| Form <b>8879</b> |  |
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Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

2018

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 (S | SID) |
|-------------------------------------|------|
|-------------------------------------|------|

| <b>,</b>              |                                 |
|-----------------------|---------------------------------|
| Taxpayer's name       | Social security number          |
| GOPALAKRISHNA CHINNAM | 791-53-7856                     |
| Spouse's name         | Spouse's social security number |
|                       |                                 |

| Part | 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 | 38,396. |  |  |
| 2    | Total tax (Form 1040, line 15; Form 1040NR, line 61)  | 2 | 2,975.  |  |  |
| 3    | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) .         | 3 | 4,896.  |  |  |
| 4    | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)                       | 4 | 1,921.  |  |  |
| 5    | Amount you owe (Form 1040, line 22; Form 1040NR, line 75)   | 5 |         |  |  |
| Part | 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 auctonat. This authorization is to remain in full force and effect until I notify 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 |
|------------|------|-------|-----|-----|------|
|------------|------|-------|-----|-----|------|

| $\mathbf{X}$ | l authorize  | GLOBAL TAXES LLO         | C   | to enter or generate my PIN | 3      | 7      | 8   5  | 5 6     | ĺ |
|--------------|--------------|--------------------------|---|-----------------------------|--------|--------|--------|---------|---|
|              |              | ERC                      | O firm name   |                             | Ente   | r five | digits | , but   |   |
|              | as my signa  | ture on my tax year 2018 | 8 electronically filed income tax                                     | return.                     | don'   | t ente | all z  | eros    |   |
|              |              |                          | on my tax year 2018 electronic<br>urn is filed using the Practitioner |                             |        |        |        |         |   |
| Your sig     | gnature 🕨    |                          |   | Date ►                      |        |        |        |         |   |
| Spouse       | 's PIN: chec | k one box only           |   |                             |        |        |        |         | 1 |
|              | I authorize  |                          |   | to enter or generate my PIN |        |        |        |         | ĺ |
|              |              | ERC                      | O firm name   |                             | Ente   | r five | digits | , but   |   |
|              | as my signa  | ture on my tax year 2018 | 8 electronically filed income tax                                     | return.                     | don'   | t ente | all z  | eros    |   |
|              |              |                          | an mutau unar 0010 ala atrania  |                             | a a la |        |        | ا بدامه |   |

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                        |   |  |  |  |  |  |
| <b>ERO's EFIN/PIN.</b> 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

