Form 8879

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 (SID)	
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Taxpayer's name		Social security number		
RAJESWAR	A REDDY MANDLI	782-11-7737		
Spouse's name		Spouse's social security	numbe	r
PALLAVI I	PENIKALAPATI	967-99-9959		
Part I T	ax Return Information — Tax Year Ending December 31, 2018 (V	Vhole dollars only)		
1 Adjust	ed gross income (Form 1040, line 7; Form 1040NR, line 35)		1	64,073.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)			2	4,428.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a).			3	5,024.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)		4	596.	
5 Amour	nt you owe (Form 1040, line 22; Form 1040NR, line 75)		5	
Part II T	axpayer Declaration and Signature Authorization (Be sure you g	et and keep a copy	y of y	our 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 aucton. 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
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X I authorize GLOBAL T	AXES LLC	to enter or generate my PIN	1 7 7 3 7
	ERO firm name		Enter five digits, but
as my signature on my tax	year 2018 electronically filed income tax	return.	don't enter all zeros
	signature on my tax year 2018 electronic d your return is filed using the Practitione		
Your signature		Date	
Spouse's PIN: check one box on	-		99959
X I authorize GLOBAL T	ERO firm name	to enter or generate my PIN	
		, kotuko	Enter five digits, but don't enter all zeros
	vyear 2018 electronically filed income tax		
	signature on my tax year 2018 electronic d your return is filed using the Practitione		
Spouse's signature ►		Date ►	
	Practitioner PIN Method Returns O	nly—continue below	
Part III Certification and A	uthentication – Practitioner PIN M		
ERO's EFIN/PIN. Enter your six-di	git EFIN followed by your five-digit self-se		7 8 1 2 3 4 5 't enter all zeros
the taxpayer(s) indicated above. I d	try is my PIN, which is my signature for confirm that I am submitting this return in for Authorized IRS <i>e-file</i> Providers of Ind	accordance with the requirer	
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.

