

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) ▶ 587278201904901dw2t0

| | |
|---|---------------------------------------|
| Taxpayer's name KUMARA MURTHY VARRAE | Social security number 330-75-5632 |
| 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 | 56,124. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 5,647. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 6,884. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 1,237. |
| 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 as my signature on my tax year 2018 electronically filed income tax return.

| | | | | |
|---|---|---|---|---|
| 5 | 5 | 6 | 3 | 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 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*.

330-75-5632

Taxpayer name KUMARA MURTHY VARRAE

Taxpayer address (optional)

25200 INTERSTATE 45 APT 36

SPRING TX 77386

1. Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/18/2019 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 587278201904901dw2t0.
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: KUMARA MURTHY Last name: VARRAE Your social security number: 330-75-5632

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. 25200 INTERSTATE 45 Apt. no. 36 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. SPRING TX 77386 If more than four dependents, see inst. and here

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

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

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

Your signature: Spouse's signature. If a joint return, both must sign.

Date: Date

Your occupation: SOFTWARE ENGINEER Spouse's occupation:

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [] [] [] [] [] [] [] [] [] []

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [] [] [] [] [] [] [] [] [] []

Paid Preparer Use Only

Preparer's name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR Preparer's signature: PTIN: P02090332 Firm's EIN: Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no.:

Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

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

| Line | Description | Amount |
|------|--|---------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 56,124. |
| 2a | Tax-exempt interest | |
| 3a | Qualified dividends | |
| 4a | IRAs, pensions, and annuities | |
| 5a | Social security benefits | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 56,124. |
| 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 | 56,124. |
| 8 | Standard deduction or itemized deductions (from Schedule A) | 12,000. |
| 9 | Qualified business income deduction (see instructions) | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 44,124. |
| 11 | a Tax (see inst.) 5,647. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 5,647. |
| 12 | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/> | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 5,647. |
| 14 | Other taxes. Attach Schedule 4 | 0. |
| 15 | Total tax. Add lines 13 and 14 | 5,647. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 6,884. |
| 17 | Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5 | |
| 18 | Add lines 16 and 17. These are your total payments | 6,884. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 1,237. |
| 20a | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 1,237. |
| b | Routing number 1 1 3 0 1 0 5 4 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| d | Account number 6 7 6 2 7 4 1 0 6 5 | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | |
| 22 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | |
| 23 | Estimated tax penalty (see instructions) | |

Tax History Report

▶ Keep for your records

2018

Name(s) Shown on Return

KUMARA MURTHY VARRAE

| Five Year Tax History: | | | | | |
|---|------|------|------|------|---------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Filing status | | | | | Single |
| Total income | | | | | 56,124. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 56,124. |
| Tax expense | | | | | 1,056. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | | 12,000. |
| Exemption amount . . | | | | | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | | 44,124. |
| Tax | | | | | 5,647. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 6,884. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 1,237. |
| Effective tax rate % . . | | | | | 10.06 |
| **Tax bracket % | | | | | 22.0 |

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2018

Keep for your records

Table with 2 columns: Name(s) Shown on Return (KUMARA MURTHY VARRAE) and Social Security Number (330-75-5632)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked 'X')

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN 12345

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 55632 Spouse's PIN (5 numbers) Date 01/17/2019

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:

Last name VARRAE
 First name KUMARA MURTHY
 Middle initial Suffix
 Social security no. 330-75-5632
 Occupation SOFTWARE ENGINEER
 Date of birth 11/10/1988 (mm/dd/yyyy)
 Age as of 1-1-2019 30
 Date of death
 Legally blind
 E-mail address KUMARAMURTHY6@GMAIL.COM
 Work phone (510) 766-5458 Ext _____
 Cell phone (510) 766-5458
 Home phone
 Fax number

Spouse:

Last name (if different)
 First name
 Middle initial Suffix
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2019
 Date of death
 Legally blind
 E-mail address
 Work phone Ext _____
 Cell phone

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (510) 766-5458
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 25200 INTERSTATE 45 Apt no. 36
 City SPRING State TX ZIP code 77386

Foreign Address: Check this box to use foreign address . . .

