Form <b>8879</b>	
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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.

Submission Identification Number (S	ID	)	ፆ
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Тахра	ver's name	Social security number				
THA	ANUJA ATLURI	897-48-1591				
Spous	e's name	Spouse's social security r	numbe	er		
Par	t I Tax Return Information – Tax Year Ending December 31, 2018 (Wh	nole dollars only)				
1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)		1	16,740.		
2	[	2	473.			
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a).				1,070.		
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a	a) [	4	597.		
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		5			
Par	t II Taxpayer Declaration and Signature Authorization (Be sure you ge	t and keep a copy	of y	our return)		
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial						

Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this 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
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X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	8	1	5	9 1	
			ERO firm name		Ente	r five	e digi	ts, but	-
	as my signa	ture on my tax year	2018 electron	ically filed income tax return.	don'i	t ent	er all	zeros	
				year 2018 electronically filed income tax return. Chusing the Practitioner PIN method. The ERO must c					
Your sig	nature 🕨		Date ►						
Spouse	's PIN: chec	k one box only							٦
	l authorize			to enter or generate my PIN					
			Ente	r five	e digi	ts, but	-		
as my signature on my tax year 2018 electronically filed income tax return.						t ent	er 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 ►

Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7			8 nter a		3 4	ł 5	]

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

ERO's signature ►

Date 🕨

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

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

Point Partners of Neuronal Partners of Partner	Form <b>1040</b>	NR		U.S. Nonres	ident Alien	Incom	e Tax	Retu	<b>rn</b> Iformatic	'n	Ļ	OMB N	lo. 1545-0074
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Attach Form(s)       14       Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here □       14         Mtach Form(s)       15       Other gains or (losses). Attach Form 4797.       15         16       Reserved       16       Reserved       16         17a IRAs, pensions, and annutities       17a       17b       Taxable amount (see instr.)       17b         18       Rental real estate, royatties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18       17b         199       Farm income or (loss). Attach Schedule F (Form 1040)       19       20       10menployment compensation       20         20       Unemployment compensation       20       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       21         21       Catoatro expenses (see instructions)       24       25       25         23       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       28       26       27         24       Educator expenses (see instructions)       22       25       26       26         24       25       25       26       27       28       28       29       30       30       31       30       31       32       33       31					. ,	•		•		,	$\vdash$		7,908,
Attach Form(s)       15       Other gains or (losses). Attach Form 4797.       15         W-2, 1042-S, SXA-1042S, RRB-1042S,						•	,			_			
Attach Pormisy       16       Reserved       16         SSA-10425, RRB-10425, RRB-10425, RRB-10425, RdB-288-A       Ta IRAs, pensions, and annuities       17a       17b       17b         RRB-10425, RRB-10425, RdB-288-A       19       Rem income or (loss). Attach Schedule F (Form 1040)       18       19         Here. Also attach Form(s)       10       Infter income or (loss). Attach Schedule F (Form 1040)       19       20         20       Unemployment compensation       20       20       21         21       Other income. List type and amount (see instructions)       21       21         22       Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)       22       23       16, 740.         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       24       24       24         24       Educator expenses (see instructions)       24       25       26         26       7       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27         28       Self-employed NEP, SIMPLE, and qualified plans       28       29       29         29       Self-employed health insurance deduction (see instructions)       32       32       34         30       31       Schola					. ,	•							
SSA-fuel25, RPB-10425, and 228-A here. Also attach Form[5]       17a IRAs, pensions, and annuities       17a       17b Taxable amount (see instr)         18       Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18         19       Farm income or (loss). Attach Schedule F (Form 1040)       19         20       Unemployment compensation       20         21       Other income. List type and amount (see instructions)       21         22       Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income.       24         24       Educator expenses (see instructions)       25       26         25       26       27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28       28         29       Self-employed health insurance deduction (see instructions)       30         30       Studen toan interest deduction (see instructions)       32         31       Studen toan interest deduction (see instructions)       33         32       Studen toan interest deduction (see instructions)       33         33       Studen tom ine 35 (adjusted gross				,									
RRB-10425, and 3288-A here. Also attach Form[s] 19       18       Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)       18         19       Farm income or (loss). Attach Schedule F (Form 1040)       19         20       Unemployment compensation       20         21       Other income. List type and amount (see instructions)       20         22       Total income exempt by a treaty from page 5, Schedule OI, Item L(1)(e)       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       24         24       Educator expenses (see instructions)       24         25       Health savings account deduction. Attach Form 8889       25         26       Moving expenses for members of the Armed Forces. Attach Form 3903       26         29       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       30         31       Student loan interest deductin (see instructions)       32         32       RA deduction (see instructions)       33       34         34       Add lines 24 through 33       32       35       16,740.         36       Andulfied business income deduction (see instructions)       36       16,740.       36 <td></td> <td></td> <td></td> <td>1 1</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>				1 1		1					-		
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attach Form(s) 1099-Ri ftax       20       Unemployment compensation       20         1099-Ri ftax       21       Other income. List type and amount (see instructions)       21         23       Total income exempt by a treaty from page 5, Schedule 0I, Item L (1)(e)       22       21         24       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       23       16,740.         25       Health savings account deduction. Attach Form 8889       25       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27       28         29       Self-employed health insurance deduction (see instructions)       30       30         30       Penalty on early withdrawal of savings       31       31         31       Scholarship and fellowship grants excluded       31       31         32       Add lines 24 through 33       33       34         34       Add lines 35 (adjusted gross income)       35       16,740.         38       Qualified business income deduction (see instructions)       36       16,740.         33       Student loan interest deduction (see instructions)       33       34         34       Add lines 24 through 33       33       34         35				•	•			•	,		-		
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22       Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)       22         23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       23         24       Educator expenses (see instructions)       24         24       Educator expenses (see instructions)       24         25       26       Moving expenses for members of the Armed Forces. Attach Form 3903       25         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       28         29       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       30         31       31       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       31         34       Add lines 24 through 33       31         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Adjusted Gross Income. Subtract line 34 from line 23       36         37       Itemized deductions (see instructions).       36         38       Qualified business income deduction (see instructions).       36         39       Exemptions for estates and trusts only							• •			•			