1040		artment of the Treasury—Internal Revenu S. Individual Income		(99) J rn	20	18 OMB N	o. 1545-0074	IRS Use C	nly—Do	not write	e or staple i	in this space.
Filing status:		Single X Married filing jointly	Married filin		telv	Head of household		ing widow(e				
Your first name			Last nar	• •				ing maon(c	<u></u>	ur soci	al securit	y number
RAJESWAR	AR	EDDY	MAND	T.T							L-773'	-
Your standard d	leducti	on: Someone can claim you			You were	born before Janu	ary 2, 1954	You	are blir			
		s first name and initial	Last nar				,				social sec	urity number
PALLAVI			PENI	KALAF	PATI				96	57-99	9-9959	9
Spouse standard	deduct	ion: Someone can claim your s				ouse was born be	fore January	2, 1954		Full-vea	ar health c	care coverage
Spouse is bli	ind	Spouse itemizes on a separ	rate return or yo	u were dı	ual-status a	llien					npt (see ir	
Home address (numbe	er and street). If you have a P.O. bo	x, see instructio	ons.				Apt. no.	Pre	sidentia	I Election	Campaign
128, PRE	STO	N WOODS TRAIL							(see	e inst.)	You	u 🗌 Spouse
City, town or po	st offic	e, state, and ZIP code. If you have	a foreign addre	ess, attac	ch Schedul	e 6.			lf n	nore tha	an four de	ependents,
SANDY SF	RIN	GS GA 30338							see	e inst. a	ind 🗸 her	e 🕨 🗌
Dependents ((see ir	structions):	(2) S	Social secu	irity number	(3) Relationsl	ip to you	(4	4) √ ifq	ualifies f	or (see inst	.):
(1) First name		Last name						Child tax	credit	C	redit for oth	ner dependents
											[
											[
Sign		enalties of perjury, I declare that I have e and complete. Declaration of preparer (knowledg	ge and b	elief, they a	are true,
Here		our signature		Date	1	Your occupation	,,		If the I	RS sent	you an Ide	ntity Protection
Joint return? See instructions.						SOFTWARE	ENGINEE	lR	PIN, e here (s	nter it ee inst.)		
Keep a copy for	S	oouse's signature. If a joint return,	both must sign	. Date		Spouse's occup	ation		If the I	RS sent	you an Ide	ntity Protection
your records.	*					HOME MAKE	R		PIN, e here (s	nter it ee inst.)		
Daid	P	reparer's name	Preparer's sigr	nature	1		PTIN	F	Firm's E		Check i	f:
Paid	APF	ANA RUPA VENKATA SATYA SAI MANIKUMAR					P0209	0332			3rd	Party Designee
Preparer Use Only	Fi	rm's name 🕨 GLOBAL TAX	KES LLC				Phone no				Self	-employed
Use Only	Fi	rm's address ► 2530 Pebbl	le Creek	Ln C	umming	g GA 30041						
For Disclosure, I	Privac	y Act, and Paperwork Reduction	Act Notice, se	e senara							Form	1040 (2018
			,	c sepuid	ate instruc	tions.					1 0111	1040 (2018
Form 10/0 (2018)	`			c separa	ate instruc	tions.					1 0111	,
Form 1040 (2018)				-	ate instruc	tions.			1.			Page 2
Form 1040 (2018)	1	Wages, salaries, tips, etc. Attach	Form(s) W-2	-					1			,
Attach Form(s)	1 2a	Tax-exempt interest	Form(s) W-2	-		b Taxab	e interest	· · ·	2b			Page 2
	1 2a 3a	Tax-exempt interest	Form(s) W-2 .	-		b Taxab b Ordina	ry dividends	· · · ·	2b 3b			Page 2
Attach Form(s) W-2. Also attach	1 2a 3a 4a	Tax-exempt interest Qualified dividends	Form(s) W-2 . 2a 3a 4a	-		b Taxab b Ordina b Taxab	ry dividends le amount	· · · ·	2b 3b 4b			Page 2
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was	1 2a 3a 4a 5a	Tax-exempt interestQualified dividendsIRAs, pensions, and annuities .Social security benefits .	Form(s) W-2 . 2a 3a 4a 5a	· ·	· · ·	b Taxab b Ordina b Taxab b Taxab	ry dividends	· · · · · · · · ·	2b 3b 4b 5b		6	Page 2
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Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1 2a 3a 4a 5a 6	Tax-exempt interest . Qualified dividends . IRAs, pensions, and annuities . Social security benefits . Total income. Add lines 1 through 5. A	Form(s) W-2	om Schednents to	ule 1, line 22	b Taxab b Ordina b Taxab b Taxab b Taxab b Taxab	e amount . le amount . le amount . from line 6; o		2b 3b 4b 5b		6	Page 2 54,073. 54,073. 54,073.
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Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund	1 2a 3a 4a 5a 6 7 10 11 12 13 14 15 16 17 19 20a	Tax-exempt interestQualified dividendsIRAs, pensions, and annuitiesSocial security benefitsTotal income. Add lines 1 through 5. A Adjusted gross income. If you h subtract Schedule 1, line 36, fromStandard deduction or itemized of Qualified business income deduct Taxable income. Subtract lines 8 a Tax (see inst.) $4, 428$. (chect b Add any amount from Schedule 4 . Total tax. Add lines 13 and 14Federal income tax withheld from Refundable credits:a EIC (see inst.)Add any amount from Schedule 4 . Total tax. Add lines 13 and 14Federal income tax withheld from Refundable credits:a EIC (see inst.)Add lines 16 and 17. These are you If line 18 is more than line 15, sub Amount of line 19 you want refur Routing number0061	Form(s) W-2	om Schedu nents to n Schedul ctions) . 7. If zero Difference r -0- nere r -0- d 1099 b Sch nerts om line 18 Form 888 0 5	ule 1, line 22 income, e le A) o or less, e (s) 8814 _ b Add any	b Taxab b Ordina b Taxab b Taxab b Taxab b Taxab b Taxab c Tax	arry dividends le amount le amount from line 6; from line 6; le 3 and check l le 3 and check l orrm 8863 le 1 arrow 1	 otherwise, 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		6 6 6 2	Page 2 54,073. 54,073. 54,073. 24,000. 4,428. 4,428. 0. 4,428. 5,024. 5,024. 596.
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Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if ax was withheld. Standard Deduction for – • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund Direct deposit?	$ \begin{array}{c} 1 \\ 2a \\ 3a \\ 4a \\ 5a \\ 6 \\ 7 \\ 10 \\ 11 \\ 12 \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 18 \\ 19 \\ 20a \\ \blacktriangleright b \\ Lag \\ 21 \\ \end{array} $	Tax-exempt interestQualified dividendsQualified dividendsIRAs, pensions, and annuitiesSocial security benefitsTotal income. Add lines 1 through 5. AAdjusted gross income. If you hsubtract Schedule 1, line 36, fromStandard deduction or itemized ofQualified business income deductTaxable income. Subtract lines 8a Tax (see inst.) $4, 428.$ (chectb Add any amount from Schedulea Child tax credit/credit for other depertSubtract line 12 from line 11. If zerOther taxes. Attach Schedule 4Total tax. Add lines 13 and 14Federal income tax withheld fromRefundable credits:a ElC (see inst.)Add any amount from Schedule 8Add any amount from Schedule 9If line 18 is more than line 15, subAmount of line 19 you want refurRouting number 0 0 3 3 4	Form(s) W-2 2a 3a 4a 5a add any amount fm nave no adjustr n line 6 deductions (from and 9 from line add any from: 1 e 2 and check h addents ero or less, ente 5 our total payme bated to you. If 1 0 0 0 4 8 d to your 2019 e	om Schedul nents to n Schedul ctions) . 7. If zero D Form here or -0- d 1099 b Sch m line 18 Form 888 0 5 2 6 stimated	ule 1, line 22 income, e b or less, e (s) 8814 b Add any b Add any b Add any b Add any Add any Add any b	b Taxab b Ordina b Taxab b Taxab b Taxab b Taxab b Taxab c Taxab b Taxab c Taxab b Taxab c Ta	ary dividends le amount e amount from line 6; from line 6; . <	 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		6 6 6 2	Page 2 54,073. 54,073. 54,073. 24,000. 4,428. 4,428. 0. 4,428. 5,024. 5,024. 596.