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 Foreign phone

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number
- 5 Qualifying widow(er)
 - Year spouse died 2016 2017
 - Enter the qualifying person's name:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

| First name Last name | MI Suff | Social security number *Relationship | Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)** | A G E E I C | Dependent Identity Protection PIN (see tax help) | | Qualified child/dep care exps incurred and paid 2018 Code | Not qual credit other dep Not qual for child tax credit Or non U.S.*** |
|-------------------------|------------|--|--|--------------------------------|---|--------------------------------|---|---|
| | | | | | Lived with taxpyr in U.S. | Educ Tuition and Fees | | |
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* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

* Enter the state of source for this income ▼

| INCOME (continued) | Federal Amount | | Residency Info | | | * Src St | Allocated Amount |
|-----------------------------------|----------------|----------|---|-------------|-----------|----------------|---------------------|
| | Total | Subtotal | From mm/dd | To mm/dd | Res St | | |
| 6 T Business inc or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| S Business inc or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 T Farm income or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| S Farm income or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8 Total Schedule E. T | | | See Sch E Income Allocation Smart Worksheet | | | | |
| S | | | | | | | |

* Enter the state of source for this income (See Tax Help) ▼

| INCOME (continued) | Federal Amount | Residency Info | | | * Src St | Allocated Amount |
|---|-------------------|----------------|-------------|-----------|----------------|---------------------|
| | | From mm/dd | To mm/dd | Res St | | |
| 9 T Capital gain or loss | | | | | | |
| | | | | | | |
| | | | | | | |
| S Capital gain or loss | | | | | | |
| | | | | | | |
| | | | | | | |
| 10 T Other gains/losses | | | | | | |
| | | | | | | |
| | | | | | | |
| S Other gains/losses | | | | | | |
| | | | | | | |
| | | | | | | |
| 11 T Unemployment compensation . | | | | | | |
| | | | | | | |
| | | | | | | |
| S Unemployment compensation . | | | | | | |
| | | | | | | |
| | | | | | | |

| | Federal Amount | Residency Info | | | Allocated Amount |
|---|----------------|----------------|----------|-----------|------------------|
| | | From mm/dd | To mm/dd | Res State | |
| 12 T Taxable IRA distributions | | | | | |
| | | | | | |
| | | | | | |
| S Taxable IRA distributions | | | | | |
| | | | | | |
| | | | | | |
| 13 T Taxable pensions/annuities . . . | | | | | |
| | | | | | |
| | | | | | |
| S Taxable pensions/annuities . . . | | | | | |
| | | | | | |
| | | | | | |
| 14a T Taxable social security benefits . | | | | | |
| | | | | | |
| | | | | | |
| S Taxable social security benefits . | | | | | |
| | | | | | |
| | | | | | |
| b T Taxable railroad retirements . . | | | | | |
| | | | | | |
| | | | | | |
| S Taxable railroad retirements . . | | | | | |
| | | | | | |
| | | | | | |
| 15 Total other income T | | | | | |
| S | | | | | |
| 16 Total Income. T | 56,124. | | | | |
| S | | | | | |

| ADJUSTMENTS | Federal Amount | Residency Info | | | Allocated Amount |
|---|----------------|----------------|----------|--------|------------------|
| | | From mm/dd | To mm/dd | Res St | |
| 17 T Educator expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| S Educator expenses | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 18 T Certain business expenses | | | | | |
| S Certain business expenses | | | | | |
| 19 T Health savings account deduction . . . | | | | | |
| | | | | | |
| | | | | | |
| S Health savings account deduction . . . | | | | | |
| | | | | | |
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| 20 T Moving expenses | | | | | |
| | | | | | |
| | | | | | |
| S Moving expenses | | | | | |
| | | | | | |
| | | | | | |
| 21 T Penalty - early withdrawal of savings . . | | | | | |
| | | | | | |
| | | | | | |
| S Penalty - early withdrawal of savings . . | | | | | |
| | | | | | |
| | | | | | |

| ADJUSTMENTS (continued) | Federal Amount | Residency Info | | | Allocated Amount |
|---|-------------------|----------------|-------------|-----------|---------------------|
| | | From mm/dd | To mm/dd | Res St | |
| 22 T Alimony paid | | | | | |
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| S Alimony paid | | | | | |
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| 23 T IRA deduction | | | | | |
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| S IRA deduction | | | | | |
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| 24 T Student loan interest deduction . . . | | | | | |
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| S Student loan interest deduction . . . | | | | | |
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| 25 T Tuition and fees deduction | | | | | |
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| S Tuition and fees deduction | | | | | |
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* Enter the state of source for this adjustment

| ADJUSTMENTS (continued) | Federal Amount | Residency Info | | | * Src St | Allocated Amount |
|--|-------------------|----------------|-------------|-----------|----------------|---------------------|
| | | From mm/dd | To mm/dd | Res St | | |
| 26 T Self-employment tax | | | | | | |
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| | | | | | | |
| | | | | | | |
| S Self-employment tax | | | | | | |
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| 27 T SEP, SIMPLE and qualified plans . | | | | | | |
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| S SEP, SIMPLE and qualified plans . | | | | | | |
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| 28 T Self-employed health insurance . . | | | | | | |
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| S Self-employed health insurance . . | | | | | | |
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| 29 T Reserved | | | | | | |
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| S Reserved | | | | | | |
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| 30 Other adjustments T | | | | | | |
| | | | | | | |
| | | | | | | |
| 31 Total adjustments T | | | | | | |
| | | | | | | |
| | | | | | | |
| 32 Adjusted gross income T | | | | | | 56,124. |
| | | | | | | |
| | | | | | | |