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

| Dependence of the Treasury         Dependence of the Control of the target         Dependence of the Control of the target<  | Form <b>1040NR</b> U.S. Nonresident Alien Income Tax Return<br>> Go to www.irs.gov/Form1040NR for instructions and the latest information. |       |      |                                   |                      |             | OMB No.    | . 1545-     | ·0074           |         |            |                |              |                 |
|--|--|-------|------|-----------------------------------|----------------------|-------------|------------|-------------|-----------------|---------|------------|----------------|--------------|-----------------|
| Vour first mean and hold         Last name         Jean Hong         Jean Hong           Please print<br>Or 1y0P         OPALLXRE STEMPA<br>Parent hom address number and street or rual rode, if you have a PO. box, see instructions.         Act. no.         Check if: X         Individual           Please print<br>Or 1y0P         OPALLXRE STEMPA<br>Parent hom address number and street or rual rode, if you have a foruge address, also complete spaces bolow. See instructions.         Check if: X         Individual           Of 1y0P         To UDARTY III         Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>or box.         Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>or box.         Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>or box.         Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>or box.         Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>Foreign province/bidate/cauruhy<br>or box.         Foreign province/bidate/cauruhy<br>Foreign province/cauruhy<br>Foreign province/cauruhy<br>Foreign province/cauruh   | Department of the  | Treas | ury  | For the year Jan                  | uary 1-December 3    | 31, 2018, 0 | or other t | tax year    |                 |         |            | 20             | )18          | B               |
| COPALARE ISINA     CHINNAM     791-53-7856       Please print     Creck 1::::::::::::::::::::::::::::::::::::  | Internal Revenue S   |       |      |                                   |                      |             |            |             | , 20            | Idont   | ifuina n   |                | instru       | ations)         |
| Please print<br>or type       Freest-time address (number and street or rund route), type in you have a P.O. box, ese instructions.       Apt. no.       Crock at }       Crock }       Crock }       Crock at }       <  |  |       |      |                                   |                      |             |            |             |                 |         |            |                | mstrut       | ,110115)        |
| Please print<br>Of type       607 th SURAPTE RD UNIT B       Image: Control of the state and 20 ods. If you have a foreign address, also complete spaces below. See instructions.<br>MORROVIA CA. 91016       Image: Control of the state and 20 ods. If you have a foreign address, also complete spaces below. See instructions.<br>MORROVIA CA. 91016       Image: Control of the state and 20 ods. If you have a foreign address, also complete spaces below. See instructions)         Filing<br>Status       1       Reserved       4       Reserved       Foreign control of the state address also complete spaces below. See instructions)         Check only<br>on box.       7       Dependents: (see instructions)       (d) Dependents:<br>teatifying values       (d) Dependents:<br>teatifying values<  |  |       |      |                                   | -                    | 0 hox s     | ee instru  | ctions /    | Ant no          | 19.     |            |                | adividu      |                 |
| or type Chy, town op cal diffice, stitle, and 2P code. If you have a foreign address, also complete spaces below. See instructions. MOREOVIA CA 91016 Freeign: country name Free Free Tree Tree Tree Tree Tree Tree  | Please print   |       |      | ,                                 | tej. Il you have a l | .0. 007, 3  | ee matru   |             | ърг. по.        |         | Check      |                |              |                 |
| MOREOUTAL CA. 91016     Foreign province/dtaile/county meme     Foreign postal code       Filing<br>Status     1     Reserved     4     Reserved       Status     3     Reserved     4     Reserved       Dependents<br>if more<br>above     7     Dependents: (see instructions)<br>(1) First name     (2) Dependents'<br>user instructions<br>and check     (3) Dependents'<br>instructions<br>and check     (4) If is carries       Dependents<br>if more<br>ad check     8     Wages, salaries, tips, etc. Attach Form(s) W-2     8     38.2       Strate/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/<br>Consistence/ | •  |       |      |                                   | ave a foreign addre  | o cels ee   | omplete    | spaces bel  | ow See in       | struct  | ions       |                | .state (     |                 |
| Foreign country name         Foreign province/state/country         Foreign province/state/country           Filing<br>Status         1         Reserved         4         Reserved           Status         2         X Single nonresident alien         5         Married nonresident alien         Child's name           Dependents         7         Dependents (see instructions)         (1) First name         (2) Dependent's (bit is count to be instructions)         (2) Dependent's (bit is count to be instructions)           Income         1         Reserved         (1) First name         (2) Dependent's (bit is count to be instructions)         (2) Dependent's (bit is count to be instructions)           Income         8         Wages, salaries, tips, etc. Attach Form(s) W-2         8         8         38, 396, 396, 398           Effectively         5         Taxable interest.         10         10         10           1         12         Scholarship and ellowship gants. Attach Form (2) W-2         8         38, 38, 396, 396, 398           1         Taxable interest.         100         10         10         10           1         12         13         11         12         12           1         Taxable refuncts, credits, or offsets of state and local income taxes (see instructions)         13         11 <td></td> <td></td> <td></td> <td></td> <td></td> <td>.00, 0.00 0</td> <td>ompioto</td> <td>0000000</td> <td></td> <td>011001</td> <td>10110.</td> <td></td> <td></td> <td></td>   |  |       |      |                                   |                      | .00, 0.00 0 | ompioto    | 0000000     |                 | 011001  | 10110.     |                |              |                 |
| Filing<br>Status       1       Reserved       4       Reserved         2       X       Single nonresident alien       5       Marnied nonresident alien         3       Reserved       5       Marnied nonresident alien         3       Reserved       5       Cultifying widowide/ge les instructions)         Check only       7       Dependents: (see instructions)       (g) Dependents'       (e) Consoler's       (e) Instructions         I'more       (i) First name       Last name       (g) Dependents'       (e) Calitation conditionation (conditionationationationationationationation   |  |       |      |                                   |                      | Foreign     | province   | /state/coun | tv              |         |            | Foreia         | n posta      | al code         |
| Status       2       Single nonresident alien       5       Maried nonresident alien         Check only       3       Pesarved       6       Qualifying widowien (see instructions)         Check only       7       Dependents       (an entropy of the instructions)       (b) first name         If more dependents, and check       (f) First name       (g) Dependent's (see instructions)       (g) Dependent's (see instructions)       (h) first name       Child tax credit       Check for cher dependents         Income dependents, and check       8       Wages, salaries, tips, etc. Attach Form(s) W-2       8       3 8, 396.         Income treffectively       0       1       1       1       1         Income treffectively       0       1       1       1       1         Vift U.S.       9       Taxable interast.       0       1       1         Income treffectively       1       1       1       1       1       1         Doualified dividends (see instructions)       10       10       10       1       1         Income treffectively       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <th></th> <th></th> <th>J</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>- ,</th> <th></th> <th></th> <th></th> <th></th> <th></th>  |  |       | J    |                                   |                      |             |            |             | - ,             |         |            |                |              |                 |
| Status       2       Single nonresident alien       5       Maried nonresident alien         Check only       3       Pesarved       6       Qualifying widowien (see instructions)         Check only       7       Dependents       (an entropy of the instructions)       (b) first name         If more dependents, and check       (f) First name       (g) Dependent's (see instructions)       (g) Dependent's (see instructions)       (h) first name       Child tax credit       Check for cher dependents         Income dependents, and check       8       Wages, salaries, tips, etc. Attach Form(s) W-2       8       3 8, 396.         Income treffectively       0       1       1       1       1         Income treffectively       0       1       1       1       1         Vift U.S.       9       Taxable interast.       0       1       1         Income treffectively       1       1       1       1       1       1         Doualified dividends (see instructions)       10       10       10       1       1         Income treffectively       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <th>Filing</th> <th>1</th> <th></th> <th>Beserved</th> <th></th> <th></th> <th>4</th> <th>Beserve</th> <th>ed</th> <th></th> <th></th> <th></th> <th></th> <th></th>   | Filing   | 1     |      | Beserved                          |                      |             | 4          | Beserve     | ed              |         |            |                |              |                 |
