Department of the Treasury Internal Revenue Service

#### **IRS e-file Signature Authorization**

OMB No. 1545-0074

2018

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

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

Part	<b>I</b> 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	y 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 auctonat. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's	PIN:	check	one	box	only
------------	------	-------	-----	-----	------

$\mathbf{X}$	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	9	9 5	5   1	.   6					
			ERO firm name		Ente	r five c	ligits	, but					
	as my signa	ture on my tax year 2	2018 electronically	filed income tax return.	don'i	don't enter all zeros							
				2018 electronically filed income tax return. Ch g the Practitioner PIN method. The ERO must c									
Your sig	gnature 🕨			Date ►									
Spouse	e's PIN: chec	k one box only							1				
	I authorize			to enter or generate my PIN									
			ERO firm name		Ente	r five c	ligits	, but					
	as my signa	ture on my tax year 2	2018 electronically	filed income tax return.	don'	t enter	all z	eros					

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	
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				1 II zero		8 4	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.

<b>1040</b>	Depa	artment of the Treasury—Internal Revent	ue Service <b>Tax</b>	, Retur	<sup>99)</sup> 2	301	<b>18</b>   <sub>0N</sub>	1B No. 1	545-0074	IRS Use (	Dnly—E	Do not writ	e or staple in t	his space.
Filing status:		Single Married filing jointly		ried filing s		Пн	ead of hous	ehold	Qualif	/ing widow(	-			
Your first name				Last name				onora	Guum	ang maom(	<u> </u>	'our soci	al security	number
MURALI K				MUDDA									9-9516	
Your standard d						were h	orn before	lanuary	2 1954		ı are b		, ,,,,,	
		s first name and initial		Last name				oundary	2,1004				social secur	itv number
n joint rotain, op	.0000		.	Laot name							ľ	pedee e		
Spouse standard		ion: Someone can claim your	•				use was bo en	rn befor	e January	2, 1954	×		ar health car npt (see inst	
Home address (	numbe	er and street). If you have a P.O. bo		,						Apt. no.	P	residentia	I Election Ca	mpaign
39639 LE	SLI	E STREET FOENENT								277		see inst.)	You	
City, town or po	st offic	e, state, and ZIP code. If you have	a foreig	n address	, attach Sch	hedule	6.		I		11	f more th	an four depe	
FREMONT	CA	94538											ind 🗸 here	
Dependents (	see ir	structions):		(2) Soc	ial security nu	mber	(3) Rela	tionship to	o vou	(	(4) √i	f qualifies f	or (see inst.):	
(1) First name		, Last name								Child ta		•	redit for other	dependents
										Г	7			
										C	1			
										C	1			
										C	1			
Sign	Under p	enalties of perjury, I declare that I have	examined	this return a	and accompa	nying so	L chedules and	statemen	ts, and to th	e best of my	knowle	edge and b	elief, they are	true,
Here		and complete. Declaration of preparer (	other thar	n taxpayer) i	I	1			has any kn	owledge.	1	150		
Joint return?	Y	our signature			Date		Your occup					e IRS sent , enter it	you an Identi	ty Protection
See instructions.							SOFTWA		-	lR	here	e (see inst.)		
Keep a copy for	S	pouse's signature. If a joint return,	both mu	ust sign.	Date	5	Spouse's or	cupatio	n			e IRS sent , enter it	you an Identi	ty Protection
your records.											here	e (see inst.)		
Paid	P	reparer's name	Prepare	er's signat	ure				PTIN		Firm's	s EIN	Check if:	
Preparer	APF	PPANA RUPA VENKATA SATYA SAL MANIKUMAR P02090332											ty Designee	
Use Only		Firm's name ► GLOBAL TAXES LLC Phone no.											Self-er	nployed
	Fi	rm's address ► 2530 Pebb	le Cr	reek L	n Cumm	ling	GA 30	041						
For Disclosure, I	Privac	y Act, and Paperwork Reduction	Act Not	tice, see s	separate ins	structi	ons.						Form <b>1</b>	<b>040</b> (2018)
Form 1040 (2018)	)													Page <b>2</b>
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2							1		28	,766.
	2a	Tax-exempt interest	2a			• •		 axable ir			2b	_		
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a						dividends		3b			
Form(s) W-2G and	4a	IRAs, pensions, and annuities .	4a						mount .		4b			
1099-R if tax was withheld.	-5a	Social security benefits	5a											
	6	Total income. Add lines 1 through 5. A		nount from			<b>b</b> Taxable amount				5h			
	7	-	-		Schedule 1 I	line 22					5b		28	,766.
Standard	)	subtract Schedule 1, line 36, from	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								5b 6			,766.
Deduction for –	8		n line 6		nts to incor	me, en	ter the ame	ount fro	n line 6;	otherwise,			28	,766.