Identity Verification Worksheet

2018

▶ See tax help for more information on identity verification

| | |
|---|---------------------------------------|
| Name(s) Shown on Return KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|---|---------------------------------------|

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer **Note:** Alabama does not allow this option
- Spouse

Taxpayer/Spouse did not provide driver's license or state id information

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state CA
License number Y3966216
Issue date 06/28/2016
Expiration date 11/02/2017
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- New client
- Returning client to same preparer and firm
- Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2018

Keep for your records

Name(s) Shown on Return: KUMARA MURTHY VARRAE; Social Security Number: 330-75-5632

Payment by Check (Form 1040-V) - Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln, Cumming, GA 30041; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN: P02090332

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANIKUMAR; Address: 2530 Pebble Creek Ln, Cumming, GA 30041; Employer Identification Number, Phone Number, Fax Number, E-mail Address

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

State/City *
Georgia
Michigan
New York
Vermont

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
Kosovo Operation
Afghanistan/Enduring Freedom
Desert Storm
Haiti
Former Yugoslavia
UN Operation
Joint Guard
Joint Forge
Northern Watch
Operation Allied Force
Northern Forge
Combat Zone
Deployment Date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es), Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|---|---------------------------------------|

| Form W-2 | Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|---------------|-----------|----|---------|-------------|-------------|-----------|
| 21 | STAFF LLC | | 56,124. | 6,884. | 20,860. | 1,056. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | 56,124. | 6,884. | 20,860. | 1,056. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 56,124. | | 56,124. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 6,884. | | 6,884. |
| 3 & 7 | Total social security wages/tips | | | |
| 4 | Total social security tax withheld | | | |
| 5 | Total Medicare wages and tips | | | |
| 6 | Total Medicare tax withheld | | | |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | Total state deductible employee expenses. . . | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | 20,860. | | 20,860. |
| 17 | Total state tax withheld | 1,056. | | 1,056. |
| 19 | Total local tax withheld. | | | |

► Keep for your records

| | |
|---|---------------------------------------|
| Name as shown on return KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|---|---------------------------------------|

Employer EIN 81-4083144
Employer Name 21 STAFF LLC
 Name (cont.) _____
Street Address or P. O. Box 5980 STONERIDGE DRIVE SUITE103
City PLEASANTON **State** CA **ZIP** 94588
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

| | |
|--|--|
| 1 Wages, tips, other comp 56,124. | 2 Federal tax withheld 6,884. |
| 3 Social security wages _____ | 4 Social sec tax withheld _____ |
| 5 Medicare wages and tips _____ | 6 Medicare tax withheld _____ |
| 7 Social security tips _____ | 8 Allocated tips _____ |

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|---------------|--|
| _____ | _____ | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| _____ | _____ | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| _____ | _____ | P: Double click to link to Form 3903, line 4 _____ |
| _____ | _____ | R: Enter MSA contribution for Taxpayer _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | W: Enter HSA contribution for Taxpayer _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| VA | 30-814083144F-001 | 20,860. | 1,056. |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I confirm that the state withholding identification number(s) are accurate

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | |
|--|-----------------|
| 9 Verification Code _____ | 9 _____ |
| 10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/> | 10 _____ |
| Dependent care benefits - Amount forfeited from flexible spending account _____ | _____ |
| 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | 11 _____ |

| Box 14 Description or Code on Actual Form W-2 | Amount | ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Keep for your records

KUMARA MURTHY VARRAE

330-75-5632 Page 2

Employer Name 21 STAFF LLC

Part I Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double click to link to Schedule C C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 330-75-5632
First name M.I. Last name Suff.
KUMARA MURTHY VARRAE
Address City St ZIP code
25200 INTERSTATE 45 , Apt. 36 SPRING TX 77386
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2018

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A):

*Short Gap
Eligible*
Yes No*

| a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----------------------------------|--------|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 _____ | _____ | _____ | Short gap: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶ _____

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|---|---------------------------------------|