| Check only<br>one box.       3       Reserved       6       Coulifying widow(er) (see instructions)         Check only<br>one box.       7       Dependents: (see instructions)       (p) periodents:<br>(see instructions)       (p) / it qualities for (see instructions)         Immone       (1) First name       Last name       (d) Dependents:<br>(see instructions)       (e) Dependents:<br>(see instructions)       (f) Dependents:<br>(see instructions)  | -  | -     |      |                                   |                      |             |            |             |                 | dent    | alien      |                |              |                 |
| Check only one box.       7       Dependents: (see instructions)       (a) Dependent's (a) Dependent's (a) Dependent's (a) Dependent's (b) Fat name / (b) Fat name / (c) Fat  | Status   |       |      | •                                 |                      |             |            | _           |                 |         |            | structions     | 5)           |                 |
| One DAX.       To pependents:       7       Dependents:       (a) Dependents:       (b) Charles (c) Charles (c   |  | •     |      |                                   |                      |             | •          |             | -               |         | (          |                | -)           |                 |
| If more<br>dependents,<br>see instructions       Last name       identifying number       relationship to you       Ordit tax credit<br>ordit for above dependents         and check<br>here.       8       Wages, salaries, tips, etc. Attach Form(s)       0       0       0         Income<br>Effectively<br>Connected       8       Wages, salaries, tips, etc. Attach Form(s)       0       0       0         Income<br>Effectively<br>Connected       8       Wages, salaries, tips, etc. Attach Form(s)       10       0       0         10a Ordinary dividends       10a Ordinary dividends       10a       0       10a       0         11       Taxable inferest.       10a       10a       10a       10a         10a Ordinary dividends       10b       11       11       12       12         12       Salaine of (0.58, Attach Form(s) 1042-S or required statement (see instructions)       11       12         13       Using salar or (0.58, Attach Form(s) 1042-S or required statement (see instructions)       13         14       Copial gain or (0.58, Attach Form(s) 1042-S or required statement (see instructions)       17         14       Tay IRAs, pensions, and annulifie       17a       17b       Taxable amount (see instructions)         15       Rendar real state, rogital spatnerships, trust, etc. Attach Schedule E (Form 1040)       18  |  |       |      | /                                 | 1                    |             |            |             |                 |         |            |                |              |                 |
| Introduction       (i) First name       Last name       I       Child tax credit       Credit or diver dependents         dependents, see instructions       Image: See instructions   | -  | 1     | Dep  | pendents: (see instructions)      |                      |             |            |             |                 | (4) 🗸   | if qualifi | es for (see i  | nstr.):      |                 |
| dependents, see instructions   |  |       | (1)  | First name Last name              |                      | noci        | Telation   |             | Chile           | d tax c | redit      | Credit for o   | ther de      | pendents        |
| and check  |  |       |      |                                   |                      |             |            |             |                 |         |            |                | <u> </u>     |                 |
| here.       Income       8       Wages, salaries, tips, etc. Attach Form(s) W-2       8       38, 396.         Bracescengt interest.       bacalities (see instructions)       9a       38       38, 396.         Vith U.S.       ba Ordinary dividends       9b       10a       10a         Doublind dividends (see instructions)       10b       10a       10a         11       Taxable refunds, credits, or offsets of state and local income taxes (see instructions)       11       11         13       Business income or (loss). Attach Schedule C or C-EZ (Form 1040)       11       13         13       Business income or (loss). Attach Schedule C or C-EZ (Form 1040)       11       14         14       Capital gain or (losse). Attach Schedule C or C-EZ (Form 1040)       11       17b         16       Beserved       17a       17b       17a       17b       17a         16       Beserved       17a       17a       17b       17b       17b         17a       IRAs, pensions, and annuities       17a       17b       17b       17b         18       Rental real estate, royalies, partnerships, trusts, etc. Attach Schedule E (Form 1040)       19       21         21       Other income exampt by a treaty from page 5. Schedule OI, then L (1)(e)       22       23  |  |       |      |                                   |                      |             |            |             |                 |         |            |                | <u> </u>     |                 |
| Income<br>Effectively<br>Connected       8 Wages, salaries, tips, etc. Attach Form(s) W-2       8 38, 396.         Barable interest.       9a         b Tax-exempt interest. Do not include on line 9a       9b         10a Ordinary dividends       10a         b Qualified dividends (see instructions)       10b         11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)       11         12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)       12         13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)       13         14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       14         15 Other gains or (losses). Attach Schedule D (Form 1040)       18         17a IRAs, pensions, and anuities       17a         17a IRAs, pensions, and anuities       17a         17a IRAs, pensions, attach Schedule B (Form 1040)       19         20 Unemployment compensation       20         21 Other income or (loss). Attach Schedule E (Form 1040)       18         21 Cother oncome exempt by a trady from page S, Schedule O, Iten L (1)(a)       21         22 Total income exempt by a trady from page S, Schedule O, Iten L (1)(a)       22         23 Gambia et al. Stopian   |  |       |      |                                   |                      |             |            |             |                 |         |            |                | <u> </u>     |                 |
| Income<br>Effectively<br>Connected       9a Taxable interest.       9a         b a Ordinary dividends       10a Ordinary dividends       10a         b Qualified dividends (see instructions)       10b       10a         b Qualified dividends (see instructions)       10b       11         c Scholarship and fellowship grants. Attach Form(§) 1042-50 required statement (see instructions)       12         13       Business income or (loss). Attach Schedule C or C-EZ (Form 1040)       13         14       Capital gain or (loss). Attach Schedule C or C-EZ (Form 1040)       15         15       Other gains or (losses). Attach Schedule C or C-EZ (Form 1040)       16         16       Reserved       16         SSA-1042S, and agains or (losse). Attach Schedule F (Form 1040)       18         10a end agae.       17a       IRAs, pansions, and annuities       17a         17a IRAs, pansions, and annuities       17a       17b       17b       17b         10a end agae.       10       10employment compensation       20       20         21       Other income. List type and amount (see instructions)       21       21       21         22       Total income exempt by a traiy from page 5. Schedule 0, Item L (1)/e       22       23       28, 396.         24       25       26  |  |       | 14/  |                                   |                      |             |            |             |                 |         |            |                |              | 200             |
| Ellectively       b Tax-exempt interest. Do not include on line 9a       9b         10a Ordinary dividends       10a         10a Ordinary dividends       10a         10a Ordinary dividends       10a         b Qualified dividends (see instructions)       10b         11       Taxable refunds, credits, or offsets of state and local income taxes (see instructions)       11         12       Scholarship and fellowship grants. Attach Form(s) (1042-S or required statement (see instructions)       11         13       Business income or (loss). Attach Schedule C or C-EZ (Form 1040)       13         14       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       14         15       Other gains or (loss). Attach Form 4797       15         18       Rental real estate, royatiles, partnerships, trusts, etc. Attach Schedule E (Form 1040)       19         19       Internew Late, royatiles, partnerships, trusts, etc. Attach Schedule E (Form 1040)       19         20       Unemployment compensation       20       20         21       Total income exempt by a treaty from page 5, Schedule 0, Item L (1)(e)       22       21         22       Total income exempt by a treaty from page 5, Schedule 0, Item L (1)(e)       22       23       38, 396.         24       Educator expenses (see instructions)  | Income   |       |      |                                   | ,                    |             |            |             |                 |         |            |                | 38,          | 396.            |
