Form 8879	
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IRS e-file Signature Authorization

OMB No. 1545-0074

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.

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Submission Identification Number (SID)	5872782019105006ns7g
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A.

Тахрау	ver's name	Social security number		
ASH	SHWIN M DAIWADNYA 847-38-4231			
Spouse	e's name State Sta	Spouse's social security number		
SHW	IETA S VEDAK	963-99-4667		
Par	t I Tax Return Information – Tax Year Ending December 31, 2018 (Wh	ole 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 10	040NR, 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	Taxpayer Declaration and Signature Authorization (Be sure you get	t and keep a copy	of yo	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 auctourt. 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

X I authorize GLOBAL TAXES LLC	to enter or generate my PIN	8 4 2 3 1
ERO firm name		Enter five digits, but
as my signature on my tax year 2018 electronically filed inco	me tax return.	don't enter all zeros
I will enter my PIN as my signature on my tax year 2018 elected entering your own PIN and your return is filed using the Prace		
Your signature ►	Date ►	
Spouse's PIN: check one box only		
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN	9 4 6 6 7
ERO firm name	to onlice of generate my that	Enter five digits, but
as my signature on my tax year 2018 electronically filed incor	me tax return.	don't enter all zeros
☐ I will enter my PIN as my signature on my tax year 2018 elect entering your own PIN and your return is filed using the Prace		
Spouse's signature ►	Date	
Practitioner PIN Method Retu	rns Only—continue below	
Part III Certification and Authentication – Practitioner F	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
, , , , , ,		't enter all zeros
I certify that the above numeric entry is my PIN, which is my signatu the taxpayer(s) indicated above. I confirm that I am submitting this re method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers	turn in accordance with the requiren	
ERO's signature ►	Date ►	
ERO Must Retain This For Don't Submit This Form to the IRS		

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

Form **9325**

(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank	you for	participating	in	IRS	e-file.

Taxpayer name ASHWIN M DAIWADNYA & SHWETA S VEDAK

Taxpayer address (optional)