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

| | Federal | | State | | | Local | | |
|-------------------------------------|----------|--------|----------|--------|----|----------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | 04/17/18 | | 04/17/18 | | | 04/17/18 | | |
| 2 | 06/15/18 | | 06/15/18 | | | 06/15/18 | | |
| 3 | 09/17/18 | | 09/17/18 | | | 09/17/18 | | |
| 4 | 01/15/19 | | 01/15/19 | | | 01/15/19 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | Federal | State | ID | Local | ID |
|---|---|---------|-------|----|-------|----|
| 6 | Overpayments applied to 2018 | | | | | |
| 7 | Credited by estates and trusts | | | | | |
| 8 | Totals Lines 1 through 7 | | | | | |
| 9 | 2018 extensions | | | | | |

| Taxes Withheld From: | | | | Federal | State | Local |
|----------------------|---|----|-----|---------|--------|-------|
| 10 | Forms W-2 | | | 6,884. | 1,056. | |
| 11 | Forms W-2G | | | | | |
| 12 | Forms 1099-R | | | | | |
| 13 | Forms 1099-MISC, 1099-K and 1099-G | | | | | |
| 14 | Schedules K-1 | | | | | |
| 15 | Forms 1099-INT, DIV and OID | | | | | |
| 16 | Social Security and Railroad Benefits | | | | | |
| 17 | Form 1099-B | St | Loc | | | |
| 18 a | Other withholding | St | Loc | | | |
| b | Other withholding | St | Loc | | | |
| c | Other withholding | St | Loc | | | |
| d | Additional Medicare Tax. | | | | | |
| 19 | Total Withholding Lines 10 through 18d | | | 6,884. | 1,056. | |
| 20 | Total Tax Payments for 2018 | | | 6,884. | 1,056. | |

| Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help) | | State | ID | Local | ID |
|---|--|-------|----|-------|----|
| 21 | Tax paid with 2017 extensions | | | | |
| 22 | 2017 estimated tax paid after 12/31/2017 | | | | |
| 23 | Balance due paid with 2017 return | | | | |
| 24 | Other (amended returns, installment payments, etc) . . | | | | |

Earned Income Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|---|---------------------------------------|

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | | | |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | | | |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | | | |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | | | |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|--|---------|--|---------|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 56,124. | | 56,124. |
| 7 a Taxable employer-provided adoption benefits | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 56,124. | | 56,124. |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 56,124. | | 56,124. |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 56,124. | | 56,124. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|---------|--|---------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 56,124. | | 56,124. |
| 17 Net self-employment loss | | | |
| 18 Alimony received | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. | 56,124. | | 56,124. |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|--|---------|--|---------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 56,124. | | 56,124. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 56,124. | | 56,124. |

Federal Carryover Worksheet

2018

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|---|---------------------------------------|

2017 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2017 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2017 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2017 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

2017 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

| Other Tax and Income Information | | 2017 | 2018 |
|----------------------------------|--|--------------------------|--------------------------|
| 1 | Filing status | | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | | 1,056. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 56,124. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 5,647. |
| 7 | Alternative minimum tax | | |
| 8 | Federal overpayment applied to next year estimated tax | | |

QuickZoom to the IRA Information Worksheet for IRA information ▶

| Excess Contributions | | 2017 | 2018 |
|----------------------|---|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | | |
| b | Spouse's excess HSA contributions as of 12/31 | | |

| Loss and Expense Carryovers | | 2017 | 2018 |
|--|---|------|----------------|
| Note: Enter all entries as a positive amount | | | |
| 12 a | Short-term capital loss | | |
| b | AMT Short-term capital loss | | |
| 13 a | Long-term capital loss | | |
| b | AMT Long-term capital loss | | |
| 14 a | Net operating loss available to carry forward | | |
| b | AMT Net operating loss available to carry forward | | |
| 15 a | Investment interest expense disallowed | | |
| b | AMT Investment interest expense disallowed | | |
| 16 | Nonrecaptured net Section 1231 losses from: | a | 2018 |
| | | b | 2017 |
| | | c | 2016 |
| | | d | 2015 |
| | | e | 2014 |
| | | f | 2013 |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | a | 2018 |
| | | b | 2017 |
| | | c | 2016 |
| | | d | 2015 |
| | | e | 2014 |
| | | f | 2013 |

Tax Summary Report

2018

Name(s) Shown on Return
KUMARA MURTHY VARRAE

Filing status Single Number of exemptions 1

Gross Income

| | |
|---|----------------|
| Wages and salaries | 56,124. |
| Interest and dividend income | |
| Business income (loss) | |
| Capital gains (losses) | |
| Pensions and annuities | |
| Rents, royalties, partnerships, etc | |
| Farm income (loss) | |
| Social security benefits | |
| Other income | |
| Total Gross Income | 56,124. |

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 56,124.