23       Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income       23       16,740.         Adjusted Gross Income       24       Educator expenses (see instructions)       24       25         26       Moving expenses for members of the Armed Forces. Attach Form 3803       26       26       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27       28       29         28       Self-employed SEP, SIMPLE, and qualified plans       28       29       29         30       Penalty on early withdrawal of savings       30       31       31         31       Scholarship and fellowship grants excluded       31       32       33         33       Student loan interest deduction (see instructions)       32       33       34         34       Add lines 24 through 33       33       34       35       16,740.         34       Add lines 24 through 33       3       35       16,740.       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty       37       12,000.         38       Qualified business income deduction (see instructions)       38       39       39	was withheid.						22	I			21		
effectively connected income       23       16,740.         Adjusted Gross Income       24       Educator expenses (see instructions)       24         25       Health savings account deduction. Attach Form 8889       25         26       27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       28         29       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       30         30       31       Scholarship and fellowship grants excluded       31         32       IFA deduction (see instructions)       32       33         33       Student loan interest deduction (see instructions)       33       34         34       Add lines 24 through 33       33       35       16,740.         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedm, US/India, Treatry       37       12,000.         38       Qualified business income deduction (see instructions)       38       39       39								1 This	is vour t	otal			
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Adjusted Gross Income       25       Health savings account deduction. Attach Form 8889       25         26       Moving expenses for members of the Armed Forces. Attach Form 3903       26       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       31       30         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       31         35       Adjusted Gross Income. Subtract line 34 from line 23       35       16,740.         36       Amount from line 35 (adjusted gross income)       36       16,740.         37       Itemized deductions from page 3, Schedule A, line 8 . Std. Dedn US/India Treaty       37       12,000.         39       Exemptions for estates and trusts only (see instructions)       39       39		24									20		
Gross Income       26       Moving expenses for members of the Armed Forces. Attach Form 3903       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       26         28       27         28       28         29       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       29       30         31       31       32         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       33         34       Add lines 24 through 33       31         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India Treaty         36       Itemized deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39	-			1 ( )									
Income       Form 3903       Image: Self-employed self-employment tax. Attach Schedule SE (Form 1040)       26         27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       Penalty on early withdrawal of savings       30         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       33         34       Add lines 24 through 33       33         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deduction (see instructions)       37         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39	Gross			0									
27       Deductible part of self-employment tax. Attach Schedule SE (Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       Penalty on early withdrawal of savings       30         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       33         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn, US/India Treaty         36       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39	Income						26						
(Form 1040)       27         28       Self-employed SEP, SIMPLE, and qualified plans       28         29       Self-employed health insurance deduction (see instructions)       29         30       29       30         31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       33         34       Add lines 24 through 33       34         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty         38       39       Exemptions for estates and trusts only (see instructions)       38		27	Ded	ductible part of self-employment ta	ax. Attach Sche	dule SE							
28       Self-employed SEP, SIMPLE, and qualified plans       28       29         29       Self-employed health insurance deduction (see instructions)       29       29         30       Penalty on early withdrawal of savings       30       29         31       Scholarship and fellowship grants excluded       31       30         32       IRA deduction (see instructions)       32       33         33       Student loan interest deduction (see instructions)       32       33         34       Add lines 24 through 33       .       .       .         35       Adjusted Gross Income. Subtract line 34 from line 23       .       .       .         36       Amount from line 35 (adjusted gross income)       .       .       .       .         36       Amount from line 35 (adjusted gross income)       .       .       .       .       .         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn US/India Treaty       .       .       .       .         38       Qualified business income deduction (see instructions)       .       .       .       .       .       .       .         39       Exemptions for estates and trusts only (see instructions)       .       .       .       . <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>27</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							27						
29       Self-employed health insurance deduction (see instructions)       29       30         30       Penalty on early withdrawal of savings		28											
30       Penalty on early withdrawal of savings       30       30         31       Scholarship and fellowship grants excluded       31       31         32       IRA deduction (see instructions)       32       32         33       Student loan interest deduction (see instructions)       32       33         34       Add lines 24 through 33       33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       34         36       Amount from line 35 (adjusted gross income)       35         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39													
31       Scholarship and fellowship grants excluded       31         32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       32         34       Add lines 24 through 33       33         35       Adjusted Gross Income. Subtract line 34 from line 23       34         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39													
32       IRA deduction (see instructions)       32         33       Student loan interest deduction (see instructions)       33         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       35         36       Amount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39													
33       Student loan interest deduction (see instructions)       33       33         34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       34         36       Amount from line 35 (adjusted gross income)       35         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39													
34       Add lines 24 through 33       34         35       Adjusted Gross Income. Subtract line 34 from line 23       5         36       Anount from line 35 (adjusted gross income)       36         37       Itemized deductions from page 3, Schedule A, line 8       Std. Dedn. US/India. Treaty         38       Qualified business income deduction (see instructions)       38         39       Exemptions for estates and trusts only (see instructions)       39													
35 Adjusted Gross Income. Subtract line 34 from line 23							-	-			34		
<b>Tax and</b> Credits <b>36</b> Amount from line 35 (adjusted gross income) <b>36</b> Amount from line 35 (adjusted gross income) <b>36</b> Amount from line 35 (adjusted gross income) <b>37</b> <b>12</b> ,000. <b>38</b> <b>3937</b> <b>12</b> ,000. <b>38</b> <b>39</b>				•									16.740
10X and Credits37Itemized deductions from page 3, Schedule A, line 8Std. Dedn. US/India Treaty3712,000.38Qualified business income deduction (see instructions)39Exemptions for estates and trusts only (see instructions)													
38       Qualified business income deduction (see instructions).       38         39       Exemptions for estates and trusts only (see instructions)       39													
39 Exemptions for estates and trusts only (see instructions)	Credits												
					,								
	For Disclosure P				· · · · · ·	/						Form <b>1</b>	040NR (2018)

