

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) ►

Taxpayer's name MURALI KRISHNA MUDDASANI	Social security number 707-69-9516
Spouse's name	Spouse's social security number

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	28,766.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	1,823.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	3,981.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,158.
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.

9 9 5 1 6

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 _____ to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

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: MURALI KRISHNA Last name: MUDDASANI Your social security number: 707-69-9516

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: Last name: Spouse's social security number:

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. 39639 LESLIE STREET FOENENT Apt. no. 277 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. FREMONT CA 94538 If more than four dependents, see inst. and check 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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: Date: Your occupation: SOFTWARE ENGINEER

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

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

Paid Preparer Use Only

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

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	28,766.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	28,766.
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	28,766.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
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	16,766.
11	a Tax (see inst.) 1,823. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	1,823.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	1,823.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	1,823.
16	Total tax. Add lines 13 and 14	16	3,981.
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	3,981.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	2,158.
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	2,158.
23	a Routing number 3 2 1 1 7 1 1 8 4 b Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	d Account number 4 2 0 1 7 3 2 1 0 9 4	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	

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Row 1: MURALI KRISHNA MUDDASANI, 707-69-9516. Row 2: (blank), (blank).

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: 28,766. Line 2: (blank). Line 3: 965.

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

Under penalties of perjury, I declare that I have examined a copy of my 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, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as 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 my PIN 9 9 5 1 6 as my signature on my 2018 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2018 e-filed California individual 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/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2018 e-filed California individual 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/RDP'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 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual 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 FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature Date

2018 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

707-69-9516 MUDD
MURALIKRISH MUDDASANI

18

39639 LESLIE STREET FOENENT
FREMONT CA 94538

APT 277

04-08-1991

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 X \$118 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$118 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$118 = \$

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$367 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. 11 \$

Your name: M U D D A S A N I

Your SSN or ITIN: 707-69-9516

Taxable Income	12	State wages from your Form(s) W-2, box 16	● 12	28766	.00
	13	Enter federal adjusted gross income from Form 1040, line 7	● 13	28766	.00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	● 14		.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	● 15	28766	.00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	● 16		.00
	17	California adjusted gross income. Combine line 15 and line 16	● 17	28766	.00
	18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$4,401 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions }	● 18	4401	.00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	24365	.00

Tax	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	● 31	485	.00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions	● 32	118	.00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	367	.00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	● 34		.00
	35	Add line 33 and line 34	● 35	367	.00

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	● 40		.00
	43	Enter credit name OTHER STATE code ● 187 and amount	● 43	114	.00
	44	Enter credit name code ● and amount	● 44		.00
	45	To claim more than two credits, see instructions. Attach Schedule P (540).	● 45		.00
	46	Nonrefundable renter's credit. See instructions	● 46	60	.00
	47	Add line 40 through line 46. These are your total credits	● 47	174	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	193	.00	

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61		.00
	62	Mental Health Services Tax. See instructions	● 62		.00
	63	Other taxes and credit recapture. See instructions	● 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	193	.00

Your name: M U D D A S A N I

Your SSN or ITIN: 707-69-9516

Payments	71	California income tax withheld. See instructions	● 71	1158	.00
	72	2018 CA estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
	75	Earned Income Tax Credit (EITC)	● 75		.00
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	1158	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions.	● 91	0	.00
	If line 91 is zero, check if:				
		<input checked="" type="checkbox"/> No use tax is owed.			
		<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	1158	.00
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	965	.00
	95	Amount of line 94 you want applied to your 2019 estimated tax	● 95		.00
	96	Overpaid tax available this year. Subtract line 95 from line 94.	● 96	965	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions	Code	Amount	
	● 400	California Seniors Special Fund. See instructions	
	● 401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	
	● 403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	

Your name: M U D D A S A N I

Your SSN or ITIN: 707-69-9516

Contributions		Code	Amount
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	.00
	California Firefighters' Memorial Fund	● 406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
	California Peace Officer Memorial Foundation Fund	● 408	.00
	California Sea Otter Fund	● 410	.00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	.00
	School Supplies for Homeless Children Fund	● 422	.00
	State Parks Protection Fund/Parks Pass Purchase	● 423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	.00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	.00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	.00
	Revive the Salton Sea Fund	● 432	.00
	California Domestic Violence Victims Fund	● 433	.00
	Special Olympics Fund	● 434	.00
	Type 1 Diabetes Research Fund	● 435	.00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	.00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	.00
	Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	.00
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	.00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	.00
	110 Add code 400 through code 443. This is your total contribution	● 110	.00

Your name: M U D D A S A N I

Your SSN or ITIN: 707-69-9516

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001 111 .00

Pay online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001 115 965.00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

Type

Routing number

Checking

Account number

116 Direct deposit amount

3 2 1 1 7 1 1 8 4

Savings

4 2 0 1 7 3 2 1 0 9 4

965.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

117 Direct deposit amount

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

Your email address. Enter only one email address.