Itemized/Standard Deductions

| | |
|--|---------------|
| Medical and dental | |
| Taxes | 1,056. |
| Interest | |
| Contributions | |
| Casualty or theft loss(es) | |
| Miscellaneous | |
| Phaseout of itemized deductions | |
| Total Itemized Deductions | 1,056. |
| Standard deduction | 12,000. |

Taxable Income 44,124.

| | |
|---|---------------|
| Income tax | 5,647. |
| Alternative minimum tax | |
| Total Taxes before Credits | 5,647. |
| Nonbusiness credits | |
| Business credits | |
| Total Credits | |
| Self-employment tax | |
| Other taxes | |

Total Tax 5,647.

| | |
|---|---------------|
| Withholding | 6,884. |
| Estimated tax payments | |
| Other payments | |
| Total Payments | 6,884. |
| Estimated tax penalty | |
| Refund applied to next year's estimated tax | |

Amount Overpaid 1,237.

Refund 1,237.

Amount Applied to Estimate

Amount Due 0.

| | |
|------------------------------|---------|
| Tax bracket | 22.0 % |
| Effective tax rate | 10.06 % |

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

| |
|--|
| <p style="text-align: center;">2017 Tax Cuts & Jobs Act Apply 15-year recovery period to qualified improvement property (asset types J2, J3, J4 and J5) placed in service after December 31, 2017? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refer to Tax Help</p> |
|--|

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 2

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 3

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 4

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 5

SMART WORKSHEET FOR: Federal Information Worksheet
Print page 6

Form 760PY Virginia Part-Year Resident Income Tax Return
2018
Page 1 Due May 1, 2019



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| Dates of VA Residence (mm-dd-yyyy) | |
|---------------------------------------|-------------|
| You - From | You - To |
| 01-01-2018 | 05-31-2018 |
| Spouse - From | Spouse - To |

| | | | | | |
|---|----|--------------------------|--|--------|---|
| YOUR First Name KUMARA MURTHY | MI | Your Last Name VARRAE | Check if deceased <input type="checkbox"/> | Suffix | A Your Social Security Number 330-75-5632 |
| SPOUSE'S First Name (filing status 2 or 4) | MI | Spouse's Last Name | Check if deceased <input type="checkbox"/> | Suffix | B Spouse's Social Security Number |

| | | | | | |
|--|--|-------------------|---------------------------------|--|-------------------------|
| Present Home Address (Number and Street, or Rural Route) 25200 INTERSTATE 45 APT 36 | | | VA Driver's License Information | | |
| City, Town or Post Office SPRING | | | Customer ID | | |
| State TX | | ZIP Code 77386 | Locality Code 121 | | Issue Date (mm-dd-yyyy) |

| | | | |
|-------------------------------|--|--|---|
| Check Applicable Boxes | <input type="checkbox"/> Amended Return | <input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman | Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____,00 |
| | <input type="checkbox"/> Check if Result of NOL | <input type="checkbox"/> Earned Income Credit Claimed on federal return | |
| | <input type="checkbox"/> Dependent on Another's Return | <input type="checkbox"/> Overseas on Due Date | |

Filing Status Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____

Exemptions Enter the number of exemptions being claimed.

| You/Spouse | Dependents | 65 or Over | Blind |
|---|------------|------------|-------|
| A - You Enter the numbers for both You and Spouse if Filing Status 2 1 | 0 | | |
| B - Spouse Filing Status 4 Only | | | |

DATE OF BIRTH

Your Birth Date (mm-dd-yyyy) 11 - 10 - 1988

Spouse's Birth Date (mm-dd-yyyy) - -

| | |
|---|---|
| B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|---|---|

Complete the Schedule of Income first and submit it with your Form 760PY.

| Line | Description | 1 | 2 | 3 | 4a | 4b | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------|---|----|---|-------|----|----|---|---|---|---|---|----|----|----|----|
| 1 | FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1. | 00 | | 56124 | 00 | | | | | | | | | | |
| 2 | Additions from Schedule 760PY ADJ, Line 3. | 00 | | | | | | | | | | | | | |
| 3 | Add Lines 1 and 2. | 00 | | 56124 | 00 | | | | | | | | | | |
| 4a | Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A. | | | | | | | | | | | | | | 00 |
| 4b | | 00 | | | | | | | | | | | | | 00 |
| 5 | Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia. | 00 | | | | | | | | | | | | | 00 |
| 6 | State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1. | 00 | | | | | | | | | | | | | 00 |
| 7 | Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3. | 00 | | 35264 | 00 | | | | | | | | | | |
| 8 | Subtractions from Schedule 760PY ADJ, Line 7. | 00 | | | | | | | | | | | | | 00 |
| 9 | Add Lines 4a, 4b, 5, 6, 7 and 8. | 00 | | 35264 | 00 | | | | | | | | | | |
| 10 | Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3. | 00 | | 20860 | 00 | | | | | | | | | | |
| 11 | Itemized Deductions paid while a Virginia resident | 00 | | | | | | | | | | | | | 00 |
| 12 | State and local income taxes on Virginia Schedule A and included on Line 11. | 00 | | | | | | | | | | | | | 00 |
| 13 | Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions. | 00 | | 1116 | 00 | | | | | | | | | | |