Go to *www.irs.gov/Form1040* for instructions and the latest information.

Form W-7
(Rev. September 2016)
Department of the Treasury Internal Revenue Service
An IRS individual t

Application for IRS Individual Taxpayer Identification Number

For use by individua	Is who are not U.S. citizens or permanent residents.
	See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.	Application Type (Check one box):
Before you begin:	, , , , , , , , , , , , , , , , , , , ,
• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).	Apply for a New ITIN
• Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.	Renew an Existing ITIN
Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see in	
${f a}$ Nonresident alien required to get an ITIN to claim tax treaty benefit	
b Nonresident alien filing a U.S. federal tax return	
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return	

с 🗌	U.S. resident alien	based on days	present in the	United States)	filing a U.S.	federal t	ax retur

d Dependent of U.S. citizen/resident alien	Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶	▶ 782-11-7737
e X Spouse of U.S. citizen/resident alien	RAJESWARA REDDY MANDLI	

	•				
f	Nonresident alien student, professor,	or	researcher filing a U.S	S. 1	federal tax return or claiming an exception

a	\square	Dependent/spouse of a nonresident alien holding	na a	U.S.	visa
9		Dependent/spouse of a nonresident allen noidi	ig o	ι υ.υ.	v13a

h 🗌 Other (see ir		· · · · · · · · · · · · · · · · · · ·									
Additional in		on for a and f : Enter treaty			an	d treaty a					
Name		rst name		Middle name				t name			
(see instructions)		ALLAVI					PE	NIKALAPA	ATI		
Name at birth if different ►	1b Fi	rst name		Middle name			Last	t name			
Applicant's		reet address, apartment nu 28, PRESTON WOOD		route number. I	f you ha	ve a P.O.	box, se	e separate i	nstruo	ctions.	
mailing address	Ci	ty or town, state or provinc	y. Include ZIP co	code or postal code where appropriate.							
	S	ANDY SPRINGS				GA	US.	A	3	0338	
Foreign (non- U.S.) address (if different from	3 St	reet address, apartment nu	umber, or rural	route number.	Don't use	e a P.O. b	ox num	ıber.			
above) (see instructions)	Ci	ty or town, state or provinc	e, and country	y. Include ZIP co	de or po	stal code	where a	appropriate.			
Birth	1	te of birth (month / day / year)	Country of b	pirth	City an	nd state or	provinc	ce (optional)	5	Male	_
information	0	6/08/1983	INDIA						X	Female	
Other	6a Co	ountry(ies) of citizenship	6b Foreign t	ax I.D. number (if any)	6c Type	of U.S.			r, and expiration	date
information	I	NDIA				Н4		M88710	46	09/16/2	019
	6d Identification document(s) submitted (see instructions) Image: Passport Image: Driver's license/State I.D. Image: Discussion of the passbore instruction of										
	ls	sued by: INDIA No.:	P9428733	B Exp. o	date: 04	1/18/20		United States (MM/DD/YYY		06/08/20	18
	1	ave you previously received No/Don't know. Skip lir		Internal Revenu	e Service	e Number	(IRSN)?	2			
		Yes. Complete line 6f. If	more than on	e, list on a sheet	and atta	ach to this	form (s	ee instructior	າຣ).		
	6f Er	nter ITIN and/or IRSN ► I	TIN			IR	SN				anc
	na	ame under which it was iss									
				First name		Middle na	ime		La	st name	
	6g Na	ame of college/university o	r company (se	e instructions)							
	Ci	ty and state				Length of	stay				
Sign Here	docum	penalties of perjury, I (appli entation and statements, and ation with my acceptance ager	to the best of	f my knowledge a	and belief	, it is true,	correct,	and complete	e. I au	thorize the IRS to	
	S	ignature of applicant (if del	egate, see inst	tructions)	Date (mo	onth / day /	year)	Phone nur	nber		
Keep a copy for your records.	N	ame of delegate, if applica	ble (type or pr	int)	Delegate to applic	e's relations ant	hip	Parent Power o		ourt-appointed gua	ardian
Acceptance	S	ignature			Date (mo	onth / day /	year)	Phone			
Agent's		ame and title (type or print)	Name of co	mpany		EIN	Fax	D		
Use ONLY	Name and title (type or print)				Name of company E			EIN PTIN			