Preferred phone number

(7 4 7) 9 0 0 -3 4 5 1

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

It is unlawful to forge a spouse's/RDP's signature.

Firm's name (or yours, if self-employed)

GLOBAL TAXES LLC

PTIN

P 0 2 0 9 0 3 3 2

Joint tax return? (See instructions)

Firm's address

2530 PEBBLE CREEK LN CUMMING GA 30041

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . Yes No

Print Third Party Designee's Name

Telephone Number

()

2018 Other State Tax Credit

S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return M U R A L I , K R I S H N A , M U D D A S A N I	SSN, ITIN, or FEIN 7 0 7 6 9 9 5 1 6
---	---

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	10,640.	10,640.
<input type="radio"/>		
<input type="radio"/>		
1 Total double-taxed income	10,640.	10,640.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/>	2	307.	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	3	10,640.	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/>	4	28,766.	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	5	0.3699	
6 Multiply line 2 by line 5	<input checked="" type="radio"/>	6	114.	00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> OH See instructions	<input checked="" type="radio"/>	7	163.	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	8	10,640	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/>	9	10,640.	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/>	11	163.	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187 . See instructions	<input checked="" type="radio"/>	12	114.	00



2018 Ohio IT 1040 Individual Income Tax Return



11 20 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 707 69 9516

If deceased Spouse's SSN (if filing jointly) check box

If deceased Enter school district # for this return (see instructions). check box SD# 9999

First name MURALI KRISHNA

M.I. Last name MUDDASANI

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box 39639 LESLIE STREET FOENENT

Address line 2 (apartment number, suite number, etc.) APT 277

City FREMONT

State ZIP code CA 94538

Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident X Nonresident Indicate state CA

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Ohio Political Party Fund

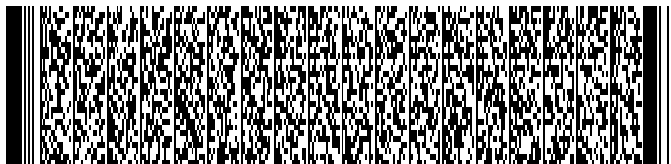
Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.

Do not staple or paper clip.



Postmark date Code



0033
 Department of
 Taxation
 Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



SSN 707 69 9516

18000233 Sequence No. 2

7a. Amount from line 7 on page 1.....	7a.	26416	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	462	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE).....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	462	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE).....	9.	299	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	163	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> ...12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	163	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	14.	304	00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return.....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE).....	16.		00
17. Amended return only – amount previously paid with original and/or amended return.....	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	304	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	304	00

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ ..23.	23.		00
24. Overpayment (line 20 minus line 13).....	24.	141	00
25. Original return only – amount of line 24 to be credited toward 2019 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species		00	00
d. Military injury relief e. Ohio History Fund f. State nature preserves		00	00
Total...26g.			00
27. REFUND (line 24 minus lines 25 and 26g)..... YOUR REFUND ▶ 27.	27.	141	00

<p>Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number (747) 900-3451</p> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name _____</p> <p>Phone number _____ Preparer's TIN (PTIN) PP02090332</p>	<p>If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p>
	<p>NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>



2018 Ohio Schedule of Credits

Nonrefundable and Refundable



18280133

Sequence No. 7

11 20 19

SSN of primary filer
707 69 9516

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	462 00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	00
7. Displaced worker training credit (see instructions for all required documentation).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	20 00
10. Total (add lines 2 through 9)	10.	20 00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero).....	11.	442 00
12. Joint filing credit (see instructions for table). _____% times the amount on line 11.....	12.	0 00
13. Earned income credit	13.	00
14. Ohio adoption credit.....	14.	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.	00
17. Credit for purchases of grape production property	17.	00
18. InvestOhio credit (include a copy of the credit certificate)	18.	00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.	00
21. Research and development credit (include a copy of the credit certificate)	21.	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.	00
23. Total (add lines 12 through 22)	23.	0 00
24. Tax less additional credits (line 11 minus line 23; if less than zero, enter zero).....	24.	442 00

Do not staple or paper clip.