| | |
|-----------------------------------|-------------------------|
| Your Name KUMARA MURTHY VARRAE | Your SSN 330-75-5632 |
|-----------------------------------|-------------------------|

| | B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|--|--|--|
| 14 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions..... | 00 | 385 00 |
| 15 Deductions from Schedule 760PY ADJ, Line 9..... | 00 | 00 |
| 16 Add Lines 13, 14 and 15. | 00 | 1501 00 |
| 17 Virginia Taxable Income. Subtract Line 16 from Line 10. | 00 | 19359 00 |
| 18 Tax amount from Tax Table or Tax Rate Schedule..... | 00 | 856 00 |
| 19 Total Tax. Add Line 18, Column A and Line 18, Column B. | | 856 00 |
| 20a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | | 1056 00 |
| 20b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | | 00 |
| 21 Combined 2018 Estimated Tax Payments..... | | 00 |
| 22 2017 overpayment credited to 2018 estimated taxes..... | | 00 |
| 23 Extension Payment - Enter amount paid on Form 760IP..... | | 00 |
| 24 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17... | | 00 |
| 25 Total credit for taxes paid to another state from Schedule OSC..... | | 00 |
| 26 Reserved for future use..... | | |
| 27 Credits from Schedule CR, Section 5, Line 1A..... | | 00 |
| 28 Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, and 27. | | 1056 00 |
| 29 If Line 19 is larger than Line 28, enter the difference. This is the INCOME TAX YOU OWE. | | 00 |
| 30 If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT. | | 200 00 |
| 31 Amount of overpayment on Line 30 to be CREDITED TO 2019 ESTIMATED INCOME TAX. | | 00 |
| 32 Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6..... | | 00 |
| 33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14..... | | 00 |
| 34 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21..... | | 00 |
| 35 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions.Check here if no sales and use tax is due..... <input checked="" type="checkbox"/> | | 00 |
| 36 Add Lines 31 through 35. | | 00 |
| 37 If you owe tax on Line 29, add Lines 29 and 36 - OR - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... <input type="checkbox"/> | | 00 |
| 38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30. YOUR REFUND. If the Direct Deposit section below is not completed, your refund will be issued by check. | | 200 00 |

DIRECT BANK DEPOSIT
Domestic Accounts Only.
No International Deposits.

| | | | |
|---|---------------------------------|--|----------------------------------|
| Your Bank Routing Transit Number | Your Bank Account Number | Checking <input checked="" type="checkbox"/> | Savings <input type="checkbox"/> |
| 1 1 3 0 1 0 5 4 7 | 6 7 6 2 7 4 1 0 6 5 | | |

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

| | | |
|---|-------------------------------------|---------------------|
| Your Signature | Your Phone Number (510) 766-5458 | Date |
| Spouse's Signature (If a joint return, both must sign) | Spouse's Phone Number | Date |
| Preparer's Name | Preparer's Phone Number | Date |
| Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 | Preparer's PTIN P02090332 | Vendor Code 1555 |
| | Filing Election Code 7 | ID Theft PIN |

**2018 VIRGINIA SCHEDULE OF INCOME
Form 760PY**

Page 1



| | |
|-----------------------------------|-------------------------|
| Your Name KUMARA MURTHY VARRAE | Your SSN 330-75-5632 |
|-----------------------------------|-------------------------|

PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

| SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A — | | You (Include Spouse if Filing Status 2) | | | | | | |
|---|---|---|-------|--------------------------------|-------|------------------------------------|-------|-----|
| | | Column A1 Federal Return | | Column A2 While VA Resident | | Column A3 While NOT VA Resident | | |
| 1. | Wages, salaries, tips, etc..... | 1 | 56124 | .00 | 20860 | .00 | 35264 | .00 |
| 2. | Interest and dividends | 2 | | .00 | | .00 | | .00 |
| 3. | Pension and other income..... | 3 | | .00 | | .00 | | .00 |
| 4. | Gross income (add Lines 1, 2 and 3) | 4 | 56124 | .00 | 20860 | .00 | 35264 | .00 |
| 5. | Adjustments to income: moving expenses | 5 | | .00 | | .00 | | .00 |
| 6. | Other income adjustments (enclose explanation) | 6 | | .00 | | .00 | | .00 |
| 7. | Federal adjusted gross income (Line 4 less Lines 5 and 6)* | 7 | 56124 | .00 | 20860 | .00 | 35264 | .00 |
| 8. | Net fixed date conformity modifications..... | 8 | | .00 | | .00 | | .00 |
| 9. | Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)..... | 9 | 56124 | .00 | 20860 | .00 | 35264 | .00 |