Office Code

REV 10/17/18 PRO



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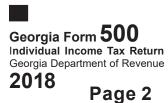
Georgia Form 500 (Rev. 08/17/18) Individual Income Tax Return

Georgia Department of Revenue 2018 (Approved software version)

Page 1

Fiscal Year Beginning

	cal Year ting	YOUR DRIVER'S L	ICENSE/STATE ID		STATE	ISSUED
1.	YOUR FIRST NAME RAJESWARA REDDY	МІ	your social 782-11	security number -7737		
	LAST NAME (For Name Change See IT-511 Tax	Booklet)	SU	IFFIX		
	SPOUSE'S FIRST NAME PALLAVI	МІ	spouse's so 967–99	CIAL SECURITY NUMBE	ĒR	DEPARTMENT USE ONLY
	LAST NAME PENIKALAPATI		sı	JFFIX		
2.	ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2 128 PRESTON WOODS TRAIL	nd address line for	Apt, Suite or Build	ling Number) CHECK IF /	ADDRESS HAS CHANGED	
3.	CITY (Please insert a space if the city has multiple nam SANDY SPRINGS	ies)	state GA	zip code 30338		
(C	OUNTRY IF FOREIGN)				Pag	idency Status
4.	Enter your Residency Status with the appropria	ate number				
1.	FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT			то		3. NONRESIDENT
	Part-Year Residents and Nonresider	nts must om	it Lines 9 thr	u 14 and use For		e 3. iling Status
5.	Enter Filing Status with appropriate letter (Se	e IT-511 Tax	Booklet)			•
	A. Single B. Married filing joint C. Married filing separa	te (Spouse's social s	security number mu	st be entered above) D. He	ead of Household or Qua	lifying Widow(er)
6.	Number of exemptions (Check appropriate I	oox(es) and ent	ter total in 6c.)	6a. Yourself 🗙	6b. Spouse 🛛 🗙] 6c. 2
7a	a. Number of Dependents (Enter details on Line 7	b., and DO NOT	include yourself	or your spouse)		7a.



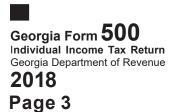


YOUR SOCIAL SECURITY NUMBER 782-11-7737

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

First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, use the mi	inus sign (-). Example -3,456.	
If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040)) t on Line 8 is \$40,000 or more, or your gross income is less than yo	64073 ur
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount)	
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 1040)	
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 104 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax B 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD)	ur
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 104 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax F 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet))	ur 64073
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 104 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax F 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet))	ur 64073
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mides. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 1049. 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax B 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)) b. Self: 65 or over? b. Blind? C. Total Standard Deduction (Line 11a + Line 11b))	ur 64073 6000 6000
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mides. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 1049. 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax B 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)) b. Self: 65 or over? b. Blind? C. Total Standard Deduction (Line 11a + Line 11b))	ur 64073 6000 6000
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mides. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 1049. 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Federal adjusted gross income (Net total of Line 8 and L 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet)) b. Self: 65 or over? b. Blind? C. Total Standard Deduction (Line 11a + Line 11b)		ur 64073 6000 6000
 If amount on line 8, 9, 10, 13 or 15 is negative, use the mit 8. Federal adjusted gross income (From Federal Form 1040) (Do not use FEDERAL TAXABLE INCOME) If the amount W-2s you must include a copy of your Federal Form 104 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax B 10. Georgia adjusted gross income (Net total of Line 8 and L 11. Standard Deduction (Do not use FEDERAL STANDARD (See IT-511 Tax Booklet) b. Self: 65 or over? Blind? C. Total Standard Deduction (Line 11a + Line 11b)		ur 64073 6000 6000