162 SONARA AVE

ISELIN	NJ	08830
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 1. X
 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 <u>04/15/2019</u> 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 <u>5872782019105006ns7g</u>.
- 3. Your return was accepted on ______ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
- 4. O Your electronic funds withdrawal payment request was accepted for processing.
- 5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
- 6. Vour 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:		S. Individual Income	Tax Ret	urn	20		OMB No.	1545-0074	IRS Use O	nly—Do	not write o	or staple in	this space.
i mig otatao.	s	ingle 🛛 Married filing jointly	Married fili	ng separa	ately I	Head of ho	ousehold	Qualify	ing widow(e	er)			
Your first name a			 Last na	ime				,	0 (<i>.</i>	ur social	security	number
ASHWIN M			DAIV	ADNY.	A					84	7-38-	-4231	
Your standard de	ductio	on: Someone can claim you :	as a depende	nt	You were	born befo	ore January	/ 2, 1954	🗌 You	are blin	d		
If joint return, spo	ouse's	first name and initial	Last na	ime						Spo	use's so	cial secu	rity number
SHWETA S			VEDA	λK						96	3-99-	-4667	
Spouse standard d	leducti	on: 🗌 Someone can claim your sp	oouse as a de	pendent	Sp	ouse was	born befo	re January :	2, 1954	X	Full-year	health ca	re coverage
Spouse is blin	nd	Spouse itemizes on a separa	ate return or ye	ou were d	lual-status a	lien					or exemp	ot (see inst	t.)
Home address (n	umbe	r and street). If you have a P.O. box	, see instruct	ons.					Apt. no.	Pres	sidential	Election Ca	ampaign
162 SONAR	RA Z	AVE								(see	inst.)	You	Spouse
City, town or pos	t offic	e, state, and ZIP code. If you have a	a foreign add	ess, atta	ch Schedul	e 6.				lf m	nore thar	four dep	endents,
Iselin NJ	J 08	3830								see	inst. an	d 🗸 here	
Dependents (s	see in	structions):	(2)	Social sec	urity number	(3) F	Relationship	to you	(4	I) √ if qu	ualifies for	(see inst.):	
(1) First name		Last name							Child tax	credit	Cre	dit for other	dependents
]			
]			
]			
]			
Jigii		enalties of perjury, I declare that I have ex and complete. Declaration of preparer (ot								nowledg	je and bel	ief, they are	true,
Here		our signature		Date	1	Your occ		,		If the II	RS sent ye	ou an Ident	ity Protection
Joint return? See instructions.						SEVIC	CE			PIN, er here (se			
Keep a copy for	Sp	oouse's signature. If a joint return, b	oth must sig	n. Date	e	Spouse's	s occupatio	on		If the II	RS sent y	ou an Ident	ity Protection
your records.	, 					HOMEN	IAKER			PIN, er			
Daid	Pr	eparer's name	Preparer's sig	nature				PTIN	F	irm's E		Check if:	
Paid	APP	ANA RUPA VENKATA SATYA SAI MANIKUMAR						P0209	0332			3rd Pa	rty Designee
Preparer Use Only	Fi	m's name 🕨 GLOBAL TAX	ES LLC					Phone no				Self-e	mployed
Use Only	Fi	rm's address ► 2530 Pebble	e Creek	Ln (umminc		20041						
For Disclosure, P						J GA J	50041						
,	rivacy	Act, and Paperwork Reduction A	Act Notice, s				50041					Form 1	1040 (2018)
-	rivacy	Act, and Paperwork Reduction A	Act Notice, s				50041					Form	. ,
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Form 1040 (2018) 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	1 2a 3a 4a 5a 6 7 8 9 10 11 11 12 13 14 15	Wages, salaries, tips, etc. Attach F Tax-exempt interest Qualified dividends IRAs, pensions, and annuities . Social security benefits Total income. Add lines 1 through 5. Ad Adjusted gross income. If you ha subtract Schedule 1, line 36, from Standard deduction or itemized de Qualified business income deduct Taxable income. Subtract lines 8 a a Tax (see inst.) 7, 260. (check b Add any amount from Schedule a Child tax credit/credit for other depend Subtract line 12 from line 11. If zer Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14	Form(s) W-2 2a 3a 4a 5a d any amount f ave no adjust line 6 eductions (fro ion (see instru- and 9 from lin if any from: 1 2 and check dents o or less, ent	rom Schea ments to ictions) . e 7. If zer D Forr here er -0-	ate instruc	tions.		dividends amount . 	 	2b 3b 4b 5b 6 7 8 9 10 11 11 12 13 14 15		87 87 87 24 63 7 7 7 7	Page 2 7,680. 7,680. 7,680. 7,680. 8,680. 7,260. 7,260. 0. 7,260.
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Go to *www.irs.gov/Form1040* for instructions and the latest information.



NJ-1040 2018 Page 1



2018 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

0

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

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

County/Municipality Code (See Table page 50) 1212

City, Town, Post Office	State	ZIP Code
ISELIN	NJ	0883

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



NJ-1040 2018 Page 2	Name(s) as shown on Form NJ-1040 DAIWADNYA ASHWIN M & Your Social Security Number 847384231	VEDAK SHWETA S 1030
040MP02180 Part-year residents, provide months/days you were a New Jersey reside From: 053118 To: 123118		ear filers only: onth of your year end 2019
Filing Status Fill in only one.		
 Single X Married/CU Couple, filing joint return Married/CU Partner, filing separate return Head of Household Qualifying Widow(er)/Surviving CU Partner Indicate the year of your spouse's/CU partner's death: Exemptions Fill in the ovals that apply. You must enter a total in the boxes to the right and con	Enter Spouse's/CU par 2016 2017 plete the calculation.	ner's SSN
6. Regular × Self ×	Spouse/CU Partner Domestic Partner	2 x \$1,000 = 2000
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)	10	x \$1,000 =
 Total Exemption Amount (Add totals from the lines at 6 through Dependent Information. Provide the following information for e Last Name, First Name, Middle Initial 		
ab		

d.



