

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) ▶ 5872782019028017pv2w

Taxpayer's name SUNDHARARAJAN NAGARAJAN	Social security number 099-94-0974
Spouse's name JANAKI RAJESWARAN	Spouse's social security number 670-38-1043

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	96,034.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	4,262.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	9,040.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	4,778.
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.

4	0	9	7	4
---	---	---	---	---

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.

8	1	0	4	3
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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

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

Your first name and initial: **SUNDHARARAJAN** Last name: **NAGARAJAN** Your social security number: **099-94-0974**

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: **JANAKI** Last name: **RAJESWARAN** Spouse's social security number: **670-38-1043**

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. **5845 ZELKOVA DRIVE** 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. **Cumming GA 30040** 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
KHARUNYAA	SUNDHARARAJAN	285-11-1202	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JAYADITYAA	SUNDHARARAJAN	166-41-4334	Son	<input checked="" 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: **SOFTWARE ENGINEER**

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**

Form 1040 (2018)

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	108,024.
	2a Tax-exempt interest	2a	2b Taxable interest	2b
	3a Qualified dividends	3a	3b Ordinary dividends	3b
	4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
	5a Social security benefits	5a	5b Taxable amount	5b
	6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -11,990.		6	96,034.
	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	96,034.
	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	72,034.
	11 a Tax (see inst.) 8,262. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	8,262.
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	4,000.
	12 a Child tax credit/credit for other dependents 4,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>		12	4,262.
	13 Subtract line 12 from line 11. If zero or less, enter -0-		13	0.
	14 Other taxes. Attach Schedule 4		14	4,262.
	15 Total tax. Add lines 13 and 14		15	9,040.
	16 Federal income tax withheld from Forms W-2 and 1099		16	
	17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		17	
	Add any amount from Schedule 5		18	9,040.
	18 Add lines 16 and 17. These are your total payments		18	4,778.
	19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	4,778.
	20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		20a	
	b Routing number 061000052 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		21	
	d Account number 334007115421		21	
	21 Amount of line 19 you want applied to your 2019 estimated tax		22	
	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22	
	23 Estimated tax penalty (see instructions)		23	

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

Standard Deduction for—

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

Direct deposit? See instructions.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SUNDHARARAJAN NAGARAJAN & JANAKI RAJESWARAN

Your social security number

099-94-0974

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-11,990.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-11,990.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36		

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

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

SUNDHARARAJAN NAGARAJAN & JANAKI RAJESWARAN

Your social security number

099-94-0974

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	5845 ZELKOVA DR CUMMING GA 300405943				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	4		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		1,500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9		2,028.		
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12		11,462.		
13	Other interest.	13				
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		13,490.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11,990.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-11,990.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		1,500.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c		11,462.		
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		13,490.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(11,990.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26				-11,990.

Paid Preparer's Due Diligence Checklist
 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return SUNDHARARAJAN NAGARAJAN & JANAKI RAJESWARAN	Taxpayer identification number 099-94-0974
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

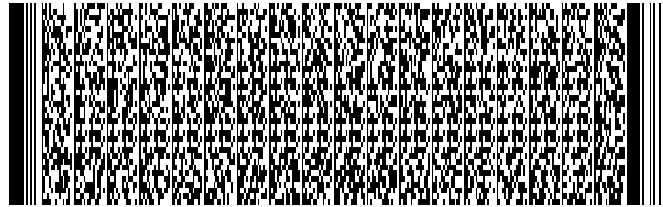
Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867;
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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1900411519



Georgia Form **500** (Rev. 08/17/18)

Individual Income Tax Return

Georgia Department of Revenue

2018 (Approved software version)

Page 1

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID 055449253

STATE ISSUED GA

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. SUNDHARARAJAN 099-94-0974

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
NAGARAJAN

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
JANAKI 670-38-1043

LAST NAME SUFFIX
RAJESWARAN

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 5845 ZELKOVA DRIVE

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. CUMMING GA 30040

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a. 2

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



1900411529

YOUR SOCIAL SECURITY NUMBER
 099-94-0974

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

First Name, MI. KHARUNYAA **Last Name** SUNDHARARAJAN
Social Security Number 285-11-1202 **Relationship to You** DAUGHTER

First Name, MI. JAYADITYAA **Last Name** SUNDHARARAJAN
Social Security Number 166-41-4334 **Relationship to You** SON

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 minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 96034
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. 96034
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a. 6000
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c. 6000
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. 90034



1900411539

YOUR SOCIAL SECURITY NUMBER
 099-94-0974

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. 2 Multiply by \$3,000.....	14b.	6000
14c. Add Lines 14a. and 14b. Enter total.....	14c.	13400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	76634
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	16.	4339
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	22.	4339

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)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 140689340

3. EMPLOYER/PAYER STATE WITHHOLDING ID
 1893936FU

4. GA WAGES / INCOME
 108024

5. GA TAX WITHHELD
 5043

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

REV 02/25/19 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

Georgia Form **500**
Individual Income Tax Return
Georgia Department of Revenue
2018



1900411559

YOUR SOCIAL SECURITY NUMBER
099-94-0974

Page 5

39. Form 500 UET (Estimated tax penalty) 500 UET exception attached 39.
40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 40.

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... 41. 704

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

41a. Direct Deposit (U.S. Accounts Only)

Type: Checking
Savings
Routing Number 061000052
Account Number 334007115421

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

404-955-6603

I authorize DOR to discuss this return with the named preparer.

By providing my email address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's Email Address

Preparer's Phone Number

REV 02/25/19 PRO

Signature of Preparer

Name of Preparer Other Than Taxpayer
APPANA RUPA VENKATA SATYA

Preparer's FEIN

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02090332

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

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

Your first name and initial: **SUNDHARARAJAN** Last name: **NAGARAJAN** Your social security number: **099-94-0974**

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: **JANAKI** Last name: **RAJESWARAN** Spouse's social security number: **670-38-1043**

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. **5845 ZELKOVA DRIVE** 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. **Cumming GA 30040** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
KHARUNYAA	SUNDHARARAJAN	285-11-1202	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JAYADITYAA	SUNDHARARAJAN	166-41-4334	Son	<input checked="" 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: **SOFTWARE ENGINEER**

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**

Form 1040 (2018) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	108,024.
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 -11,990.	6	96,034.
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	96,034.
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	72,034.
11	a Tax (see inst.) 8,262. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	8,262.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	4,000.
13	a Child tax credit/credit for other dependents 4,000. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	4,262.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	4,262.
16	Total tax. Add lines 13 and 14	16	9,040.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	
19	Add any amount from Schedule 5	19	
20a	Add lines 16 and 17. These are your total payments	20a	9,040.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	4,778.
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	4,778.
23	Routing number 061000052 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number 334007115421	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	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SUNDHARARAJAN NAGARAJAN & JANAKI RAJESWARAN

Your social security number

099-94-0974

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-11,990.
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
21	Other income. List type and amount ▶ _____		21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	-11,990.	
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶ _____	31a		
	32	IRA deduction	32		
33	Student loan interest deduction	33			
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35	36			

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

Schedule 1 (Form 1040) 2018