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING REV 02/25/19 PRO





1900411539

YOUR SOCIAL SECURITY NUMBER 782-11-7737

14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	7400
14b. Enter the number from Line 7a. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	7400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	50673
16. Tax (Use Tax Table in the IT-511 Tax Booklet)	16.	2779
17. Low Income Credit 17a. 17b	17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)	20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	2779

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

	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP	1.	WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) 🛛 SSN 🗌	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)	2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
	593481002				
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
	2027331FZ				
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
	64073				
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD
	3329				

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PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

– 500	
Georgia Form 500	
Individual Income Tax Return	
Georgia Department of Revenue	
2018	
Page 4	



1900411549

Your social security number 782 - 11 - 7737

	(INCOME STATEMENT D)	(INCOME STATEMENT E)		(INCOME STATEMENT F)
1.		1. WITHHOLDING TYPE:	1.	
	└── W-2 └── G2-A └── G2-LP		G2-LP	
	☐ 1099		G2-RP	☐ 1099
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN [EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WIT	THHOLDING ID 3	. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4. GA WAGES / INCOME	4	. GA WAGES / INCOME
5.	GA TAX WITHHELD	5. GA TAX WITHHELD	5.	GA TAX WITHHELD
				2222
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s	s and 1099s and/or 1099s)	23.	3329
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or C	G2-RP)	24.	
25.	Estimated Tax paid for 2018 and Form I	T-560	25.	
26.	Total prepayment credits (Add Lines 23, 2	24 and 25)	26.	3329
	If Line 22 exceeds Line 26, subtract Line	26 from Line 22 and enter		
	balance due		27.	
28.	If Line 26 exceeds Line 22, subtract Line 2 overpayment		28.	550
29.	Amount to be credited to 2019 ESTIMA	TED TAX	29.	0
30.	Georgia Wildlife Conservation Fund (No	gift of less than \$1.00)	30.	
31.	Georgia Fund for Children and Elderly (I	No gift of less than \$1.00)	31.	
32.	Georgia Cancer Research Fund (No gift	of less than \$1.00)	32.	
33.	Georgia Land Conservation Program (No	o gift of less than \$1.00)	33.	
34.	Georgia National Guard Foundation (No	gift of less than \$1.00)	34.	
35.	Dog & Cat Sterilization Fund (No gift of I	less than \$1.00)	35.	
36.	Saving the Cure Fund (No gift of less th	nan \$1.00)	36.	
37.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open (REACH) Program	37.	
38.	· · · · · · · · · · · · · · · · · · ·	f less than \$1.00)	38.	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2018	190041155		YOUR SOCIAL SECURITY 782-11-7737	NUMBER
Page 5				
 39. Form 500 UET (Estimated tax penal 40. (If you owe) Add Lines 27, 30 thru MAKE CHECK PAYABLE TO GEOR Amount Due Mail To: GEORGIA DEPARTMENT OF REVENU PROCESSING CENTER, PO BOX 7403 ATLANTA, GA 30374-0399 	J 39 GIA DEPARTMENT OF REVENUE	39. 40.		
41. (If you are due a refund) Subtract the THIS IS YOUR REFUND		41.		550
Savings Account Number 334	1000052 4048264683 o NOT STAPLE YOUR CHECK, W-2s, OTH have examined this return (including accomp red by a person other than the taxpayer(s), th	HER WITHHOLDING DO panying schedules and s nis declaration is based o	Refund Due Mail To: GEORGIA DEPARTMENT OF PROCESSING CENTER, PO B ATLANTA, GA 30374-0380 CUMENTS, OR TAX RETURN. tatements) and to the best of my/or n all information of which the prepar	OX 740380 ur knowledge er has knowledge.
Taxpayer's Signature 🔲 (Check b	ox if deceased) Spouse' Date	s Signature	(Check box if deceased)	
Taxpayer's Phone Number 706–572–2975 By providing my email address I am authorizing my account(s). Taxpayer's Email Address	I auth		s return with the named preparer. 9 below e-mail address regarding a	ny updates to
		Preparer's F	Phone Number R	EV 02/25/19 PRO
Signature of Preparer Name of Preparer Other Than Taxpay APPANA RUPA VENKATA S		Preparer's I	EIN	