NJ-1040 2018

Page 3



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.				
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.	000	
	Enter Code			
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.	888	
44.	Child and Dependent Care Credit (See instructions)	44.	000	•
	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.	000	•
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	888	•
48.	Gold Star Family Counseling Credit (See instructions)	47.	000	•
49.	Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	48.	888	•
49. 50.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	49. 50.	000	•
51.	Interest on Underpayment of Estimated Tax	51.	0	•
51.	Fill in if Form NJ-2210 is enclosed	51.		•
52.	Total Tax Due (Add Lines 49, 50, and 51)	52.	888	
54.		32.	000	•

Pag	040MP04180	/38423.	T					1030		
50							52	1777 .		
53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)						53.	1/// .		
54.	Property Tax Credit (See instructions page 25)						54.	•		
55. 56	New Jersey Estimated Tax Payments/Credit from 2017 tax return						55. 56.	•		
56.	New Jersey Earned Income Tax Credit (See instructions)						50.	•		
	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)		ions)				58.	•		
59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-	<i>,</i> , ,	,				59.	•		
60.	Wounded Warrior Caregivers Credit (See instructions)	2450) (See mat	(uetions)				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 L	ine 52 and ente	r the amou	nt you ow	e		62.	±,,,, :		
	If you owe tax, you can still make a donation on Lines 65 through 72.			5						
63.	If the total on Line 61 is more than Line 52, you have an overpayment. Su	btract Line 52	from Line	61 and ent	er the overpayment		63.	889.		
64.	Amount from Line 63 you want to credit to your 2019 tax				1.5		64.			
65.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other			65.			
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other			66.			
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other			67.			
68.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other			68.			
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other			69.			
70.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		70.			
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		71.			
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code		72.			
73.	Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 throu	gh 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.		
Gub	ernatorial Elections Fund									
Do y	ou want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No				
If joi	int return does your spouse want to designate \$1?	Spou	se/CU Part	iner	Yes	No				
This	does not reduce your refund or increase your balance due.									
Hea	th Insurance									
Indic	cate whether or not you (and your spouse/CU partner or domestic	You			Yes	No				
partı	her) have health insurance coverage on the date you file this return.	Spou	se/CU Part	iner	Yes	No				
		Dome	estic Partn	er	Yes	No				
state	ler penalties of perjury, I declare that I have examined this Income ements, and to the best of my knowledge and belief, it is true, corre- taxpayer, this declaration is based on all information of which the	ect, and comp	lete. If pi	repared by		nan Enclose payn voucher and envelope and New . Reven PO B	ax return. Use the mail to: Jersey Division of nue Processing Ce ox 111	e NJ-1040-V payment e labels provided with the Taxation nter		
Yo	Date Spouse	e's/CU Partner's S	signature (re	quired if fili	ng jointly) Date			and make check or		
Paid	Preparer's Signature]	Federal Ide	entification	Number	State You can also	of New Jersey – T make a payment of			
			Þ()2090)332	www.njtaxati	on.org Aefund or No Tax	Due Address		
Firm	i's Name]			entification Number	Use the label New .	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation			
G	LOBAL TAXES LLC					PO B	ue Processing Ce ox 555 on, NJ 08647-055:			

Name(s) as shown on Form NJ-1040

Your Social Security Number

847384231

DAIWADNYA ASHWIN M & VEDAK SHWETA S

Firm's Name

NJ-1040

2018

GLOBAL TAXES LLC





1

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

SC8453 (Rev. 3/6/15)

