

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 5872782019105006ns7g

Taxpayer's name ASHWIN M DAIWADNYA	Social security number 847-38-4231
Spouse's name SHWETA S VEDAK	Spouse's social security number 963-99-4667

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	87,680.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	7,260.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	7,526.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	266.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

8	4	2	3	1
---	---	---	---	---

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

9	4	6	6	7
---	---	---	---	---

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

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

847-38-4231

Taxpayer name ASHWIN M DAIWADNYA & SHWETA S VEDAK

Taxpayer address (optional)

162 SONARA AVE

ISELIN NJ 08830

- Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
- Your return was accepted on 04/15/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5872782019105006ns7g.
- Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- Your electronic funds withdrawal payment request was accepted for processing.
- Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: **ASHWIN M** Last name: **DAIWADNYA** Your social security number: **847-38-4231**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: **SHWETA S** Last name: **VEDAK** Spouse's social security number: **963-99-4667**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions: **162 SONARA AVE** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6: **Iselin NJ 08830** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: _____ Date: _____ Your occupation: **SEVICE**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: **HOMEMAKER**

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

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

Paid Preparer Use Only

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

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

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

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

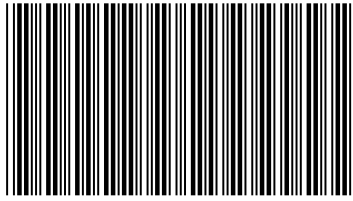
1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	87,680.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	87,680.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	87,680.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	63,680.
11	a Tax (see inst.) <u>7,260.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	7,260.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	7,260.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	7,260.
16	Total tax. Add lines 13 and 14	16	7,526.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	7,526.
19	Add any amount from Schedule 5	19	266.
20a	Add lines 16 and 17. These are your total payments	20a	266.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

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

Standard Deduction for—

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

Direct deposit? See instructions.



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
847384231

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
DAIWADNYA ASHWIN M & VEDAK SHWETA S

Spouse's/CU Partner's SSN (if filing jointly)
963994667

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
162 SONARA AVE

City, Town, Post Office
ISELIN

State ZIP Code
NJ 08830

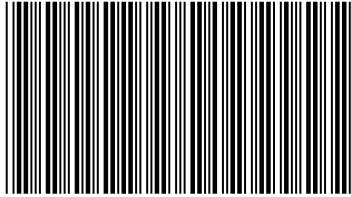
Driver's License Number (Voluntary) (Instructions page 42)
D0202064740187

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	061000052
dd5. Account number	dd5.	334050268853





040MP02180

Name(s) as shown on Form NJ-1040

DAIWADNYA ASHWIN M & VEDAK SHWETA S

Your Social Security Number

847384231

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:

From: 053118 To: 123118

Fiscal year filers only:

Enter month of your year end 2019

Filing Status

Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household Enter Spouse's/CU partner's SSN
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

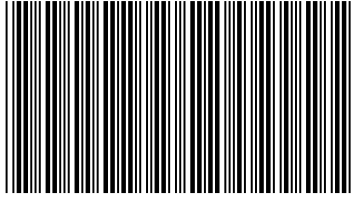
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1953 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children							x \$1,500 =	_____
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	<u>2000</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	<input type="checkbox"/>
b.	_____	_____	_____	<input type="checkbox"/>
c.	_____	_____	_____	<input type="checkbox"/>
d.	_____	_____	_____	<input type="checkbox"/>



040MP03180

Name(s) as shown on Form NJ-1040
DAIWADNYA ASHWIN M & VEDAK SHWETA S

Your Social Security Number
847384231

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	56162 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	. .
17. Dividends	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	. .
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	. .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	. .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	. .
26. Other (Enclose documents) (See instructions)	26.	. .
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	56162 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	. .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	. .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	. .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	56162 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	1167 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	. .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	. .
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	1167 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	54995 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	1620 .
38b. Block	.	. .
38b. Lot	.	. .
38b. Qualifier	.	. .
38c. County/Municipality Code		
Fill in if you completed Worksheet G		
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	1620 .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	53375 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	888 .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	. .
Enter Code		
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	888 .
44. Child and Dependent Care Credit (See instructions)	44.	. .
Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	888 .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	888 .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	888 .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0 .
51. Interest on Underpayment of Estimated Tax	51.	. .
Fill in if Form NJ-2210 is enclosed		
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	888 .