Preparer's Firm Name GLOBAL TAXES LLC Preparer's SSN/PTIN/SIDN P02090332

1040		rtment of the Treasury—Internal Revenu S. Individual Income		(99) J rn	20	18 OMB No.	1545-0074	IRS Use O	nly—Do	not write	e or staple in	this space.
Filing status:		Single X Married filing jointly	Married filin		ielv 🗌 I	Head of household		l ving widow(e	er)			
Your first name			Last na	• •				ing maon(a	·	ur socia	al security	number
RAJESWAR	AR	EDDY	MAND	т.т							-7737	
Your standard d	leducti	on: Someone can claim you			You were	born before Januar	v 2, 1954	You	are blin			
·		first name and initial	Last na				,				ocial secu	rity number
PALLAVI			PENI	KALAP	PATI				96	7-99	-9959	
Spouse standard	deduct	on: Someone can claim your s				ouse was born befo	ore January	2, 1954		Full-vea	ar health ca	re coverage
Spouse is bli	ind	Spouse itemizes on a separ	rate return or yo	u were du	ial-status a	lien					npt (see ins	•
Home address (numbe	r and street). If you have a P.O. bo	x, see instruction	ons.				Apt. no.	Pre	sidentia	I Election C	ampaign
128, PRE	STO	N WOODS TRAIL							(see	e inst.)	You	Spouse
City, town or po	st offic	e, state, and ZIP code. If you have	a foreign addre	ess, attac	h Schedul	e 6.			lf n	nore tha	an four dep	endents,
SANDY SP	RIN	GS GA 30338							see	e inst. a	nd 🗸 here	
Dependents (see ir	structions):	(2) S	Social secu	rity number	(3) Relationship	to you	(4	4) √ if q	ualifies fo	or (see inst.):	
(1) First name		Last name						Child tax	credit	C	redit for othe	r dependents
]
]
						_]
Sign		enalties of perjury, I declare that I have e and complete. Declaration of preparer (or							knowledg	ge and b	elief, they are	e true,
Here		our signature		Date		Your occupation	,	0			you an Iden	tity Protection
Joint return? See instructions.						SOFTWARE E	INGINEE	R	PIN, er	nter it ee inst.)		
Keep a copy for	S	oouse's signature. If a joint return,	both must sign	. Date		Spouse's occupat	on		If the I	RS sent	you an Iden	tity Protection
your records.						HOME MAKER	2		PIN, er here (s	nter it ee inst.)		
Paid	P	eparer's name	Preparer's sigr	ature			PTIN	F	- irm's E	IN	Check if:	
Preparer	APF	ANA RUPA VENKATA SATYA SAI MANIKUMAR					P0209	0332			3rd Pa	arty Designee
Use Only	Fi	rm's name 🕨 GLOBAL TAX	KES LLC				Phone no				Self-e	employed
	Fi	rm's address ► 2530 Pebbl	le Creek	Ln Ci	umming	g GA 30041						
For Disclosure, I	Privac	Act, and Paperwork Reduction	Act Notice, se	e separa	te instruc	tions.					Form	1040 (2018)
Form 1040 (2018))											
												Page 2
	1	Wages salaries tips etc Attach	Form(s) W-2						1		64	-
	1 2a	Wages, salaries, tips, etc. Attach Tax-exempt interest				b Taxable	interest		1 2b		64	Page 2 4,073.
Attach Form(s) W-2 Also attach	2a	Tax-exempt interest .	2a			b Taxable		· · ·	2b		64	
W-2. Also attach Form(s) W-2G and	2a 3a	Tax-exempt interest			· · ·	b Ordinary	/ dividends	· · · · · · · · · · · · · · · · · · ·	2b 3b		64	
W-2. Also attach	2a	Tax-exempt interest	2a 3a	· ·	· · ·	b Ordinary b Taxable	/ dividends	· · · · · ·	2b		64	-
W-2. Also attach Form(s) W-2G and 1099-R if tax was	2a 3a 4a	Tax-exempt interest	2a 3a 4a 5a			b Ordinary b Taxable b Taxable	/ dividends amount	· · · · · · · · · · · · · · · · · · ·	2b 3b 4b			-
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Go to *www.irs.gov/Form1040* for instructions and the latest information.