3299

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	Your first r	name and in	nitial						ast	name)					Y	our so	cial se	curity r	umber	r	
	ASHWIN	лм					DAI	EWAI	ONY	Ά							84	7-38	-42	31		
Please			e's first nam	e and initia	al						ame, i	if diffe	erent			S		e's soc			mber	
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type.	Home add	ress (numb	er and stree	et, apt. num	ber or	RR)	-				Dayti	me te	elepho	one #	ł				x Year			
type.	162 SC	ONARA 2	AVE								(84	8)4	182	-18	310							(
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	d (SC1040																-			479		-
	nt you owe																8			<u> </u>	00	
Part II	-	-	of Refund														-					-
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STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE	9. Rou	ting transit	t number ((RTN)	0	6	1	0	0	0	0	5	2					nbers of or 21			ust	
STAPLE COPIES C STATE W-2(s) and 1099(s) HERE	10. Bar	nk account	t number (E	BAN)							3	3	4	0	5	0	2	6	8 8	5	3	
STAPL STATE 1099(11. Тур	e of accou	unt:	🛛 Che	cking		Sav	vings														
	12. Witl	hdrawal Da	ate						W	/ithdr	awa	I Am	ount	\$_								
Part III	Declar	ation of	Taxpayer	r (Sign o	nly af	ter P	Part I	is co	omp	leteo	d.)											
	 b. I authori (paymer institutio 	If I have file ize (1) the S nt) entry to r in to debit th	ed a joint retu	turn, this is a lina Departr l institution a my account	an irre ment c accour t. I also	vocab of Rev nt des o auth	ole ap /enue signat iorize	pointr and ed in the fi	nent ts de Part nanci	of the esigna II for ial ins	e othe ated f paym stitutio	er spo financ nent o ons ir	use a cial ag of my t nvolve	is an gents Sout ed in	agent to ini h Caro the pr	t to re itiate olina f ocess	an E taxes	e the rei lectroni owed, of my e	und. c Fund and (2	ls With) my fii	ndrawa nancia	į
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- J		ur signature	;				-	Date		Sp	ouse	e's sig	natur	e (If	joint, I	BOTH	l mus	t sign)		Date		(
Part IV	Declar	ation of	Electroni	ic Return	n Ori	gina	tor (FRO) ar	nd P	aid	Prer	are	r(S)	ee In	stru	ction	s)				
I declare obtained t of all form Pub. 1345 preparer, they are t	that I have the taxpayer is and inform 5 Authorized I declare that true and cont to keep this	received the 's signature nation to be I IRS e-file F at I have ex mplete. This	e above tax e on this form e filed with the Providers of xamined the is declaratio	cpayer's ret m before su he IRS and f Individual e above tax on is based	urn an ubmittii I the S Incom payer's d on a	d the ng this C Dep e Tax s retu Il info	entri s retu partm c Retu irn an irmati	es on urn to nent of urns, a nd acc on of	this the S Rev ind re ompa whic	form C De enue equire anying	are o epartro , and emen g sch	compl nent o l have its spe nedule	lete a of Rev follo ecified es and	nd c venu wed d by d sta	orrect e. I ha all oth the S(temer	to th ave pl ner re C Dep nts, al	e bes rovide quire partm nd to	et of my ed the t ments of ent of l the be	axpaye describ Revenu st of m	er with ed in t ue. If I y know	a copy he IRS am the vledge	F
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	Firm name (or yours if self-employed)	GLOBA	AL TAXE	S LLC				FEIN 30-10	17196	
	and address	2530	Pebble	Creek	Ln,	Cummin	g, GA	ZIP code	30041	
Paid Preparer's	Preparer signature						Date	Check if self- employed	PTIN P02090332	
Use Only	Firm name (or yours if self-employed and address	APPANA				SAI MAN Cummi		FEIN ZIP code 3	0041	
		2550					<u>119 0/1</u>		0011	





dor.sc.gov

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

SC1040 (Rev. 10/23/18) 3075

Your Soci	Your Social Security Number						
847	38	4231	deceased				
Spouse's Sc	Check if deceased						
963	99	4667	deceased				