2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer
707 69 9516



18280233 Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			25. 18126 00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			26. 28766 00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit			27. . 6301 279 00

Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident			28. 00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			29. 00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here			30. 00
31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia			31. 00
32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax			32. 00
33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..			33. 299 00

Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate)			34. 00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ..			35. 00
36. Pass-through entity credit (include a copy of the Ohio IT K-1s)			36. 00
37. Motion picture production credit (include a copy of the credit certificate)			37. 00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)			38. 00
39. Venture capital credit (include a copy of the credit certificate)			39. 00
40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)			40. 00



Department of Taxation Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



11 20 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 707 69 9516 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 9999

First name MURALI KRISHNA M.I. Last name MUDDASANI

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 39639 LESLIE STREET FOENENT

Address line 2 (apartment number, suite number, etc.) APT 277

City FREMONT State CA ZIP code 94538 Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident X Nonresident Indicate state CA

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Ohio Political Party Fund

Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.

Do not staple or paper clip.



Postmark date Code



0033
 Department of
 Taxation
 Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



SSN 707 69 9516

18000233 Sequence No. 2

7a. Amount from line 7 on page 1.....	7a.	26416	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	462	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE).....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	462	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE).....	9.	299	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	163	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> ...12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	163	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	14.	304	00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return.....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE).....	16.		00
17. Amended return only – amount previously paid with original and/or amended return.....	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	304	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	304	00

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13).....	24.	141	00
25. Original return only – amount of line 24 to be credited toward 2019 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. Breast / cervical cancer	b. Wishes for Sick Children	c. Wildlife species	
00	00	00	
d. Military injury relief	e. Ohio History Fund	f. State nature preserves	
00	00	00	
		Total...26g.	00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	141	00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.		If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
▶ Your signature _____ Date (MM/DD/YY) _____ ▶ Spouse's signature _____ Phone number (747) 900-3451		
Check here to authorize your preparer to discuss this return with Taxation Preparer's printed name _____ Phone number _____ Preparer's TIN (PTIN) P02090332		NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679 Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057



2018 Ohio Schedule of Credits

Nonrefundable and Refundable



18280133

Sequence No. 7

11 20 19

SSN of primary filer
707 69 9516

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	462 00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	00
7. Displaced worker training credit (see instructions for all required documentation).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	20 00
10. Total (add lines 2 through 9)	10.	20 00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero).....	11.	442 00
12. Joint filing credit (see instructions for table). _____% times the amount on line 11.....	12.	0 00
13. Earned income credit	13.	00
14. Ohio adoption credit.....	14.	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.	00
17. Credit for purchases of grape production property	17.	00
18. InvestOhio credit (include a copy of the credit certificate)	18.	00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.	00
21. Research and development credit (include a copy of the credit certificate)	21.	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.	00
23. Total (add lines 12 through 22)	23.	0 00
24. Tax less additional credits (line 11 minus line 23; if less than zero, enter zero).....	24.	442 00

Do not staple or paper clip.





2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer
707 69 9516



18280233 Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			25. 18126 00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			26. 28766 00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit			27. . 6301 279 00

Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident			28. 00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			29. 00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here			30. 00
31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia			31. 00
32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax			32. 00
33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..			33. 299 00

Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate)			34. 00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ..			35. 00
36. Pass-through entity credit (include a copy of the Ohio IT K-1s)			36. 00
37. Motion picture production credit (include a copy of the credit certificate)			37. 00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)			38. 00
39. Venture capital credit (include a copy of the credit certificate)			39. 00
40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)			40. 00

Staple W-2s to the back of this page

MURALI KRISHNA First name and Middle Initial MUDDASANI Last Name <hr/> If a joint return, spouse's first name and initial Last Name 39639 LESLIE STREET FOENENT 277 CURRENT Home Address (number and street) FREMONT CA 94538 City State Zip Code	Primary Social Security Number 707 69 9516 Spouse's Social Security Number _____ Filing Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately Occupation or nature of business <u>AUTOMATION DEVELOPER</u> Trade Name _____ City of Employment #1 <u>COLUMBUS</u> City of Employment #2 _____ City of Employment #3 _____ City of Residence <u>FREMONT</u>
Check the appropriate box if: <input type="checkbox"/> REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> AMENDED Tax year _____ Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain _____ Did you file a City return in 2017? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Residence change in 2018 (If applicable) Did you change residence during 2018? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, enter date of move: _____ Previous Address (number and street) _____ City, State, Zip Code _____	

Part A TAXABLE WAGES Attach all forms and applicable Federal schedules and/or documentation to the back of this return.

