | |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | 4241 |

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 273349132

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 3054010UJ

4. GA WAGES / INCOME
 84243

5. GA TAX WITHHELD
 4699

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411549

YOUR SOCIAL SECURITY NUMBER
 881-46-3452

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

| | | |
|---|-----|------|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 4699 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | |
| 25. Estimated Tax paid for 2018 and Form IT-560 | 25. | |
| 26. Total prepayment credits (Add Lines 23, 24 and 25)..... | 26. | 4699 |
| 27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due..... | 27. | |
| 28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment | 28. | 458 |
| 29. Amount to be credited to 2019 ESTIMATED TAX | 29. | 0 |
| 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 30. | |
| 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 31. | |
| 32. Georgia Cancer Research Fund (No gift of less than \$1.00) | 32. | |
| 33. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 33. | |
| 34. Georgia National Guard Foundation (No gift of less than \$1.00) | 34. | |
| 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00)..... | 35. | |
| 36. Saving the Cure Fund (No gift of less than \$1.00)..... | 36. | |
| 37. Realizing Educational Achievement Can Happen (REACH) Program | 37. | |
| (No gift of less than \$1.00) | | |
| 38. Public Safety Memorial Grant (No gift of less than \$1.00)..... | 38. | |

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



1900411559

YOUR SOCIAL SECURITY NUMBER
881-46-3452

Page 5

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41. 458

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings

Routing Number 051000017
Account Number 435035638591

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

571-535-9174

I authorize DOR to discuss this return with the named preparer.

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02090332

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

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

Your first name and initial: **SRIKANTH** Last name: **ADHULAPURAM** Your social security number: **881-46-3452**

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. **100 ENGAMORE LANE,** Apt. no. **101** 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. **NORWOOD MA 02062** If more than four dependents, see inst. and here

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

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

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

| | | | |
|---|------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|---|----------------------|------------------|------------|---|
| Preparer's name | Preparer's signature | PTIN | Firm's EIN | Check if: |
| APPANA RUPA VENKATA SATYA SAI MANIKUMAR | | P02090332 | | <input type="checkbox"/> 3rd Party Designee |
| Firm's name ▶ GLOBAL TAXES LLC | | Phone no. | | <input type="checkbox"/> Self-employed |
| 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 | 84,243. |
| 2a | Tax-exempt interest | 2b | |
| 3a | Qualified dividends | 3b | |
| 4a | IRAs, pensions, and annuities | 4b | |
| 5a | Social security benefits | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -3,087. | 6 | 81,156. |
| 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 | 81,156. |
| 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 | 69,156. |
| 11 | a Tax (see inst.) 11,158. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 11,158. |
| 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 | 11,158. |
| 14 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 15 | Other taxes. Attach Schedule 4 | 15 | 11,158. |
| 16 | Total tax. Add lines 13 and 14 | 16 | 11,653. |
| 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 | 11,653. |
| 19 | Add any amount from Schedule 5 | 19 | 495. |
| 20a | Add lines 16 and 17. These are your total payments | 20a | 495. |
| 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 | Amount of line 19 you want applied to your 2019 estimated tax | 23 | |

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.

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 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SRIKANTH ADHULAPURAM

Your social security number

881-46-3452

| | | | | |
|------------------------------|---|---|-------------|---------|
| Additional Income | 1-9b | Reserved | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | 913. |
| | 11 | Alimony received | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| | 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | |
| | 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| | 15a | Reserved | 15b | |
| | 16a | Reserved | 16b | |
| | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -4,000. |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ _____ | 21 | | |
| 22 | 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 | 22 | -3,087. | |
| Adjustments to Income | 23 | Educator expenses | 23 | |
| | 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| | 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| | 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| | 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| | 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| | 29 | Self-employed health insurance deduction | 29 | |
| | 30 | Penalty on early withdrawal of savings | 30 | |
| | 31a | Alimony paid b Recipient's SSN ▶ _____ | 31a | |
| | 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | | |
| 34 | Reserved | 34 | | |
| 35 | Reserved | 35 | | |
| 36 | Add lines 23 through 35 | 36 | | |

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

Schedule 1 (Form 1040) 2018