| OwnerCode       10a Ordinary dividends       10a         Trade/       b Qualified dividends (see instructions)       10b         Business       11       Taxable refunds, credits, or offsets of state and local income taxes (see instructions)       11         12       Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)       12         14       Capital gain or (toss). Attach Schedule C or C-EZ (Form 1040)       13         14       Capital gain or (toss). Attach Schedule D (Form 1040) if required. If not required, check here I       14         15       16       17b       17b         16       Reserved       16       17b         17a IPAS, pensions, and annuities       17a       17b       17b         18       Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18         19       Farm income or (loss). Attach Schedule D (Horn 1040)       19         20       Unemployment compensation       20         21       Combine the amount (see instructions)       21         22       Combine the amount (see instructions)       21         23       Combine the amount (see instructions)       22         24       Educator expenses (see instructions)       24         24       Educat  | Effectively  |       |      |                                   |                      |             |            |             |                 | ·       | 9a         |                |              |                 |
| Attack Form(s)       b Qualified dividends (see instructions)       10b         Business       11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)       11         2 Scholarship and fellowship grants. Attach Form(s) 102-S or required statement (see instructions)       12         Attach Form(s)       13       13         Wz, 102-S, 176       14       14         Capital gain or (loss). Attach Schedule C or C-EZ (Form 1040)       14       14         Wz, 102-S, 176       16       15       16         Reserved       16       17       17       17         RB-1042S, 178       Particle aster, royaties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18       19         Parm income of (loss). Attach Schedule F (Form 1040)       19       20       10       19         20       Unemployment compensation       20       20       21       21         21       21       21       21       21       21       21         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       28       25       25       26       21       23       38, 396.         24       Educator expenses for members of the Armed Forces. Attach Form 303       26 <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td>10-</td><td></td><td></td><td></td></td<>   |  |       |      |                                   |                      |             | -          |             |                 |         | 10-        |                |              |                 |
| Business       11       Taxable refunds, credits, or offsets of state and local income taxes (see instructions)       11         12       Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)       12         13       Business income or (loss). Attach Schedule D (Form 1040)       13         14       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       14         14       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here       14         17a       IRAs, pensions, and annuities       17a         19       Farm income or (loss). Attach Schedule F (Form 1040)       18         19       Income or (loss). Attach Schedule F (Form 1040)       19         20       Unemployment compensation       20         21       Cotal income exempt by a treaty from page 5, Schedule 0, Item L (1)(e)       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       24         24       Educator expenses (ore embers of the Armed Forces. Attach Form 3903       26         <  |  |       |      | -                                 |                      |             | 1          | 1           |                 | •       | TUa        |                |              |                 |
| Attach Form(s)       12       Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)       12       13         Attach Form(s)       14       Capital gain or (loss). Attach Schedule C or C-EZ (Form 1040)  |  |       |      |                                   |                      |             |            |             | ions)           |         | 44         |                |              |                 |
| Attach Form(s)       13       Business income or (loss). Attach Schedule C or C-EZ (Form 1040)       13         Attach Form(s)       15       Other gains or (loss). Attach Schedule D (Form 1040) if required. If not required, check here □       14         Mtach Form(s)       16       Deserved       15         SSA-10425,<br>RRB-10425,<br>and 8288-A       Ta IRAs, pensions, and annutites       17a       17b       Taxable amount (see instru-<br>17b       17b         19       Farm income or (loss). Attach Schedule F (Form 1040)       18       17b       17b         19       Farm income or (loss). Attach Schedule F (Form 1040)       18       17b         19       Farm income or (loss). Attach Schedule F (Form 1040)       18       17b         10       Unemployment compensation       20       20       20         21       Combine the amounts in the far right column for lines 8 through 21. This is your total       21         22       Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)       22       22       23       38, 396.         24       Educator expenses (see instructions)       24       24       24         24       Educator expenses (see instructions)       27       28       28       29         25       Felath savings account deduction. Attach Schedule SE<br>(Form 1040) <td>Business</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td><u> </u></td>  | Business   |       |      |                                   |                      |             | •          |             | ,               |         |            |                |              | <u> </u>        |
| Attach Form(s)       14       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here □       14         Attach Form(s)       15       Other gains or (losses). Attach Form 4797.       15         16       Reserved.       16       Reserved.       16         17a IRAs, pensions, and annuities       17a       17b       Taxable amount (see instr.)       17b         18       Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18       17b         19       Farm income or (loss). Attach Schedule F (Form 1040)       18       17b       20         20       Unemployment compensation       20       17b       18       17b       22         20       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       21       22       23       38, 396.         24       Educator expenses (see instructions)       22       25       25       25         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       28       28       25         28       Self-employed SEP, SIMPLE, and qualified plans       22       25       26         29       Self-employed health insurance deduction (see instructions)       30       31       32  |  |       |      |                                   | ( )                  | •           |            |             |                 | ,       |            |                |              |                 |
| Attach Form(s)       15       Other gains or (losses). Attach Form 4797.       15         W-2, 1042-S, SXA-1042S, RBB-1042S,  |  |       |      |                                   |                      |             | ,          |             |                 | _       |            |                |              |                 |
| Attach Pormis)       16       Reserved       16         SSA-10425,<br>RRB-10425,<br>and 228-A       Ta IRAs, pensions, and annuities       17a       17b       Ta         RRB-10425,<br>and 228-A       Ta mincome or (loss), Attach Schedule F (Form 1040)       18       19         19       Farm income or (loss), Attach Schedule F (Form 1040)       19       20         20       Unemployment compensation       20         21       21       21       21         22       Total income exempt by a treaty from page 5, Schedule 0I, Item L(1)(e)       22       21         23       Total income exempt by a treaty from page 5, Schedule 0I, Item L(1)(e)       22       23         24       Educator expenses (see instructions)       24       25         25       Educator expenses for members of the Arred Forces. Attach<br>Form 3903       26       27         26       Self-employed health insurance deduction (see instructions)       28       28         29       29       29       29       29         30       31       Scholarship and fellowship grants excluded       31       32         31       Scholarship and fellowship grants excluded       32       33       34         32       IRA deduction (see instructions)       32       33  |  |       |      | • • • •                           | ,                    | •           |            |             |                 |         |            |                |              |                 |