Name(s) as shown on Form NJ-1040
DAIWADNYA ASHWIN M & VEDAK SHWETA S

Your Social Security Number
847384231

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	1777	.
54. Property Tax Credit (See instructions page 25)	54.	.	.
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	.	.
56. New Jersey Earned Income Tax Credit (See instructions)	56.	.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	.	.
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Wounded Warrior Caregivers Credit (See instructions)	60.	.	.
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	1777	.
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe	62.	.	.
If you owe tax, you can still make a donation on Lines 65 through 72.			
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	889	.
64. Amount from Line 63 you want to credit to your 2019 tax	64.	.	.
65. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
68. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
70. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
71. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
72. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	.	.
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	.	.
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	889	.

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
 If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
 This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.
 You Yes No
 Spouse/CU Partner Yes No
 Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC

P02090332

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 555
 Trenton, NJ 08647-0555



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

SC8453

(Rev. 3/6/15) 3299

REV 10/17/18 PRO

Form with fields for taxpayer and spouse information: Name, SSN, Address, Telephone, City, State, ZIP, and Tax Year (2018).

Table for Part I Tax Return Information with 8 rows and 3 columns: Description, Line Number, Amount.

Form for Part II Direct Deposit of Refund or EFW Payment of Tax Due with fields for RTN, BAN, account type, and withdrawal date/amount.

Form for Part III Declaration of Taxpayer with checkboxes for consent to direct deposit and authorization of EFW.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return.

Sign Here section with lines for signature and date of taxpayer and spouse.

Form for Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer with a detailed declaration text.

Form for ERO's Use Only with fields for signature, date, firm name, and PTIN.

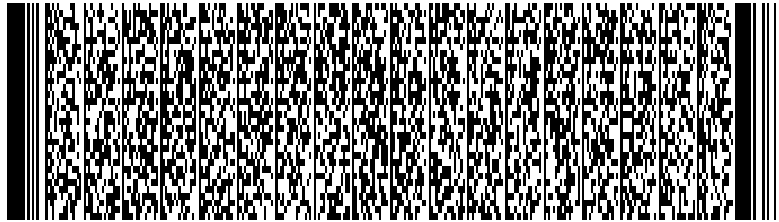
Form for Paid Preparer's Use Only with fields for signature, date, firm name, and PTIN.

DO NOT MAIL KEEP FOR YOUR RECORDS



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2018 INDIVIDUAL INCOME TAX RETURN

Form with Social Security Numbers and 'Check if deceased' checkboxes for taxpayer and spouse.



For the year January 1 - December 31, 2018, or fiscal tax year beginning 2018 and ending 2019

Main personal information form including first name, last name, spouse's name, mailing address, city, state, zip, and phone number.

- Check this box if you are filing SC Schedule NR (Part-year/Nonresident) [X]
Check this box only if filing a composite return on behalf of a partnership or S corporation []
Check this box if you have filed a federal or state extension []
Check this box if you served in a military combat zone during the filing period []
Check this box if this return is affected by a federally declared disaster area []

CHECK YOUR FEDERAL FILING STATUS (1) Single (2) Married filing jointly (3) Married filing separately (4) Head-of-household (5) Widow(er) with dependent child

Number of dependents claimed on your 2018 federal return 0
Number of dependents listed above that were under the age of 6 years on December 31, 2018
Number of taxpayers age 65 or older, as of December 31, 2018

DEPENDENTS

Table with 5 columns: First name, Last name, Social Security Number, Relationship, Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