Single or married	<u> </u>	Standard deduction or itemized		• •	nts to incor	me, en 	ter the amo	ount fro	m line 6;	otherwise,	6		28	
filing separately,	9	Standard deduction or itemized of Qualified business income deduction	deductio	 Ins (from S	nts to incor  ichedule A)	me, en 	ter the amo	ount fro	n line 6;	otherwise, 	6 7		28 12	,766. ,000.
\$12,000		Qualified business income deduc Taxable income. Subtract lines 8	deduction ction (see and 9 fr	o <b>ns</b> (from S e instruction from line 7.	nts to incor  ichedule A) ons) If zero or le	me, en  	ter the amo   ter -0	ount froi	m line 6;	otherwise,  	6 7 8		28 12	,766.
\$12,000 • Married filing jointly or Qualifying	9 10	Qualified business income deduc	deduction ction (see and 9 fr	o <b>ns</b> (from S e instruction from line 7.	nts to incor  ichedule A) ons) If zero or le	me, en  	ter the amo   ter -0	ount froi	m line 6;	otherwise,  	6 7 8 9		28 12	,766. ,000.
\$12,000 • Married filing	9 10	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823.</u> (chec <b>b</b> Add any amount from Schedul	deduction ction (see and 9 fr ck if any fr le 2 and	ns (from S e instruction rom line 7. rom: 1	nts to incor  . If zero or le ] Form(s) 881 e	me, en   ess, ent 14 <b>2</b>	ter the amo   ter -0-  Form 49	ount from     		otherwise,       	6 7 8 9		28 12 16	,766. ,000.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of	9 10	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) $1,823$ . (chec	deduction ction (see and 9 fr ck if any fr le 2 and	ns (from S e instruction rom line 7. rom: 1	nts to incor  . If zero or le ] Form(s) 881 e	me, en   ess, ent 14 <b>2</b>	ter the amo   ter -0-  Form 49	ount from     		otherwise,       	6 7 8 9 10		28 12 16	,766. ,000. ,766.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000	9 10 11	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823.</u> (chec <b>b</b> Add any amount from Schedul	deduction ction (see and 9 fr ck if any fr le 2 and ndents	ns (from S e instruction rom line 7. rom: 1	nts to incor  ichedule A) ons) If zero or le ] Form(s) 881 e <b>b</b> Ad	me, en ess, ent 14 <b>2</b> d <b>d</b> any a	ter the amo   ter -0 Form 49  mount from S	Dunt from         	m line 6;	otherwise,       	6 7 8 9 10 11		28 12 16	,766. ,000. ,766.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked	9 10 11 12	Qualified business income deduct Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chect <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other dependence	deduction ction (see and 9 fr ck if any fr le 2 and ndents ero or les	ons (from S e instruction rom line 7. rom: 1 check her ss, enter -	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e <b>b</b> Ad 0	me, en  ess, ent 14 <b>2</b>	ter the amount from S	Dunt from 	m line 6;		6 7 8 9 10 11 11		28 12 16	,766. ,000. ,766.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard	9 10 11 12 13	Qualified business income deduct Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other dependent Subtract line 12 from line 11. If zero	deduction ction (see and 9 fr k if any fr e 2 and ndents ero or les	ns (from S e instruction rom line 7. rom: 1 check her  ss, enter -	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e <b>b</b> Ad 0	me, en  ess, ent 14 <b>2</b>  dd any a	ter the amo   ter -0 Form 49  mount from S 	Dunt from   	n line 6;		6 7 8 9 10 11 11 12 13		28 12 16 1	,766. ,000. ,766. ,823.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under	9 10 11 12 13 14	Qualified business income deduc Taxable income. Subtract lines 8 a Tax (see inst.) <u>1,823</u> . (chec <b>b Add</b> any amount from Schedul a Child tax credit/credit for other deper Subtract line 12 from line 11. If zr Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from	deduction ction (see and 9 fr ck if any fr le 2 and ndents ero or les   n Forms	ons (from S e instruction rom ine 7. rom: 1 check her ss, enter - W-2 and	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0  1099	me, en       	ter the amount from S	Dunt from    	n line 6;	<ul> <li></li></ul>	6 7 8 9 10 11 11 12 13 14		28 12 16 1 1 1	,766. ,000. ,766. ,823. ,823. 0.
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	9 10 11 12 13 14 15	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If z Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14	deduction ction (see and 9 fr ck if any fr le 2 and ndents ero or les   n Forms	ons (from S e instruction rom ine 7. rom: 1 check her ss, enter - W-2 and	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0  1099	me, en       	ter the amount from S	Dunt from    	n line 6;	<ul> <li></li></ul>	6 7 8 9 10 11 12 13 14 15		28 12 16 1 1 1	,766. ,000. ,766. ,823. ,823. 0. ,823.