Employer(s) and address where work performed	TAXABLE WAGES
DATA SYSTEMS INTEGRATION INC	(+) 10,640.
	(+)
ADJUSTMENTS (from Part D on Page 2)	(-) 0.
NET WAGES (enter in Column B below)	(=) 10,640.

Part B TAX CALCULATION A Declaration of Estimated City Tax (form IR-21) is REQUIRED for all individuals whose tax is not fully withheld.

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G		
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME*	TOTAL NET TAXABLE INCOME	TAX RATE	TAX DUE	LESS TAX WITHHELD (W-2), PAID BY A PARTNERSHIP, OR PAID DIRECTLY TO CITY WHERE EARNED	NET TAX DUE
COLUMBUS	01	10,640.	0.	10,640.	2.5%	266.	266.	0.

1. TOTAL NET TAX DUE (TOTAL OF COLUMN G).....	1	0.
2. LESS CREDITS FOR ESTIMATED TAX PAYMENTS AND OVERPAYMENT FROM PRIOR YEAR RETURN ONLY.....	2	
3. BALANCE DUE (LINE 1 LESS LINE 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6.....	3	0.
4. PENALTY: 15% \$ _____ + INTEREST \$ _____ + LATE CHARGE \$ _____ <small>(see instructions) (see instructions) (see instructions)</small>	4	
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less	5	
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1).....	6	
A. Enter the amount from Line 6 you want CREDITED to your next year tax estimate.....	6A	
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00).....	6B	

Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.

CITY	CODE	COLUMN H Income (or loss) from Part E or Schedule Y	COLUMN I Rental Income (or loss) from Part F (section 1)	COLUMN J (Residents Only) Other income from Part F (section 2)	COLUMN K Total other income (or loss)
COLUMBUS	01				
Net Operating Loss Carry-forward (see instructions):					
Total *(enter in Column C above, if loss enter 0):					

Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) YES Complete the following NO

Designee's Name: _____ Phone #: _____ SSN: _____

SIGNATURE The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

Sign Here Your Signature _____ Date _____
 If a joint return, both must sign Spouse's Signature _____ Date _____

Paid Preparer's Use Only Signature _____ Date _____ PTIN P02090332
 Phone # _____

MAILING INFORMATION

NO Payment Enclosed:
 Mail to: Columbus Income Tax Division
 PO Box 182437
 Columbus, Ohio 43218-2437

Payment Enclosed:
 Make payable to: **CITY TREASURER**
 Mail to: Columbus Income Tax Division
 PO Box 182158
 Columbus, Ohio 43218-2158

Staple check or money order HERE

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

Your first name and initial: MURALI KRISHNA Last name: MUDDASANI Your social security number: 707-69-9516

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: Last name: Spouse's social security number:

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. 39639 LESLIE STREET FOENENT Apt. no. 277 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. FREMONT CA 94538 If more than four dependents, see inst. and check 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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: Spouse's signature. If a joint return, both must sign. Date: Date. Your occupation: SOFTWARE ENGINEER Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

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

Firm's name: GLOBAL TAXES LLC Phone no.: Firm's address: 2530 Pebble Creek Ln Cumming GA 30041

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	28,766.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	28,766.
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	28,766.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
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	16,766.
11	a Tax (see inst.) 1,823. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	1,823.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	1,823.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	1,823.
16	Total tax. Add lines 13 and 14	16	3,981.
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 Add any amount from Schedule 5	18	3,981.
19	Add lines 16 and 17. These are your total payments	19	2,158.
20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a	2,158.
21	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21	
22	Routing number: 3 2 1 1 7 1 1 8 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	22	
23	Account number: 4 2 0 1 7 3 2 1 0 9 4	23	
24	Amount of line 19 you want applied to your 2019 estimated tax	24	
25	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	25	
26	Estimated tax penalty (see instructions)	26	