Form 1040NR (201	8)		Page 2
Tanad	40 Add lines 37 through 39	40	12,000.
Tax and	41 Taxable income. Subtract line 40 from line 36. If zero or less, enter -0	41	4,740.
Credits	<b>42</b> Tax (see instr.). Check if any is from Form(s): a 8814 b 4972 c	42	473.
(continued)	43 Alternative minimum tax (see instructions). Attach Form 6251	43	
	44 Excess advance premium tax credit repayment. Attach Form 8962	44	
	<b>45</b> Add lines 42, 43, and 44	45	473.
	46 Foreign tax credit. Attach Form 1116 if required 46		
	47 Credit for child and dependent care expenses. Attach Form 2441   47		
	48 Retirement savings contributions credit. Attach Form 8880 . 48		
	49 Child tax credit and credit for other dependents (see		
	instructions)		
	50         Residential energy credit. Attach Form 5695         .         .         .         50		
	51         Other credits from Form:         a         3800         b         8801         c         51		
	<b>52</b> Add lines 46 through 51. These are your <b>total credits</b>	52	
	53 Subtract line 52 from line 45. If zero or less, enter -0	53	473.
	54 Tax on income not effectively connected with a U.S. trade or business from page 4	,	
Other	Schedule NEC, line 15	54	
Taxes	<b>55</b> Self-employment tax. Attach Schedule SE (Form 1040)	55	
	<b>56</b> Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	56	
	57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
	<b>58</b> Transportation tax (see instructions)	58	
	59a Household employment taxes from Schedule H (Form 1040)	59a	
	<b>b</b> Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required .		
	60 Taxes from: a Form 8959 b Instructions; enter code(s)	60	
	61 Total tax. Add lines 53 through 60	61	473.
Deserves	62 Federal income tax withheld from:		
Payments	a Form(s) W-2 and 1099		
	<b>b</b> Form(s) 8805		
	<b>c</b> Form(s) 8288-A		
	d Form(s) 1042-S		
	63 2018 estimated tax payments and amount applied from 2017 return 63		
	64 Additional child tax credit. Attach Schedule 8812 64		
	65 Net premium tax credit. Attach Form 8962 65		
	66 Amount paid with request for extension to file (see instructions) 66		
	67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67		
	68 Credit for federal tax on fuels. Attach Form 4136 68		
	69 Credits from Form: a 2439 b Reserved c 8885 d 69		
	70 Credit for amount paid with Form 1040-C		
	71 Add lines 62a through 70. These are your total payments	71	1,070.
Defined	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	597.
Refund	73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here .		597.
Direct deposit? See	b Routing number 0 7 4 0 0 0 1 0 ► c Type: X Checking Savings	3	
instructions.	<b>d</b> Account number 8 6 8 6 0 1 7 9 5		
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.		
	<b>74</b> Amount of line 72 you want <b>applied to your 2019 estimated tax</b> ► <b>74</b>		
Amount	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	
You Owe	76 Estimated tax penalty (see instructions)		
Third Party			mplete below. 🛛 No
Designee	Phone     Personal       Designee's name ►     no. ►     number (	identifica PIN)	tion
Sign Horo	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements,		best of my knowledge and
Sign Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	of which p	reparer has any knowledge.
Keep a copy of	Your signature Date Your occupation in the United States		S sent you an Identity on PIN, enter it here
this return for your records.		(see inst	
	SOFTWARE DEVELOPER		
Paid	Print/Type preparer's name Preparer's signature Date	Check	if PTIN
Preparer	APPANA RUPA VENKATA SATYA SAI MANIKUMAR		bloyed P02090332
Use Only	Firm's name ► GLOBAL TAXES LLC         Firm's EIN ►		
,	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Phone no.		

