

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 5872782019105024f91f

Taxpayer's name <b>MONISHA MOHAN</b>	Social security number <b>719-22-6654</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	<b>55,405.</b>
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	<b>5,493.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	<b>5,753.</b>
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	<b>260.</b>
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

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

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

2	6	6	5	4
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 as my signature on my tax year 2018 electronically filed income tax return.  
ERO firm name  
**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 

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

719-22-6654

Taxpayer name MONISHA MOHAN

Taxpayer address (optional)

4311 KUDER LANE

WARSAW IN 46582

1.  Your federal income tax return for 2018 was filed electronically with the Kansas City Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2.  Your return was accepted on 04/15/2019 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 5872782019105024f91f.
3.  Your return was accepted on \_\_\_\_\_ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4.  Your electronic funds withdrawal payment request was accepted for processing.
5.  Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6.  Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

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

**If You Need to Make a Change to Your Return**

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

**If You Need to Ask About Your Refund**

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

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

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

### **If You Owe Tax**

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

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

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

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

### **Tax Refund Related Financial Products**

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

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

Your first name and initial: **MONISHA** Last name: **MOHAN** Your social security number: **719-22-6654**

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: **828-29-1586**

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. **4311 KUDER LANE** Apt. no. Presidential Election Campaign (see inst.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **WARSAW IN 46582** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ 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: **QUALITY ENGINEER**

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.)

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**

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	<b>60,813.</b>
	<b>2a</b> Tax-exempt interest	<b>2a</b>	<b>2b</b> Taxable interest	<b>2b</b>
	<b>3a</b> Qualified dividends	<b>3a</b>	<b>3b</b> Ordinary dividends	<b>3b</b>
	<b>4a</b> IRAs, pensions, and annuities	<b>4a</b>	<b>4b</b> Taxable amount	<b>4b</b>
	<b>5a</b> Social security benefits	<b>5a</b>	<b>5b</b> Taxable amount	<b>5b</b>
	<b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>-4,562.</b>	<b>6</b>	<b>56,251.</b>
	<b>7</b> 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		<b>7</b>	<b>55,405.</b>
	<b>8</b> Standard deduction or itemized deductions (from Schedule A)		<b>8</b>	<b>12,000.</b>
	<b>9</b> Qualified business income deduction (see instructions)		<b>9</b>	
	<b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		<b>10</b>	<b>43,405.</b>
	<b>11</b> a Tax (see inst.) <b>5,493.</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )		<b>11</b>	<b>5,493.</b>
	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>		<b>12</b>	<b>5,493.</b>
	<b>12</b> a Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>		<b>13</b>	<b>5,493.</b>
	<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-		<b>14</b>	<b>0.</b>
	<b>14</b> Other taxes. Attach Schedule 4		<b>15</b>	<b>5,493.</b>
	<b>15</b> Total tax. Add lines 13 and 14		<b>16</b>	<b>5,753.</b>
	<b>16</b> Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	
	<b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch. 8812 <b>c</b> Form 8863		<b>18</b>	<b>5,753.</b>
	<b>Add</b> any amount from Schedule 5		<b>19</b>	<b>260.</b>
	<b>18</b> Add lines 16 and 17. These are your total payments		<b>20a</b>	<b>260.</b>
	<b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		<b>21</b>	
	<b>20a</b> Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		<b>22</b>	
	<b>▶ b</b> Routing number <b>1 1 1 9 0 0 6 5 9</b> <b>▶ c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>23</b>	
	<b>▶ d</b> Account number <b>8 5 1 4 5 1 9 0 1 9</b>			
	<b>21</b> Amount of line 19 you want applied to your 2019 estimated tax	<b>21</b>		
	<b>Amount You Owe</b> <b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	<b>22</b>		
	<b>23</b> Estimated tax penalty (see instructions)	<b>23</b>		

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](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

MONISHA MOHAN

Your social security number

719-22-6654

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .		<b>14</b>	
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		<b>17</b>	-5,100.
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .		<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .		<b>19</b>	
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
	<b>21</b>	Other income. List type and amount ▶ Form 8889 Health Savings Accounts 538.		<b>21</b>	538.
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . .		<b>22</b>	-4,562.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>		
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . .	<b>24</b>		
	<b>25</b>	Health savings account deduction. Attach Form 8889 . .	<b>25</b>	846.	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>		
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . .	<b>28</b>		
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>		
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>		
	<b>32</b>	IRA deduction . . . . .	<b>32</b>		
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
	<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>			
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		846.	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

MONISHA MOHAN

Your social security number

719-22-6654

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No

**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	HYDERABAD HYDERABAD TELANGANA IN 500072				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		500.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		200.		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		400.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>				
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		5,600.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>		-5,100.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	(	-5,100.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		500.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,600.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	5,100.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>				-5,100.



Form **8889**

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2018**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR  
MONISHA MOHAN

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

719-22-6654

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) . . . . . ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2	846.
3	If you were under age 55 at the end of 2018, and on the first day of <b>every</b> month during 2018, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,450 (\$6,900 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	3,450.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	3,450.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter . . . . .	6	3,450.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions) . . . . .	7	0.
8	Add lines 6 and 7 . . . . .	8	3,450.
9	Employer contributions made to your HSAs for 2018 . . . . .	9	850.
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	850.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	2,600.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25 . . . . .	13	846.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions) . . . . .	14a	847.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	847.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	309.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	16	538.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input checked="" type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	17b	0.