For the year January 1 - De	cember 31, 2018, or fiscal tax ye	ar beginning	2018 a	and ending	2019				
First name and middle initia	al	Last nar	ne			Suffix			
ASHWIN M		DAIW	IADNYA						
Spouse's first name, if man	ried filing jointly	Last nar	ne			Suffix			
SHWETA S		VEDA	ΔK						
Check if Mailir	ng address (number and street, P	O Box)				County code			
new address 🔛 162	2 SONARA AVE					24			
City		State	Zip		Daytime phone	e number with area code			
Iselin		NJ	08830	C	(848)48	2-1810			
Check if address Foreinis outside US	gn country address including post	tal code							
Check this box if you	u are filing SC Schedule NF	R (Part-year/N	onreside	nt)		▶ 🛛			
	if filing a composite return								
-									
 S corporation. Do not check this box if you are an individual ♦ L • Check this box if you have filed a federal or state extension 									
•						_			
 Check this box if you 	u served in a military comba	at zone during	the filing	period		Ц			
Name of the comb	at zone:			_					
Check this box if this	s return is affected by a fed	erally declared	d disaste	r area					
	ter area:	•							
				_					
CHECK YOUR	(1) 🗌 Single	(3) 🗌 Mar	ried filing s	eparately - ente	r spouse's SSN	:			
FEDERAL FILING STA	TUS (2) 🗙 Married filing joint	ly (4) 🗌 Hea	d-of-house	hold (5)	Widow(er) with	dependent child			
Number of dependent	s claimed on your 2018 fec	deral return							
	s listed above that were un								
						•			
inumber of taxpayers	age 65 or older, as of Dece		0			· · · · · · · · · · · · · · · · · · ·			
DEPENDENTS									
First name	Last name	Social Security N	lumber	Relationship		Date of birth (MM/DD/YYYY)			

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)



INCOME AND ADJUSTMENTS

INCOME AND ADJUSTMENTS						2018	}
1 Enter federal taxable income from your federal form. If zero or less, enter zero h	here.				Dollars		
Nonresident filers complete Schedule NR and enter total from line 48 on line 5 be	elow.			1	63,68	0 00)
ADDITIONS TO FEDERAL TAXABLE INCOME							_
a State tax addback, if itemizing on federal return (see instructions)	а	(00				_
b Out-of-state losses. Type:	b	(00				
c Expenses related to National Guard and Military Reserve Income	С	(00				
${f d}$ Interest income on obligations of states and political subdivisions other than South Carolina $ilde{}$	d	(00				
e Other additions to income. Attach explanation. (see instructions)	е	(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: 🗌 Rental 🗌 Business 🗍 Other	h		00				
i 44% of net capital gains held for more than one year	i	(00				
j Volunteer deductions (see instructions) Type:	j	0	00				
k Contributions to the SC College Investment Program ("Future Scholar")							
or the SC Tuition Prepayment Program	k		00				
Active Trade or Business Income deduction (see instructions)			00				
m Interest income from obligations of the US government	m		00				
n Certain nontaxable National Guard or Reserve pay	n		00				
• Social Security and/or railroad retirement, if taxed on your federal return	0	(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:	р-3	ľ	00				
Military Retirement Deduction (see instructions)	n 4						
p-4 Taxpayer date of birth:	p-4		00				
p-5 Spouse date of birth: p-6 Surviving spouse date of birth of deceased spouse:	р-5 р-6		00				
q Age 65 and older deduction (see instructions)	p-0						
q-1 Taxpayer date of birth:	a-1		00				
q-2 Spouse date of birth:	q-1 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 		Schedule NR.	┢	\dashv			1
line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME		· · · · · · · · · · · · · · · · · · ·		5	22,89	0 00	
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	1,095	-		,		_
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 CAR	OLINA	A TAX	1	10	1,09	5 00	ו