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

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

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Form **1040NR** (2018)

Form	1040NR	(2018)
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Page	4
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		Schedule NEC-Tax on Income Not E	ffectively	Cor	nnected With	a U.S. Trade or	Business (see ir	structions)			
					Enter amount of income under the appropriate rate of tax (see instructions)						
Nature of income			<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)					
					(a) 1070	(b) 1376	(C) 50 %	%	%		
1	Dividends and divide	end equivalents:									
а	Dividends paid by U	S. corporations	1	1a							
b	Dividends paid by fo	preign corporations	1	1b							
С		t payments received with respect to section									
	transactions		· · · 1	1c							
2	Interest:										
а				2a							
b	Paid by foreign corp	porations		2b							
С				2c							
3		oatents, trademarks, etc.)		3							
4		V. copyright royalties		4							
5	• • • •	vrights, recording, publishing, etc.)		5							
6		e and natural resources royalties		6							
7				7							
8				8							
9		e 18 below		9	,						
10	If zero or less, ente	ts of Canada only. Enter net income in column (c	<i>.</i> ).								
	Winnings	er -0									
a b			1(	0c							
11		Residents of countries other than Canada.									
		owed	1	11							
12				··							
			1	12							
13		12 in columns (a) through (d)		13							
14	-	rate of tax at top of each column		14							
15		ot effectively connected with a U.S. trade o			d columns (a) t	hrough (d) of line 1	4. Enter the total	here and on			
		54									
		Capital Gains and									
	nly the capital gains and	<b>16</b> (a) Kind of property and description	(b) Date		(c) Date			(f) LOSS	(g) GAIN		
exchanges that are from		(if necessary, attach statement of	acquired		sold	(d) Sales price	(e) Cost or other basis	If (e) is more than (d), subtract (d)	If (d) is more than (e), subtract (e)		
sources within the United States and not effectively		descriptive details not shown below)	(mo., day, yr.)		(mo., day, yr.)			from (e)	from (d)		
connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these											
gains and losses on Schedule D (Form 1040).											
•	property sales or										
exchan	ges that are effectively										
connected with a U.S. business on Schedule D (Form 1040),		<b>17</b> Add columns (f) and (g) of line 16		· .			17				
Form 4	797, or both.	18 Capital gain. Combine columns (f) and	(g) of line 1	17. Er	nter the net gain	here and on line 9	above (if a loss, e	nter -0-) 🕨 🛛 18			