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

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





**2018** **Indiana Full-Year Resident Individual Income Tax Return**

Due April 15, 2019

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Your Social Security Number 719 22 6654 Spouse's Social Security Number 828 29 1586

Your first name Initial Last name Suffix  
MONISHA MOHAN  
If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

4311 KUDER LANE  
City State Zip/Postal code  
WARSAW IN 46582  
Foreign country 2-character code (see instructions)

Place "X" in box if you are married filing separately.

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2018.

County where you lived 43 County where you worked 43 County where spouse lived County where spouse worked

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040, line 7 _____	<b>Federal AGI</b>	1	55405.00
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1 _____	<b>Indiana Add-Backs</b>	2	.00
3. Add line 1 and line 2 _____		3	55405.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____	<b>Indiana Deductions</b>	4	.00
5. Subtract line 4 from line 3 _____		5	55405.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 _____	<b>Indiana Exemptions</b>	6	1000.00
7. Subtract line 6 from line 5 _____	<b>Indiana Adjusted Gross Income</b>	7	54405.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____		8	1757.00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____		9	544.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) _____		10	.00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____	<b>Indiana Taxes</b>	11	2301.00



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12. Enter credits from Schedule 5, line 9 (enclose schedule) _____	12	2523.00	
13. Enter offset credits from Schedule 6, line 8 (enclose schedule) _____	13	.00	
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	2523.00	
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	2301.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	222.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	.00	
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18	222.00	
19. Amount from line 18 to be applied to your 2019 estimated tax account (see instructions).			
Enter your county code _____ county tax to be applied _ \$	a	.00	
Spouse's county code _____ county tax to be applied _ \$	b	.00	
Indiana adjusted gross income tax to be applied _____ \$	c	.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d	.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _	20	.00	
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ___ <b>Your Refund</b>	21	222.00	
<b>22. Direct Deposit</b> (see instructions)			
a. Routing Number 111900659			
b. Account Number 8514519019			
c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC			
d. Place an "X" in the box if refund will go to an account outside the United States			
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	.00	
24. Penalty if filed after due date (see instructions) _____	24	.00	
25. Interest if filed after due date (see instructions) _____	25	.00	
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	.00	
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

_____ Your Signature	_____ Date	_____ Spouse's Signature	_____ Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40

Your Social Security Number

MONISHA MOHAN

719 22 6654

**Complete and enclose Schedule IN-DEP: Dependent Information and Additional  
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.**

**Round all entries**

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 \_\_\_\_\_ 1 1000.00
2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 \_\_\_\_\_ 2 .00  
You **MUST** enclose Schedule IN-DEP.
3. You may claim an additional exemption for each qualifying dependent child:
- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
  - who was under the age of 19 by Dec. 31, 2018,
  - or a full-time student who was under the age of 24 by Dec. 31, 2018, and
  - who you are eligible to claim as a dependent on line 2 above.
- Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 \_\_\_\_\_ 3 .00
4. Place "X" in box(es) below if, by December 31, 2018
- You were age 65 or older and/or blind
- Spouse was 65 or older and/or blind
- Total number of boxes with Xs x \$1000 \_\_\_\_\_ 4 .00
5. If age 65 or older, enter amount from Form IT-40, line 1.  
If this amount is less than \$40,000, place "X" in box(es) below if:
- You were age 65 or older
- Spouse was 65 or older
- Total number of boxes with Xs x \$500 \_\_\_\_\_ 5 .00
6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 \_\_\_\_\_ **Total Exemptions** 6 1000.00



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Name(s) shown on Form IT-40

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**Round all entries**

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	1926.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	597.00
3. Estimated tax paid for 2018: include any extension payment made with Form IT-9 _____	3	.00
4. Unified tax credit for the elderly _____	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line <b>A-3</b> _____	5	.00
6. Lake County residential income tax credit _____	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8	.00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12 _____ <b>Total Credits</b>	9	2523.00

**Schedule IN-DONATE**

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00
d. Enter fund name	code no.	1d	.00
2. Add lines 1a through 1d. Enter total here and on Form IT-40/IT-40PNR, line 17 <b>Total Donations</b>		2	.00



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Name(s) shown on Form IT-40

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1. Federal filing information

Are you filing a federal income tax return for 2018? Place "X" in appropriate box. Yes  No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked	Your income	State where spouse worked	Spouse's income
	\$ .00		\$ .00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death

If any individual listed at the top of the IT-40 died during 2018, enter date of death (MM/DD).

Taxpayer's date of death	2018	Spouse's date of death	2018
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Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime

telephone number 6822197094

Your

email address

MONISHAMOCHAN8709@GMAIL

I authorize the Department to discuss my return with my personal representative.

Paid Preparer: Firm's Name (or yours if self-employed)

Yes No If yes, complete the information below.

GLOBAL TAXES LLC

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

Telephone number

PTIN P02090332

Address

Address 2530 PEBBLE CREEK LN

City

City CUMMING

State

State GA Zip Code 30041

Zip Code

Preparer's signature \_\_\_\_\_



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	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____ 1A	54405.00	.00
2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2018 __ 2A	.0100000	.
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) 3A	544.00	.00
4. Add lines 3A and 3B. Enter the total here. <b>Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.</b> Otherwise, enter the total here and on line 7 below (see instructions)____ 4		544.00
5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____ 5		.00
6. Multiply line 5 by .0181 and enter total here _____ 6		.00
7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____ 7		544.00



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