| SSA-10425,<br>RPB-10425,<br>and 228-A<br>and 228-A<br>here. Also<br>attach Form[5]       17a IRAs, pensions, and annuities       17a       17b Taxable amount (see instr)         18       Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18       19         19       Farm income or (loss). Attach Schedule F (Form 1040)       19       19         20       Unemployment compensation       20       20         21       Other income. List type and amount (see instructions)       21         22       Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)       22       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total<br>effectively connected income       24         24       Educator expenses (see instructions)       25       26         25       26       26       27         26       27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27         28       Self-employed health insurance deduction (see instructions)       30       31         39       Penalty on early withdrawal of savings       30       32         31       Scholarship and fellowship grants excluded       31       32         32       IFA deduction (see instructions)       33       34  |  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| RRB-10425,<br>and 3288-A<br>here. Also<br>attach Formis       18       Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18         19       Farm income or (loss). Attach Schedule F (Form 1040)       19         20       Unemployment compensation       20         21       Other income. List type and amount (see instructions)       21         22       Other income. List type and amount (see instructions)       21         23       Combine the amounts in the far right column for lines 8 through 21. This is your total<br>effectively connected income       24         24       Educator expenses (see instructions)       25         25       Health savings account deduction. Attach Form 8889       25         26       Oner 1040)       26         27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       30         31       Student foan interest deduction (see instructions)       32         32       Add lines 24 through 33       34         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       36       38, 396. <tr< th=""><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr<>   |  |       |      |                                   |                      | 1           |            |             |                 |         | -          |                |              |                 |
| here. Also:       19       Farm income or (loss). Attach Schedule F (Form 1040)       19         1099-R if tax, was withheld.       20       Unemployment compensation       20         21       Other income. List type and amount (see instructions)       21         22       Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)       22       23         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       24         24       Educator expenses (see instructions)       24         25       Health savings account deduction. Attach Form 8889       25         26       Moving expenses for members of the Armed Forces. Attach Form 3903       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       29         29       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       30         30       31       Scholarship and fellowship grants excluded       31         31       Student toan interest deduction (see instructions)       32       33         33       Student toan interest deduction (see instructions)       33       35       38, 396.         34       Add lines 24 through 33       Student toan  |  |       |      |                                   | s. trusts. etc. At   |             |            |             | `               | ,       |            |                |              |                 |
| attach Form(s)<br>1099-Ri ftax       20       Unemployment compensation       20         21       Other income. List type and amount (see instructions)       21         22       Total income exempt by a treaty from page 5, Schedule 0I, Item L (1)(e)       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total<br>effectively connected income       23         24       Educator expenses (see instructions)       24         25       Health savings account deduction. Attach Form 8889       25         26       Moving expenses for members of the Armed Forces. Attach<br>Form 3903       26         27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       29         29       Self-employed health insurance deduction (see instructions)       30         30       Penalty on early withdrawal of savings       31         31       Scholarship and fellowship grants excluded       31         32       Add lines 24 through 33       33         34       Add lines 24 through 33       35         35       Adjusted Gross income 2.       36         36       Amount from line 35 (adjusted gross income)       33         35       Adjusted Gross income edduction (see instructions)       34         36       Adjusted Gross income edductin   |  |       |      |                                   |                      |             |            |             | ,               |         |            |                |              |                 |
| 1005 with held.       21       Other income. List type and amount (see instructions)       21         22       Total income exempt by a treaty from page 5, Schedule 0I, Item L (1)(e)       22       23         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       23       38, 396.         24       Educator expenses (see instructions)       24       23       38, 396.         25       Health savings account deduction. Attach Form 8889       25       26         26       Moving expenses for members of the Armed Forces. Attach Form 3903       26       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27       28         28       Self-employed SEP, SIMPLE, and qualified plans       28       29         30       Penalty on early withdrawal of savings       30       31       32         31       32       33       34       34         32       IRA deduction (see instructions)       33       34         34       Adjusted Gross Income. Subtract line 34 from line 23       35       38, 396.         35       Adjusted Gross Income. Subcard line 34 from line 8       Std. Dedn, US/.India, Treatry       37       12,000.         38       Qualified business income  |  |       |      |                                   | · ,                  |             |            |             |                 |         | 20         |                |              |                 |
| 22       Total income exempt by a treaty from page 5, Schedule 0I, Item L (1)(e)       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       23       38, 396.         Adjusted Gross Income       24       Educator expenses (see instructions)       24       25         26       Health savings account deduction. Attach Form 8889       25       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27       28         29       Self-employed SEP, SIMPLE, and qualified plans       28       29         30       31       31       31         31       Scholarship and fellowship grants excluded       31       32         32       Student loan interest deduction (see instructions)       32       33         33       Student loan interest deduction (see instructions)       32       33         34       Add gross Income. Subtract line 34 from line 23       35       38, 396.         36       Adjusted Gross Income. Subtract line 34, from line 23.       36       38, 396.         35       Adjusted Gross Income. Subtract line 34, from line 23.       36       38, 396.         36       Adjusted Gross Income. Subtract line 34, from line 23.       36       38, 396. <td></td> <td>21</td> <td></td> <td></td> <td></td>  |  |       |      |                                   |                      |             |            |             |                 |         | 21         |                |              |                 |
| 23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       23       38,396.         Adjusted Gross Income       24       Educator expenses (see instructions)       24       25         26       26       26       26       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27       28       29         28       Self-employed SEP, SIMPLE, and qualified plans       28       29       29         30       Penalty on early withdrawal of savings       30       31       31         31       Scholarship and fellowship grants excluded       31       32         32       Add lines 24 through 33       33       33         34       Add lines 24 through 33       33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       36       38,396.         36       Amount from line 35 (adjusted gross income)       36       38,396.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty       37         37       Itemized deduction (see instructions)       38       39       38         39       Exemptions for estates and trusts only (see instructions)       38       39 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>[</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |  |       |      |                                   |                      |             |            | [           |                 |         |            |                |              |                 |
| Adjusted<br>Gross<br>Income       24       Educator expenses (see instructions)       24       25         25       Health savings account deduction. Attach Form 8889       25         26       Moving expenses for members of the Armed Forces. Attach<br>Form 3903       26         27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       23       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       31       32         33       Student loan interest deduction (see instructions)       33       34         4       Add lines 24 through 33       Scholarship and file with a form line 23       35       38, 396.         36       Amount from line 35 (adjusted gross income)       35       38, 396.       37       12,000.         38       39       Exemptions for estates and trusts only (see instructions)       39       39       30   |  |       |      |                                   |                      |             | ough 2     | 1. This is  | s your <b>t</b> | otal    |            |                |              |                 |