2018

1 Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 48 on line 5 below.	1	Dollars 63,680	00
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ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions)	a	00	
b Out-of-state losses. Type: _____	b	00	
c Expenses related to National Guard and Military Reserve Income	c	00	
d Interest income on obligations of states and political subdivisions other than South Carolina	d	00	
e Other additions to income. Attach explanation. (see instructions)	e	00	
2 Add lines a through e and enter the total here. These are your total additions .	2		00
3 Add lines 1 and 2 and enter the total here.	3		00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f	00	
g Total and permanent disability retirement income, if taxed on your federal return	g	00	
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h	00	
i 44% of net capital gains held for more than one year	i	00	
j Volunteer deductions (see instructions) Type: _____	j	00	
k Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program	k	00	
l Active Trade or Business Income deduction (see instructions)	l	00	
m Interest income from obligations of the US government	m	00	
n Certain nontaxable National Guard or Reserve pay	n	00	
o Social Security and/or railroad retirement, if taxed on your federal return	o	00	
p Retirement Deduction (see instructions)			
p-1 Taxpayer date of birth: _____	p-1	00	
p-2 Spouse date of birth: _____	p-2	00	
p-3 Surviving spouse date of birth of deceased spouse: _____	p-3	00	
Military Retirement Deduction (see instructions)			
p-4 Taxpayer date of birth: _____	p-4	00	
p-5 Spouse date of birth: _____	p-5	00	
p-6 Surviving spouse date of birth of deceased spouse: _____	p-6	00	
q Age 65 and older deduction (see instructions)			
q-1 Taxpayer date of birth: _____	q-1	00	
q-2 Spouse date of birth: _____	q-2	00	
r Negative amount of federal taxable income	r	00	
s Subsistence allowance _____ days @ \$8.00	s	00	
t Dependents under the age of 6 years on December 31 of the tax year	t	00	
u Consumer Protection Services	u	00	
v Other subtractions (see instructions)	v	00	
w South Carolina Dependent Exemption (see instructions)	w	00	
4 Add lines f through w and enter the total here. These are your total subtractions .	4	<	00 >
5 Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5	22,890	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	1,095	00
7 TAX on Lump Sum Distribution (attach SC4972)	7	00	
8 TAX on Active Trade or Business Income (attach I-335)	8	00	
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9	00	
10 Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10	1,095	00



NON-REFUNDABLE CREDITS

2018

Table with 5 rows for non-refundable credits (lines 11-15). Line 15 total: 1,095.00

PAYMENTS AND REFUNDABLE CREDITS

Table with 10 rows for payments and refundable credits (lines 16-25). Line 23 total: 1,574.00. Line 25 total: 479.00

26 USE TAX due on online, mail-order, or out-of-state purchases 26 0 00
Use Tax is based on your county's Sales Tax rate. See instructions for more information.

If you certify that no Use Tax is due, check here [X]

Table with 4 rows for tax calculations (lines 27-30). Line 30 total: 479.00

REFUND OPTIONS (subject to program limitations)
30a Mark one refund choice: [X] Direct Deposit (30b required) [] Debit Card* [] Paper Check
30b Direct Deposit (for US accounts only) Type: [X] Checking [] Savings
Routing Number (RTN) 061000052
Bank Account Number (BAN) 334050268853

Table with 4 rows for tax calculations (lines 31-34). Line 34 total: 0.00

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if married filing jointly, BOTH must sign) _____

I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments, and related tax matters with the preparer. Yes [] No [X] Preparer's printed name APPANA RUPA VENKATA SATYA SAI MANIKUMAR

Paid Preparer's Signature _____ Date _____ Check if self-employed [] PTIN P02090332

Use Only Firm name (or yours if self-employed), address, Zip code GLOBAL TAXES LLC 2530 Pebble Creek Ln Cumming GA 30041 FEIN _____ Phone No. _____

MAIL TO: REFUNDS OR ZERO TAX: SC 1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

1555



dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
2018 NONRESIDENT SCHEDULE

SCHEDULE NR
(Rev. 12/3/18)
3081

For the year January 1 - December 31, 2018, or fiscal tax year beginning 2018 and ending 2019

Your name DAIWADNYA, ASHWIN M	Your Social Security Number 847-38-4231	Spouse's first name SHWETA S	Spouse's Social Security Number 963-99-4667
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Dates of SC residency 01-01-2018 to 05-31-2018	Schedule NR is to be used by Nonresidents or Part-year residents	Attach to completed SC1040.
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INCOME AND EXCLUSIONS	INCOME AS SHOWN ON FEDERAL RETURN COLUMN A		SOUTH CAROLINA INCOME COLUMN B	
1 Wages, salaries, tips, etc. 1	87,680	00	31,518	00
2 Taxable interest income 2		00		00
3 Dividend income 3		00		00
4 State and local income tax refunds 4		00		
5 Alimony received 5		00		00
6 Business income or (loss) 6		00		00
7 Capital gain or (loss) 7		00		00
8 Other gains or (losses) 8		00		00
9 Taxable amount of IRA distributions 9		00		00
10 Taxable amount of pensions and annuities 10		00		00
11 Rents, royalties, partnerships, estates, trusts, etc. 11		00		00
12 Farm income or (loss) 12		00		00
13 Unemployment compensation 13		00		00
14 Taxable amount of Social Security benefits 14		00		
15 Other income 15		00		00
16 TOTAL INCOME: Add lines 1 through 15 16	87,680	00	31,518	00
ADJUSTMENTS TO INCOME	FEDERAL ADJUSTMENT		SC ADJUSTMENT	
17 Educator expenses 17		00		00
18 Certain business expenses of reservists, performing artists, and fee-based government officials 18		00		00
19 Health savings account deduction 19		00		00
20 Moving expenses 20		00		00
21 Deductible part of self-employment tax 21		00		00

*Attach To
SC1040*

SC adjustment cannot exceed 100% of federal adjustment. Continued on next page.