Page 2 of 3

|--|

NON-REFUNDABLE CREDITS		2018
11 Child and Dependent Care (see instructions).	11 00)
12 Two Wage Earner Credit (see instructions)	12 00	ז
13 Other non-refundable credits. Attach SC1040TC and other state return(s)	13 00	ז
14 Add lines 11 through 13 and enter the total here. These are your total nonrefu	undable credits	. 14 00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter z	ero here	. 15 1,095 00
PAYMENTS AND REFUNDABLE CREDITS		
16 SC income tax withheld (attach W-2 or SC41)	▶ 16 1,574 00)
17 2018 estimated tax payments		
18 Amount paid with extension	18 00	ז
19 Nonresident sale of real estate	19 00	ז
20 Other SC withholding (attach form 1099)	20 00	ภี
21 Tuition tax credit (attach I-319)	21 00	ภี
22 Other refundable credit(s):		
22a Anhydrous Ammonia (attach I-333)	▶ 22a 00	ז
22b Milk Credit (attach I-334)	▶ 22b 00	ภ
22c Classroom Teacher Expenses (attach I-360)	▶ 22c 00	<u>ז</u>
22d Parental Refundable Credit (attach I-361).	▶ 22d 00	ภ
22e Motor Fuel Income Tax Credit (attach I-385)	▶ 22e 00	ภ
Add lines 22a through 22e and enter the total here. These are your total refur	ndable credits 🕨	22 00
23 Add lines 16 through 22 and enter the total here. These are y	our TOTAL PAYMENTS.	23 1,574 00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the over	payment	. 24 479 00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount		
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 in	formation.	
If you certify that no Use Tax is due, check here 🕨 🔀		
27 Amount of line 24 to be credited to your 2019 Estimated Tax		
28 Total Contributions for Check-offs (attach I-330)		
29 Add lines 26 through 28 and enter the total here		29 0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from li	ne 24 and enter the	
amount to be refunded to you (line 30a check box entry is required)	REFUND	30 479 00
REFUND OPTIONS (subject to program limitations)		
30a Mark one refund choice: 🕨 🔀 Direct Deposit (30b required) 🕨 🗌 Debit Ca	ard* 🕨 🗌 Paper Check	
*SCDOR Income Tax Refund Prepaid Debit Card iss	ued by Bank of America.	
30b Direct Deposit (for US accounts only) Type:	Savings	7
Routing Number (RTN)	ligits. The first two numbers of the	
Bank Account Number (BAN)	be 01 through 12 or 21 through 32	
31 Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter	¥	
32 Late filing and/or late payment: Penalties Interest	•	31 00 32 00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)		52 00
Enter exception code from instructions here if applicable		33 00
34 Add lines 31 through 33 and enter the amount you owe here	BALANCE DUE	34 00
Pay online using our free tax portal, MyDORWA	,	54
		propored by a paraon other
I declare that this return and all attachments are true, correct, and complete to the than the taxpayer, this declaration is based on all information of which the prepare		Siepared by a person other
Your signature Date	Spouse's signature (if married filir	na iointly BOTH must sign)
		ig jointy, DOTT Hubt sign)
I authorize the Director of the SC Department of Revenue or delegate to	Preparer's printed name	
discuss this return, attachments, and related tax matters with the preparer.	APPANA RUPA VENKATA SA	TYA SAI MANIKUMAR
Preparer Date	Check if self PTIN	

Paid	Preparer	Date	Check if self-	PTIN
Preparer's	Signature		employed	P02090332
Use	Firm name (or yours if self- GLOBAL T.	AXES LLC		FEIN
Only	employed), address, Zip code 2530 Pebb	le Creek Ln Cumming	g GA 30041	Phone No.
	arer's Signature P02090332			

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





dor.sc.gov 2018	STATE OF SOUTH CAROLIN DEPARTMENT OF REVEN NONRESIDENT S	NUE	\$	SCHEDULE (Rev. 12/3/18) 3081	NR
For the year January 1 - December 31, 2		ng 2018 and ei			
Your name Your Social Sec DAIWADNYA, ASHWIN M 847-38-	, ,			use's Social Security Nu 3-99-4667	umber
Dates of SC residency Schedul	e NR is to be used by idents or Part-year residents	Attach to co	1	leted SC1040	
INCOME AND EXCLUSIONS		INCOME AS SHOWN FEDERAL RETURN COLUMN A		SOUTH CAROLINA IN COLUMN B	COME
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)	004040	12	00		00
13 Unemployment compensation	SC1040	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 FEDERAL ADJUSTME	00	31,518	
				SC ADJUSTMENT	
17 Educator expenses		17	00		00
18 Certain business expenses of reservists, performing ar officials		18	00		00
19 Health savings account deduction		19	00		00
20 Moving expenses21 Deductible part of self-employment tax			00		00