| Adjusted<br>Gross<br>Income       25       Health savings account deduction. Attach Form 8889       25         26       Moving expenses for members of the Armed Forces. Attach<br>Form 3903       26       26         27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       31       30         31       32       33         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       35       38, 396.         36       Amount from line 35 (adjusted gross income)       36       38, 396.         37       Itemized deductions from page 3, Schedule A, line 8.       Std. Dedrn, US/India, Treaty       37       12,000.         39       Exemptions for estates and trusts only (see instructions)       38       39       39   |  |       | effe | ctively connected income          |                      |             |            |             |                 |         | 23         |                | 38,          | 396.            |
| Gross<br>Income       25       26       25         26       Moving expenses for members of the Armed Forces. Attach<br>Form 3903       26       26         27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27       28         29       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       30         30       9       Penalty on early withdrawal of savings       31         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       31         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn, US/India Treaty         36       Mount from line 35 (norme deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39   | Adjusted   | 24    | Edu  | cator expenses (see instructions) |                      |             | 24         |             |                 |         |            |                |              |                 |
| Income       20       Moving expenses for members of the Armed Forces. Attach<br>Form 3903       26         27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27         28       29         29       28         29       29         30       30         31       30         32       Stelf-employed health insurance deduction (see instructions)         30       Penalty on early withdrawal of savings         31       Scholarship and fellowship grants excluded         33       Student loan interest deduction (see instructions)         34       Add lines 24 through 33         35       Adjusted Gross Income. Subtract line 34 from line 23         36       Amount from line 35 (adjusted gross income)         37       Itemized deductions from page 3, Schedule A, line 8. Std. Dedn. US/India Treaty         37       Itemized deduction (see instructions)         39       Exemptions for estates and trusts only (see instructions)   | -  |       |      | •                                 |                      |             | 25         |             |                 |         |            |                |              |                 |
| 27       Deductible part of self-employment tax. Attach Schedule SE<br>(Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       Penalty on early withdrawal of savings       20         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       33         35       Adjusted Gross Income. Subtract line 34 from line 23       34         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty         36       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39  |  | 26    |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| (Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       Penalty on early withdrawal of savings       30         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       33         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India. Treaty         38       39       Sulfied business income deduction (see instructions)       38  | income   |       |      |                                   |                      |             |            |             |                 |         | -          |                |              |                 |
| 28       Self-employed SEP, SIMPLE, and qualified plans       28       29         29       Self-employed health insurance deduction (see instructions)       29       29         30       Penalty on early withdrawal of savings       30       29         31       Scholarship and fellowship grants excluded       31       30         32       IRA deduction (see instructions)       32       31         33       Student loan interest deduction (see instructions)       32       33         34       Add lines 24 through 33       33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       35       38, 396.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn, US/India, Treaty       37       12,000.         38       Qualified business income deduction (see instructions)       38       38       38         39       Exemptions for estates and trusts only (see instructions)       39       39       30   |  | 27    |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 29       Self-employed health insurance deduction (see instructions)       29       30         30       Penalty on early withdrawal of savings       30       30         31       Scholarship and fellowship grants excluded       31       32         32       IRA deduction (see instructions)       32       33         33       Student loan interest deduction (see instructions)       33       34         34       Add lines 24 through 33       33       35         35       Adjusted Gross Income. Subtract line 34 from line 23       35       38, 396.         36       Amount from line 35 (adjusted gross income)       36       38, 396.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty       37       12,000.         38       Qualified business income deduction (see instructions)       39       39       39  |  |       |      |                                   |                      |             |            |             |                 |         | -          |                |              |                 |
| 30       Penalty on early withdrawal of savings       30       31         31       Scholarship and fellowship grants excluded       31       31         32       IRA deduction (see instructions)       32       32         33       Student loan interest deduction (see instructions)       33       34         34       Add lines 24 through 33       33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       5       34         36       Amount from line 35 (adjusted gross income)       35       38, 396.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn, US/India Treaty       37         38       Qualified business income deduction (see instructions)       38       39         39       Exemptions for estates and trusts only (see instructions)       39       39   |  |       |      |                                   |                      |             |            |             |                 |         | -          |                |              |                 |
| 31       Scholarship and fellowship grants excluded       31       32         32       IRA deduction (see instructions)       32       32         33       Student loan interest deduction (see instructions)       33       34         34       Add lines 24 through 33       33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       34         36       Amount from line 35 (adjusted gross income)       36       38,396.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty       37       12,000.         38       Qualified business income deduction (see instructions)       38       39       39   |  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       33         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       35       34         36       Amount from line 35 (adjusted gross income)       36       38,396.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India. Treaty       37         38       Qualified business income deduction (see instructions)       38       39  |  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 33       Student loan interest deduction (see instructions)       33         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India. Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39  |  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       5         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India. Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39  |  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 35       Adjusted Gross Income. Subtract line 34 from line 23.       Image: State in the state in  |  |       |      |                                   |                      |             | -          |             |                 |         | 24         |                |              |                 |
| Tax and<br>Credits36Amount from line 35 (adjusted gross income)  |  |       |      |                                   |                      |             |            |             |                 |         |            |                | 20           | 206             |
| 37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India Treaty       37       12,000.         38       Qualified business income deduction (see instructions)       .   |  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 38       Qualified business income deduction (see instructions).       38         39       Exemptions for estates and trusts only (see instructions)       39  | Tax and  |       |      |                                   |                      |             |            |             |                 |         |            |                |              |                 |
| 39 Exemptions for estates and trusts only (see instructions)   | Credits  |       |      |                                   |                      |             |            |             |                 |         |            |                | т <i>с</i> , |                 |
|  |  |       |      | ,                                 | ,                    |             |            |             |                 |         |            |                |              |                 |
|  | For Disclosure. P  |       |      |                                   |                      |             |            |             |                 |         |            | Form <b>10</b> | 40N          | <b>R</b> (2018) |