Μ

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

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

Date entered United States mm/dd/yy	· · · · · · · · · · · · · · · · · · ·		Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	

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

		<u> </u>		
	If "Yes," give the latest year and form number you filed ► 2017 1040NR			
J	Are you filing a return for a trust?		Yes 🕻	X No
	If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a			
	U.S. person, or receive a contribution from a U.S. person?		Yes [	No
κ	Did you receive total compensation of \$250,000 or more during the tax year?		Yes 🛛	X No

L Income Exempt from Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country,

complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

	(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year		
	(e) Total. Enter this amount on Form 1040NR, line 22.	Do not enter it on line 8	8 or line 12 🕨			
2.	Were you subject to tax in a foreign country on any of the income shown in 1(d) above?					
З.	Are you claiming treaty benefits pursuant to a Competent Authority determination?					
	If "Yes," attach a copy of the Competent Authority determination letter to your return.					
	Check the applicable box if:					
1.	This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in		5	5		

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

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

### SCHEDULE C (Form 1040)

Department of the Treasury

# Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074 20 18 Attachment

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

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Internal Revenue Service (99) Sequence No. 09 Name of proprietor Social security number (SSN) 897-48-1591 THANUJA ATLURI B Enter code from instructions Α Principal business or profession, including product or service (see instructions) ▶ 5 1 8 2 1 0 SOFTWARE EXPENSES С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) ATLURI TANUJA Ε Business address (including suite or room no.) ► 2534 YORKTOWN APARTEMENTS City, town or post office, state, and ZIP code HOUSTON, TX 77056 E Accounting method: (1) 🗙 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . X Yes No X н If you started or acquired this business during 2018, check here Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . . . . . . . . X No Ves L. Yes 🗌 No If "Yes," did you or will you file required Forms 1099? . Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1 25,958. Form W-2 and the "Statutory employee" box on that form was checked . . . . . . . . . . . . 1 2 2 25,958. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 . . . . . . . . 5 5 25,958. 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . 6 . 25,958. 7 7 Gross income. Add lines 5 and 6 **Part II** Expenses. Enter expenses for business use of your home only on line 30. 1,250. 8 Advertising . . . . . 8 18 Office expense (see instructions) 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 9 instructions). . . . . 20 Rent or lease (see instructions): 10 10 Commissions and fees . Vehicles, machinery, and equipment а 20a 7,200. 11 Contract labor (see instructions) 11 b Other business property . . . 20b 2,400. 12 Depletion . . . . 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses . . . . . 23 included in Part III) (see 24 13 Travel and meals: instructions). . . . 2,400. а Travel. . . . 24a 14 Employee benefit programs (other than on line 19). 14 b Deductible meals (see 15 Insurance (other than health) 15 instructions) . . . . . . . 24b 4,800. 25 25 16 Interest (see instructions): Utilities . . . . . . . . 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits). 26 а 16b b Other . . . . . . 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 18,050. 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . . . . 28 29 29 7,908. 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . . . 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, 7,908. line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, **32a** All investment is at risk. line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). 32b Some investment is not Estates and trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedu Part	le C (Form 1040) 2018 Cost of Goods Sold (see instructions)			Page <b>2</b>
Fait				
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (at	tach e	xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation		. 🗌 Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car o and are not required to file Form 4562 for this business. See the instructions for file Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month, day, year)	vehicl	e for:	
а	Business <b>b</b> Commuting (see instructions) <b>c</b>	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
-	If "Yes," is the evidence written?		🗌 Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or l	ne 30	).	
		1		
48	Total other expenses. Enter here and on line 27a	48	1	