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



SC adjustment continued

		COLUMN A	COLUMN B	
22	Self-employed SEP, SIMPLE, and qualified plans	00		00
23	Self-employed health insurance deduction	00	ז	00
24	Penalty on early withdrawal of savings	00	5	00
25	Alimony paid	00)	00
26	IRA deduction	00	ז	00
27	Student loan interest deduction	0(0	00
28	Reserved			
29	Other adjustments	00	5	00
30	TOTAL ADJUSTMENTS: Add lines 17 through 29	00		00
	ADJUSTED GROSS INCOME: Line 16 minus line 30	87,680 0		
SC	OUTH CAROLINA ADJUSTMENTS			
AD	DITIONS			
	South Carolina Additions			00
	BTRACTIONS		,	
	South Carolina Dependent Exemption (see instructions)			00
	44% of net capital gains held for more than one year (see instructions)			00
35	Retirement Deduction (see instructions)			00
	a) Taxpayer date of birth:			00
	b) Spouse date of birth:			00
	c) Surviving spouse date of birth of deceased spouse:			00
	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)			00
	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
	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) 41			00
42	TOTAL SOUTH CAROLINA SUBTRACTIONS: Add lines 33 through 41		0	00
43	TOTAL SOUTH CAROLINA ADJUSTMENTS: Line 32 minus line 42			00
44	SC Modified Adjusted Gross Income (Column B Line 31 plus line 43)		31,518	3 00
45	PRORATION: Line 31, Column B divided by line 31, Column A =35.95 % (Do not exceed 100	0%)		
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 (Deductions Adjustment). Also enter the following amounts from the worksheet:			
	Part I (Itemized Deduction)			
	Part II, Worksheet, line 6 (State Taxes)		T	
	Part III (Other Expenses)	4	6 04 000	00
		4	6 24,000	00
47	ALLOWARIEDEDUCTIONS: Multiply line 46 by 2E 0E % from line 45		7 0 6 2 0	00 -
	ALLOWABLE DEDUCTIONS: Multiply line 46 by <u>35.95</u> % from line 45 SOUTH CAROLINA TAXABLE INCOME: Subtract line 47 from line 44, Column B. Enter the di		7 < 8,628	<u>vv</u> >
	SC1040, line 5. If line 48 is a negative figure, enter zero on SC1040 line 5.		8 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:		5. Individual Income	Tax R	etur	n 20		OMB No.	1545-0074	IRS Use O	nly—Do	not write	or staple in	this spa	ace.
	∏ s	ingle 🔀 Married filing jointly	Married	d filing s	eparately	Head of h	nousehold	Qualify	ing widow(e	er)				
Your first name ar			Las	st name				,	<u> </u>	<i>.</i>	ur socia	I security	numb	er
ASHWIN M			DA	AIWAI	NYA					84	7-38	-4231		
Your standard dee	ductio	on: 🔲 Someone can claim you	as a depe	endent	You were	born bet	fore Januar	y 2, 1954	You	are blin	nd			
If joint return, spo	use's	first name and initial	Las	st name						Spo	ouse's s	ocial secu	rity nu	mber
SHWETA S			VE	DAK						96	3-99	-4667		
Spouse standard de	eductio	on: 🗌 Someone can claim your sp	pouse as a	a deper	ident 🗌 Sp	ouse wa	s born befo	re January :	2, 1954	X	Full-yea	r health ca	ire cov	erage
Spouse is blind	d	Spouse itemizes on a separa	ate return c	or you w	ere dual-status	alien					or exem	pt (see ins	st.)	0
Home address (nu	umbei	r and street). If you have a P.O. box	, see instr	ructions					Apt. no.	Pre	sidential	Election C	ampai	gn
162 SONAR	RA A	AVE								(see	e inst.)	You	S	oouse