| Form 1040NR (201     | 8)          |  |                               |                |          |         |                      |                      | Page                          |
|----------------------|-------------|--|-------------------------------|----------------|----------|---------|----------------------|----------------------|-------------------------------|
| Taward               | 40          | Add lines 37 through 39  |                               |                |          |         |                      | 40                   | 12,000.                       |
| Tax and              | 41          | Taxable income. Subtract line 40 from I                                |                               |                |          |         |                      | 41                   | 26,396.                       |
| Credits              | 42          | Tax (see instr.). Check if any is from For                             | m(s): <b>a</b> 🗌 8814         | <b>b</b> 🗌 4   | 972      | с       | ]                    | 42                   | 2,975.                        |
| (continued)          | 43          | Alternative minimum tax (see instruction                               | ons). Attach Forr             | n 6251         |          |         |                      | 43                   |                               |
|                      | 44          | Excess advance premium tax credit repa                                 |                               |                |          |         |                      | 44                   |                               |
|                      | 45          | Add lines 42, 43, and 44   |                               |                | · · .    |         | 🕨                    | 45                   | 2,975.                        |
|                      | 46          | Foreign tax credit. Attach Form 1116 if r                              | equired                       |                | 46       |         |                      |                      |                               |
|                      | 47          | Credit for child and dependent care expen                              | ises. Attach Form             | n 2441         | 47       |         | 1                    |                      |                               |
|                      | 48          | Retirement savings contributions credit.                               |                               |                | 48       |         |                      |                      |                               |
|                      | 49          | Child tax credit and credit for oth                                    | •                             | •              |          |         |                      |                      |                               |
|                      |             | instructions)  |                               |                | 49       |         |                      |                      |                               |
|                      | 50          | Residential energy credit. Attach Form 5                               | 695                           |                | 50       |         |                      |                      |                               |
|                      | 51          | Other credits from Form: <b>a</b> 3800 <b>b</b>                        | 🗌 8801 c 🗌 _                  |                | 51       |         |                      |                      |                               |
|                      | 52          | Add lines 46 through 51. These are your                                |                               |                |          |         |                      | 52                   |                               |
|                      | 53          | Subtract line 52 from line 45. If zero or le                           |                               |                |          |         |                      | 53                   | 2,975.                        |
|                      | 54          | Tax on income not effectively connect                                  |                               |                |          |         |                      |                      |                               |
| Other                |             | Schedule NEC, line 15  |                               |                |          |         |                      | 54                   |                               |
| Taxes                | 55          | Self-employment tax. Attach Schedule S                                 | SE (Form 1040)                |                |          |         |                      | 55                   |                               |
|                      | 56          | Unreported social security and Medicare                                | e tax from Form:              | : <b>a</b> 🗌 4 | 137      | I       | <b>b</b> 🗌 8919      | 56                   |                               |
|                      | 57          | Additional tax on IRAs, other qualified re                             |                               |                |          |         |                      | 57                   |                               |
|                      | 58          | Transportation tax (see instructions) .                                |                               |                |          |         |                      | 58                   |                               |
|                      | <b>59</b> a | Household employment taxes from Sche                                   | edule H (Form 1               | 040).          |          |         |                      | 59a                  |                               |
|                      |             | Repayment of first-time homebuyer crec                                 |                               |                |          |         |                      | 59b                  |                               |
|                      | 60          | Taxes from: a Form 8959 b Instru                                       | uctions; enter co             | ode(s)         |          |         |                      | 60                   |                               |
|                      | 61          | Total tax. Add lines 53 through 60                                     |                               |                |          |         | 🕨                    | 61                   | 2,975.                        |
| Deserves             | 62          | Federal income tax withheld from:                                      |                               |                |          |         |                      |                      |                               |
| Payments             | a           | Form(s) W-2 and 1099   |                               |                | 62a      |         | 4,896.               |                      |                               |
|                      | k           | • Form(s) 8805   |                               |                | 62b      |         |                      |                      |                               |
|                      | c           | : Form(s) 8288-A   |                               |                | 62c      |         |                      |                      |                               |
|                      | c           | I Form(s) 1042-S   |                               |                | 62d      |         |                      |                      |                               |
|                      | 63          | 2018 estimated tax payments and amount a                               | applied from 2017             | 7 return       | 63       |         |                      |                      |                               |
|                      | 64          | Additional child tax credit. Attach Sched                              | lule 8812                     |                | 64       |         |                      |                      |                               |
|                      | 65          | Net premium tax credit. Attach Form 896                                | 62                            |                | 65       |         |                      |                      |                               |
|                      | 66          | Amount paid with request for extension t                               | to file (see instru           | ctions)        | 66       |         |                      |                      |                               |
|                      | 67          | Excess social security and tier 1 RRTA tax w                           | ithheld (see instru           | ictions)       | 67       |         |                      |                      |                               |
|                      | 68          | Credit for federal tax on fuels. Attach Fo                             | rm 4136                       |                | 68       |         |                      |                      |                               |
|                      | 69          | Credits from Form: <b>a</b> 2439 <b>b</b> Reserved                     | <b>c</b> 🗌 8885 <b>d</b> 🗌    | ]              | 69       |         |                      |                      |                               |
|                      | 70          | Credit for amount paid with Form 1040-0                                | С                             |                | 70       |         |                      |                      |                               |
|                      | 71          | Add lines 62a through 70. These are you                                | ur <b>total paymen</b>        | ts.            |          |         |                      | 71                   | 4,896.                        |
|                      |             | If line 71 is more than line 61, subtract lin                          |                               |                | the ar   | nount   | you <b>overpaid</b>  | 72                   | 1,921.                        |
| Refund               | 73a         | Amount of line 72 you want refunded to                                 | you. If Form 88               | 388 is atta    | ached,   | chec    | k here . 🕨 🗌         | 73a                  | 1,921.                        |
| Direct deposit?      | k           | Routing number 1 1 1 0 0 0 0   | ) 2 5 🕨                       | <b>c</b> Type: | 🗙 Ch     | eckin   | g 🗌 Savings          |                      |                               |
| See<br>instructions. | c           | Account number 4 8 8 0 7 3 7   | 7 0 6 2 7                     | 0              |          |         |                      |                      |                               |
|                      | e           | If you want your refund check mailed to an addres                      | s outside the United          | d States no    | t shown  | on pag  | ge 1, enter it here. |                      |                               |
|                      |             |  |                               |                |          |         |                      |                      |                               |
|                      | 74          | Amount of line 72 you want applied to your                             | r 2019 estimated              | l tax ►        | 74       |         |                      |                      |                               |
| Amount               | 75          | Amount you owe. Subtract line 71 from lin                              |                               |                | to pay,  | see ir  | nstructions          | 75                   |                               |
| You Owe              | 76          | Estimated tax penalty (see instructions)                               |                               |                | 76       |         |                      |                      |                               |
| Third Party          | Doy         | ou want to allow another person to discu                               | iss this return wi            | ith the IR     | S? See   | ə instı | ructions 🗌 🏾         | <b>/es.</b> Co       | mplete below. 🛛 🗙 No          |
| Designee             |             |  | Phone                         |                |          |         | Personal             |                      | tion                          |
|                      |             | gnee's name ►<br>er penalties of perjury, I declare that I have examin | no. ►<br>ed this return and a | accompany      | ina sch  | edules  | number (F            | ,                    | best of my knowledge and      |
| Sign Here            |             | f, they are true, correct, and complete. Declaration                   |                               |                |          |         |                      |                      |                               |
| Keep a copy of       | Your        | signature  | Date                          | Your occu      | pation i | n the U | Inited States        |                      | S sent you an Identity        |
| this return for      |             | -  | 240                           |                |          |         |                      | Protection (see inst | on PIN, enter it here<br>tr.) |
| your records.        |             |  |                               | SOFTW          | ARE I    | ENGI    | NEER                 |                      |                               |
| Doid                 | Prin        | t/Type preparer's name Preparer  | r's signature                 |                |          |         | Date                 | Check                |                               |
| Paid<br>Preparer     | APPA        | ANA RUPA VENKATA SATYA SAI MANIKUMAR                                   |                               |                |          |         |                      | self-emp             |                               |
| Use Only             | Firm        | 's name ► GLOBAL TAXES LLC   |                               |                |          |         | Firm's EIN ►         |                      | 1                             |
| Use only             |             | 's address ► 2530 Pebble Creek I                                       | Ln Cumming                    | GA 30          | 041      |         | Phone no.            |                      |                               |