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

| SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 — | | Enter Spouse's Income When Filing Status 4 Is Claimed | | | | | | |
|---|---|---|--|--------------------------------|--|------------------------------------|--|-----|
| | | Column B1 Federal Return | | Column B2 While VA Resident | | Column B3 While NOT VA Resident | | |
| 1. | Wages, salaries, tips, etc..... | 1 | | .00 | | .00 | | .00 |
| 2. | Interest and dividends | 2 | | .00 | | .00 | | .00 |
| 3. | Pension and other income..... | 3 | | .00 | | .00 | | .00 |
| 4. | Gross income (add Lines 1, 2 and 3) | 4 | | .00 | | .00 | | .00 |
| 5. | Adjustments to income: moving expenses | 5 | | .00 | | .00 | | .00 |
| 6. | Other income adjustments (enclose explanation) | 6 | | .00 | | .00 | | .00 |
| 7. | Federal Adjusted gross income (Line 4 less Lines 5 and 6)** | 7 | | .00 | | .00 | | .00 |
| 8. | Net fixed date conformity modifications..... | 8 | | .00 | | .00 | | .00 |
| 9. | Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8)..... | 9 | | .00 | | .00 | | .00 |

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2018 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



| | |
|--|--------------------------------|
| Your Name KUMARA MURTHY VARRAE | Your SSN 330-75-5632 |
|--|--------------------------------|

PART 2

Prorated Exemptions Worksheet

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 14. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 14, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

| | | Column B Spouse | Column A You |
|-----|--|----------------------------|-------------------------|
| 1. | Your exemption | | 1 |
| 2. | Dependents | | 0 |
| 3. | Add Lines 1 and 2 | | 1 |
| 4. | Multiply Line 3 by \$930 | | 930 |
| 5. | 65 or over | | |
| 6. | Blind | | |
| 7. | Add Lines 5 and 6 | | |
| 8. | Multiply Line 7 by \$800 | | |
| 9. | Add Lines 4 and 8 | | 930 |
| 10. | Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions | | 0.414 |
| 11. | Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 14..... | | 385 |

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2018, prior state of residence _____
- 1b. If YOU moved out of Virginia in 2018, state moved to TX _____
- 2a. If SPOUSE moved into Virginia in 2018, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2018, state moved to _____

2018 Schedule INC/CG

330755632

Report all W-2s, 1099s & VK-1s with VA Withholding



KUMARA MURTH VARRAE

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 330755632 | W | 1056. | 814083144 | 30814083144F001 | 20860. |

| Total VA Withholding | SSN | VA Withholding |
|--------------------------------|-----------|----------------|
| You | 330755632 | 1056. |
| Spouse | | |
| Total # of W-2s, 1099s & VK-1s | 01 | |

To avoid delays - be sure to enter all information, including the Employer's FEIN.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

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

| | | |
|---|--|-------------------|
| Your Name | B Your Social Security Number | |
| KUMARA MURTHY VARRAE | 330-75-5632 | |
| Spouse's Name | A Spouse's Social Security Number | |
| | | |
| Part I Tax Return Information | A Spouse | B Yourself |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | 56124. |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 20860. |
| 3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18) | | 19359. |
| 4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19) | | 856. |
| 5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b) | | 1056. |
| 6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37) | | |
| 7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38) | | 200. |

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

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

 as my signature on my 2018 e-filed Virginia individual income tax return.
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

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

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

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

 as my signature on my 2018 e-filed Virginia individual income tax return.
Do not enter all zeros

ERO Firm Name

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

Spouse's Signature _____ Date _____

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

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia individual 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date _____

Part IV – Other Information (continued)

Farmers and Fishermen

- Self-employed in farming/fishing or a merchant seaman
Return will be filed and tax due will be paid by April 15, 2019

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2018 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Check this box if home is in Historic Roads region affected by increase of Use Tax Rate to 7% (otherwise rate is 5.3%)

Mandatory Electronic Payments

- You are required to make Virginia tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Date return was EFiled: 02/18/2019
Date return was accepted by the state: 02/18/2019
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Note: Electronic funds withdrawal occurs upon acceptance date
Do you want to pay the amount you owe by credit/debit card?
Note: Payment occurs upon acceptance date

International ACH Transactions:

- Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional)

Check the appropriate box:

- Checking Routing number: 113010547
Savings Account number: 6762741065

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet: 1

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes **No**

Has the tax return due date been extended for a six month extension?