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REV 12/06/18 PRO



SC adjustment continued

		COLUMN A	COLUMN B
22	Self-employed SEP, SIMPLE, and qualified plans		00
23	Self-employed health insurance deduction		00
24	Penalty on early withdrawal of savings		00
25	Alimony paid		00
26	IRA deduction		00
27	Student loan interest deduction		00
28	Reserved		
29	Other adjustments		00
30	TOTAL ADJUSTMENTS: Add lines 17 through 29		00
31	ADJUSTED GROSS INCOME: Line 16 minus line 30	87,680	00
SOUTH CAROLINA ADJUSTMENTS			
ADDITIONS			
32	South Carolina Additions		00
SUBTRACTIONS			
33	South Carolina Dependent Exemption (see instructions)		0 00
34	44% of net capital gains held for more than one year (see instructions)		00
35	Retirement Deduction (see instructions)		
a)	Taxpayer date of birth: _____		00
b)	Spouse date of birth: _____		00
c)	Surviving spouse date of birth of deceased spouse: _____		00
	Military Retirement Deduction (see instructions)		
d)	Taxpayer date of birth: _____		00
e)	Spouse date of birth: _____		00
f)	Surviving spouse date of birth of deceased spouse: _____		00
36	Age 65 and older deduction (see instructions - must be resident for part of the year)		
a)	Taxpayer date of birth: _____		00
b)	Spouse date of birth: _____		00
37	Deductions for dependent(s) under 6 years of age on December 31, of the tax year. (see instructions - must be resident for part of the year) Date of birth: _____ SSN: _____		
	Date of birth: _____ SSN: _____		00
38	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program. (see instructions)		00
39	Active Trade or Business Income Deduction (see Instructions)		00
40	Consumer Protection Services		00
41	Other Subtractions (see instructions)		00
42	TOTAL SOUTH CAROLINA SUBTRACTIONS: Add lines 33 through 41		0 00
43	TOTAL SOUTH CAROLINA ADJUSTMENTS: Line 32 minus line 42		0 00
44	SC Modified Adjusted Gross Income (Column B Line 31 plus line 43)		31,518 00
45	PRORATION: Line 31, Column B divided by line 31, Column A = <u>35.95</u> % (Do not exceed 100%)		
46	DEDUCTIONS ADJUSTMENT: If using the standard deduction, enter the amount from federal form OR If itemizing, use worksheet from instructions , and enter the amount from Part IV on line 46 (Total itemized Deductions Adjustment). Also enter the following amounts from the worksheet: Part I (Itemized Deduction) _____ Part II, Worksheet, line 6 (State Taxes) _____ Part III (Other Expenses) _____		
		46	24,000 00
47	ALLOWABLE DEDUCTIONS: Multiply line 46 by <u>35.95</u> % from line 45	47	< 8,628 00 >
48	SOUTH CAROLINA TAXABLE INCOME: Subtract line 47 from line 44, Column B. Enter the difference here and on SC1040, line 5 . If line 48 is a negative figure, enter zero on SC1040 line 5	48	22,890 00

Attach this form and a complete copy of your federal return to your SC1040. Check the Schedule NR box on the front of SC1040. Do not submit Schedule NR separately. Your return cannot be processed if this form is submitted separately.

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

Your first name and initial: **ASHWIN M** Last name: **DAIWADNYA** Your social security number: **847-38-4231**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: **SHWETA S** Last name: **VEDAK** Spouse's social security number: **963-99-4667**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions: **162 SONARA AVE** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6: **Iselin NJ 08830** If more than four dependents, see inst. and ✓ here

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

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

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

Your signature: _____ Date: _____ Your occupation: **SEVICE**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: **HOMEMAKER**

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

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

Paid Preparer Use Only

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

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	87,680.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	87,680.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	87,680.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	63,680.
11	a Tax (see inst.) <u>7,260.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	7,260.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	7,260.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	7,260.
16	Total tax. Add lines 13 and 14	16	7,526.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	7,526.
19	Add any amount from Schedule 5	19	266.
20a	Add lines 16 and 17. These are your total payments	20a	266.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Routing number: <u>061000052</u> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number: <u>334050268853</u>	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	