| Schedule A-   | -Iten | nized Deductions (see instructions)  |    | 07 |
|---|-------|--|----|----|
| Taxes You<br>Paid                                       | 1     | State and local income taxes   |    |    |
|   | а     | State and local income taxes   |    |    |
|   | b     | Enter the smaller of line 1a and \$10,000 (\$5,000 if married)   | 1b |    |
| Gifts<br>to U.S.  | 2     | Gifts by cash or check. If you made any gift of \$250 or more, see instructions       2  |    |    |
| Charities<br>If you made a<br>gift and                  | 3     | Other than by cash or check. If you made any gift of \$250 or         more, see instructions. You must attach Form 8283 if the         amount of your deduction is over \$500         3      | -  |    |
| received a<br>penefit in<br>return, see<br>nstructions. | 4     | Carryover from prior year  |    |    |
|   | 5     | Add lines 2 through 4  | 5  |    |
| Casualty<br>and Theft<br>Losses                         | 6     | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions |    |    |
| Other<br>Itemized<br>Deductions                         | 7     | Other—from list in instructions. List type and amount  | 6  |    |

Total<br/>Itemized<br/>Deductions8Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on<br/>Form 1040NR, line 37

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Form **1040NR** (2018)

| Form | 1040NR | (2018) |
|------|--------|--------|
|------|--------|--------|

| Page | 4 |
|------|---|
|------|---|

|   |   | Schedule NEC-Tax on Income Not E                 | ffectively      | Cor            | nnected With      | a U.S. Trade or      | Business (see ir           | structions)                              |  |
|---|---|--|-----------------|----------------|-------------------|----------------------|----------------------------|--|--|
| Enter amount of income under the appropriate rate of tax (see instructions)   |   |  |                 |                |                   |                      |                            |  |  |
| Nature of income  |   |  |                 | <b>(a)</b> 10% | <b>(b) 1</b> 50/  | (a) 2004             | (d) Other (specify)        |  |  |
|   |   | (a) 1070   | <b>(b)</b> 15%  | <b>(c)</b> 30% | %                 | %                    |                            |  |  |
|   |   |  |                 |                |                   |                      |                            |  |  |
| 1   | Dividends and divide                              | end equivalents:                                 |                 |                |                   |                      |                            |  |  |
| а   | Dividends paid by U                               | S. corporations                                  | 1               | 1a             |                   |                      |                            |  |  |
| b   | Dividends paid by fo                              | preign corporations                              | 1               | 1b             |                   |                      |                            |  |  |
| С   |   | t payments received with respect to section      |                 |                |                   |                      |                            |  |  |
|   | transactions                                      |  | · · · 1         | 1c             |                   |                      |                            |  |  |
| 2   | Interest:   |  |                 |                |                   |                      |                            |  |  |
| а   |   |  |                 | 2a             |                   |                      |                            |  |  |
| b   | Paid by foreign corp                              | porations  |                 | 2b             |                   |                      |                            |  |  |
| С   |   |  |                 | 2c             |                   |                      |                            |  |  |
| 3   |   | oatents, trademarks, etc.)                       |                 | 3              |                   |                      |                            |  |  |
| 4   |   | V. copyright royalties                           |                 | 4              |                   |                      |                            |  |  |
| 5   | • • • •   | vrights, recording, publishing, etc.)            |                 | 5              |                   |                      |                            |  |  |
| 6   |   | e and natural resources royalties                |                 | 6              |                   |                      |                            |  |  |
| 7   |   |  |                 | 7              |                   |                      |                            |  |  |
| 8   | •   | fits   |                 | 8              |                   |                      |                            |  |  |
| 9   |   | e 18 below                                       |                 | 9              | ,                 |                      |                            |  |  |
| 10  | If zero or less, ente                             | ts of Canada only. Enter net income in column (c | <i>.</i> ).     |                |                   |                      |                            |  |  |
|   | Winnings  | er -0  |                 |                |                   |                      |                            |  |  |
| a<br>b  |   |  | 1(              | 0c             |                   |                      |                            |  |  |
| 11  |   | Residents of countries other than Canada.        |                 |                |                   |                      |                            |  |  |
|   |   | owed   | 1               | 11             |                   |                      |                            |  |  |
| 12  |   |  |                 | ··             |                   |                      |                            |  |  |
|   |   |  | 1               | 12             |                   |                      |                            |  |  |
| 13  |   | 12 in columns (a) through (d)                    |                 | 13             |                   |                      |                            |  |  |
| 14  | -   | rate of tax at top of each column                |                 | 14             |                   |                      |                            |  |  |
| 15  |   | ot effectively connected with a U.S. trade o     |                 |                | d columns (a) t   | hrough (d) of line 1 | 4. Enter the total         | here and on                              |  |
|   |   | 54   |                 |                |                   |                      |                            |  |  |
|   |   | Capital Gains and                                |                 |                |                   |                      |                            |  |  |
|   | nly the capital gains and                         | <b>16</b> (a) Kind of property and description   | (b) Date        |                | (c) Date          |                      |                            | (f) LOSS                                 | (g) GAIN                                 |
| losses from property sales or<br>exchanges that are from<br>sources within the United<br>States and not effectively<br>connected with a U.S. business.<br>Do not include a gain or loss on<br>disposing of a U.S. real<br>property interest; report these       IO       (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) |   | (if necessary, attach statement of               | acquired        |                | sold              | (d) Sales price      | (e) Cost or other<br>basis | If (e) is more<br>than (d), subtract (d) | If (d) is more<br>than (e), subtract (e) |
|   |   |  | (mo., day, yr.) |                | (mo., day, yr.)   |                      |                            | from (e)                                 | from (d)                                 |
|   |   |  |                 |                |                   |                      |                            |  |  |
|   |   |  |                 |                |                   |                      |                            |  |  |
| gains a   | nd losses on Schedule D                           |  |                 |                |                   |                      |                            |  |  |
| (Form 1<br>Report   | property sales or                                 |  |                 |                |                   |                      |                            |  |  |
| exchan  | ges that are effectively                          |  |                 |                |                   |                      |                            |  |  |
| on Scl  | ted with a U.S. business<br>nedule D (Form 1040), | <b>17</b> Add columns (f) and (g) of line 16     |                 | · .            |                   |                      | 17                         |  |  |
| Form 4  | 797, or both.                                     | 18 Capital gain. Combine columns (f) and         | (g) of line 1   | 17. Er         | nter the net gain | here and on line 9   | above (if a loss, e        | nter -0-) 🕨 🛛 18                         |  |

Μ

## Schedule OI-Other Information (see instructions) Answer all questions

- Of what country or countries were you a citizen or national during the tax year? INDIA Α
- In what country did you claim residence for tax purposes during the tax year? India В Have you ever applied to be a green card holder (lawful permanent resident) of the United States? 🗌 Yes 🛛 No С D Were you ever: **1.** A U.S. citizen?
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Е If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F If you answered "Yes," indicate the date and nature of the change.
- G List all dates you entered and left the United States during 2018. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

н Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2016 , 2017 <u>365</u> , and 2018 <u>365</u> . Ves X No Did you file a U.S. income tax return for any prior year? L

|   |  |          |       | 110 |
|---|--|----------|-------|-----|
|   | If "Yes," give the latest year and form number you filed 1040NR  |          |       |     |
| J | Are you filing a return for a trust?   | ר 🗌 ו    | íes 🛛 | No  |
|   | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a |          |       |     |
|   | U.S. person, or receive a contribution from a U.S. person?   | <u> </u> | ∕es [ | No  |
| К | Did you receive total compensation of \$250,000 or more during the tax year?   | <u>ا</u> | íes 🗅 | No  |
|   |  |          | _     | -   |

- L Income Exempt from Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
  - 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

|    | (a) Country  | (b) Tax treaty<br>article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |  |  |  |  |  |
|----|--|---------------------------|---|---|--|--|--|--|--|
|    |  |                           |   |   |  |  |  |  |  |
|    |  |                           |   |   |  |  |  |  |  |
|    |  |                           |   |   |  |  |  |  |  |
|    | (e) Total. Enter this amount on Form 1040NR, line 22.  | Do not enter it on line 8 | 8 or line 12 🕨                                  |   |  |  |  |  |  |
| 2. | Were you subject to tax in a foreign country on any of the   | e income shown in 1(d)    | above?  | 🗌 Yes 🛛 No                                      |  |  |  |  |  |
| З. | Are you claiming treaty benefits pursuant to a Competent Authority determination?  |                           |   |   |  |  |  |  |  |
|    | If "Yes," attach a copy of the Competent Authority determination letter to your return.                                  |                           |   |   |  |  |  |  |  |
|    | Check the applicable box if:   |                           |   |   |  |  |  |  |  |
| 1. | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in |                           |   |   |  |  |  |  |  |

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . . . .

> Form **1040NR** (2018) REV 05/02/19 PRO