City, town or post	toffic	e, state, and ZIP code. If you have a	a foreign a	address	, attach Schedu	le 6.				lf n	nore tha	n four dep	enden	ts,
Iselin NJ	J 08	3830								see	e inst. ar	id 🗸 here		
Dependents (se	ee in	structions):		(2) Social security number (3) Relationship to you			(4	I) √ if q	ualifies fo	r (see inst.)				
(1) First name		Last name						Child tax	credit	Cr	edit for othe	r depen	dents	
]]	
						_]				
						_]				
Jigii		enalties of perjury, I declare that I have ex and complete. Declaration of preparer (of								nowledg	ge and be	lief, they ar	e true,	
Here		ur signature			Date		cupation	· · · · · · ,		If the I	RS sent y	ou an Iden	tity Prof	tection
Joint return? See instructions.						SEVI	CE			PIN, er	nter it ee inst.)		П	
Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must	sign.	Date	Spouse	's occupati	on		If the I	RS sent y	ou an Iden	tity Prof	tection
your records.						HOME	MAKER			PIN, er	nter it ee inst.)		П	
Doid	Pr	eparer's name	Preparer's	signati	ure			PTIN	F	irm's E	()	Check if:		
Paid	APPA	NA RUPA VENKATA SATYA SAI MANIKUMAR						P0209	0332			3rd P	arty Des	ignee
Preparer Use Only	Fir	m's name 🕨 GLOBAL TAX	ES LLO	С				Phone no				Self-e	employe	ed
Use Only	Fir	m's address ► 2530 Pebble	e Cree	ek I	n aummin	~ <i>a</i> 7	20041							
						g GA	2004T							
For Disclosure, Pr	rivacy	Act, and Paperwork Reduction A	Act Notice				30041				· · ·	Form	1040	(2018)
-	rivacy	Act, and Paperwork Reduction A	Act Notice				30041					Form		
Form 1040 (2018)				e, see s			30041						Pa	age 2
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Form 1040 (2018) 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 • Head of household, \$18,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. 1 Direct deposit? See instructions.	1 2a 3a 4a 5a 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20a ▶ b	Wages, salaries, tips, etc. Attach FTax-exempt interest .Qualified dividends .IRAs, pensions, and annuities .Social security benefits .Total income. Add lines 1 through 5. AdAdjusted gross income. If you hassubtract Schedule 1, line 36, fromStandard deduction or itemized deQualified business income deductTaxable income. Subtract lines 8 aa Tax (see inst.) $7, 260$. (checkb Add any amount from Schedulea Child tax credit/credit for other dependSubtract line 12 from line 11. If zerOther taxes. Attach Schedule 4 .Total tax. Add lines 13 and 14Federal income tax withheld fromRefundable credits: a EIC (see inst.)Add any amount from Schedule 5Add lines 16 and 17. These are yoIf line 18 is more than line 15, subtAmount of line 19 you want refunctRouting number061	Form(s) W- 2a 3a 4a 5a dd any amou ave no ad line 6 eductions ion (see in and 9 from 2 and che dents 2 and che dents ro or less, Forms W- <u>ur total pa</u> tract line 1 ded to you 0 0	e, see s	eparate instruct <tr td=""></tr>	b Taxable b Ordinary b Taxable b Taxable amount fro 	dividends amount . amount .	 	2b 3b 4b 5b 6 7 8 9 10 11 12 13 14 15 16 17 18 19		8° 8° 2' 6°	Pi 7,68 7,68 7,68 4,00 3,68 7,26 7,26 7,26 7,26 7,52 7,52 26	age 2 30. 30. 30. 30. 30. 30. 30. 30.
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Go to *www.irs.gov/Form1040* for instructions and the latest information.