Extended due date _____

QuickZoom to Form 760-IP Automatic Extension Payment ▶

Part IX – Amended Return

You are filing a Virginia amended return

You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

QuickZoom to Form 760 ▶

QuickZoom to Form 760PY ▶

QuickZoom to Form 763 ▶

QuickZoom to Form 763S (Taxpayer) ▶

QuickZoom to Form 763S (Spouse) ▶

Tax Payments Worksheet

2018

▶ Keep for your records

| | |
|------------------------------|---------------------------------------|
| Name KUMARA MURTHY VARRAE | Social Security Number 330-75-5632 |
|------------------------------|---------------------------------------|

Tax Payments for the Current Year

| | Date | Payment |
|--|------|---------|
| 1 First Payment | | |
| 2 Second Payment | | |
| 3 Third Payment | | |
| 4 Fourth Payment | | |
| Additional Payments | | |
| 5 a Payment | | |
| b Payment | | |
| c Payment | | |
| d Payment | | |
| e Payment | | |
| 6 Overpayment from previous year applied to 2018 | | |
| 7 Amount paid with current year extension | | |
| 8 Total tax payments. Add lines 1 through 7 | | |

Income Taxes Withheld for the Current Year

| | Spouse | Taxpayer |
|---|--------|----------|
| 9 State withholding on Forms W-2 | | 1,056. |
| 10 State withholding on Forms W-2G | | |
| 11 State withholding on Forms 1099-R | | |
| 12 a State withholding on Forms 1099-MISC | | |
| b State withholding on Forms 1099-G | | |
| c State withholding on Forms 1099-INT | | |
| d State withholding on Forms 1099-K | | |
| 13 a Withholding from Schedule VK-1 | | |
| b Other state tax withholding | | |
| <input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶ | | |
| 14 Total income tax withheld. | | 1,056. |
| 15 Date return will be filed and balance paid | | |

Smart Worksheets from your 2018 Virginia Tax Return

SMART WORKSHEET FOR: Form 760 PY: Part-Year Individual Income Tax Return

| Standard Deduction Worksheet | |
|------------------------------|---|
| 1 | Federal adjusted gross income 56124 |
| 2 | Income attributable to the period of Virginia residence 20860 |
| 3 | Percentage of full standard deduction allowable (divide Line 2 by Line 1) 37.2% |
| 4 | Maximum standard deduction: Filing Status 1 or 3, enter \$3,000; Filing Status 2 or 4, enter \$6,000 (For dependents, the standard deduction amount is limited to the amount of earned income) 3000 |
| 5 | Multiply Line 3 by Line 4. Enter here and on Line 13. If using Filing Status 4, you may allocate this amount between each spouse as mutually agreed 1116 |

SMART WORKSHEET FOR: Virginia Schedule of Income

| Income and Adjustments Allocation Smart Worksheet | | | | |
|---|---|--------------------------------|--|--------------------------------|
| Note: Entries made on this smart worksheet will transfer to Section A and/or Section B, lines 1-9. | A Taxpayer (include Spouse if Filing Status 2) | | B Spouse — Use only when Filing Status 4 is claimed | |
| | Income on Federal Return | Income While Virginia Resident | Income on Federal Return | Income While Virginia Resident |
| Income: 1 Wages, salaries, tips, etc 2 Taxable interest income 3 Dividend income 4 Taxable refunds, credits, offsets of state and local income taxes 5 Alimony received 6 Business income or (loss) 7 Capital gain or (loss) 8 Other gains or (losses) 9 Taxable IRA distributions 10 Taxable pensions and annuities 11 Rents, royalties, partnerships, estates, trusts, S Corporations 12 Farm income or (loss) 13 Unemployment compensation 14 Taxable social security benefits 15 Other income | 56124 | 20860 | | |
| Adjustments: 16 Educator expenses 17 Certain business expenses of reservists, performing artists, etc. 18 Health savings account deduction 19 Moving expenses 20 Deduction for self-employment tax 21 SEP, SIMPLE and qualified plans 22 Self-employed health insurance 23 Penalty for early withdrawal 24 Alimony paid 25 IRA deduction 26 Student loan interest deduction 29 Other adjustments | | | | |
| Fixed Date Conformity: 30 Fixed date conformity addition 31 Fixed date conformity subtraction | | | | |