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	9 10 11 12 13 14 15 16	Qualified business income deduc Taxable income. Subtract lines 8 a Tax (see inst.) <u>1,823</u> . (chec <b>b Add</b> any amount from Schedul a Child tax credit/credit for other deper Subtract line 12 from line 11. If zr Other taxes. Attach Schedule 4 Total tax. Add lines 13 and 14 Federal income tax withheld from	deductio ction (see and 9 fr ck if any fr e 2 and ndents ero or les  n Forms  NO	ons (from S e instruction rom line 7. rom: 1 check her  ss, enter W-2 and	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812	me, en  ess, ent 14 2  dd any a    2	ter the amount of the ter the ter the ter ter ter ter ter ter ter ter ter te	Dunt froi                               	n line 6;	<pre>&gt;</pre>	6 7 8 9 10 11 12 13 14 15		28 12 16 1 1 1	,766. ,000. ,766. ,823. ,823. 0. ,823.
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	9 10 11 12 13 14 15 16	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) $1,823$ . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other dependent Subtract line 12 from line 11. If zer Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14. Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst	deductio           ction (see           and 9 fr           ck if any fr           ck and 9 fr           ck if any fr           ce 2 and           ndents           ero or les	ons (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 b Sch. 8812 	me, en       	ter the amount from S	Dunt from       	m line 6;	otherwise,       	6 7 8 9 10 11 12 13 14 15 16		28 12 16 1 1 1 3	,766. ,000. ,766. ,823. ,823. 0. ,823.
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er), \$24,000</li> <li>Head of household, \$18,000</li> <li>If you checked any box under Standard deduction, see instructions.</li> </ul>	9 10 11 12 13 14 15 16 17	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. Add any amount from Schedule	deductio           ction (see           and 9 fr           ck if any fr           ce 2 and           ndents           ero or les                 n Forms	ons (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and W-2 and	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  s	me, en       	ter the amount from S	Dunt from   	n line 6;	.       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .	6 7 8 9 10 11 12 13 14 15 16 17		28 12 16 1 1 1 3 3 2	,766. ,000. ,766. ,823. ,823. ,823. ,981. ,981. ,158.
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	9 10 11 12 13 14 15 16 17 18	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other depe Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. <b>Add</b> any amount from Schedule Add lines 16 and 17. These are y	deductio ction (see and 9 fr k if any fr le 2 and ndents ero or le:         	ns (from S e instruction rom: 1 check her ss, enter - W-2 and payment: l payment:	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This	me, en  ess, ent 14 2  dd any a   2 s is the	ter the amo ter the amo ter -0 Form 49  mount from S   	Dunt from   	m line 6;	.       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .	6 7 8 9 10 11 12 13 14 15 16 17 18		28 12 16 1 1 1 3 3 2	,766. ,000. ,766. ,823. ,823. 0. ,823. ,981.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. <b>Refund</b> Direct deposit?	9 10 11 12 13 14 15 16 17 18 19	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If zr Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. Add any amount from Schedule Add lines 16 and 17. These are y If line 18 is more than line 15, suf Amount of line 19 you want <b>refur</b> Routing number <u>3 2 1</u>	deductio ction (see and 9 fr k if any fr le 2 and ndents ero or les  n Forms  n Forms  5 four total btract lin nded to 	hns (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and W-2 and l payments the 15 from you. If Fo 7 1 1	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 881?  line 18. This rm 8888 is a L 8 4	me, en  ess, ent 14 2  dd any a  2  s is the attache 	ter the amo ter the amo ter -0- Form 49 	Dunt from   	n line 6;	.       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28 12 16 1 1 1 3 3 2	,766. ,000. ,766. ,823. ,823. ,823. ,981. ,981. ,158.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund	9 10 11 12 13 14 15 16 17 18 19 20a	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If zr Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. Add any amount from Schedule Add lines 16 and 17. These are y If line 18 is more than line 15, suf Amount of line 19 you want <b>refur</b> Routing number <u>3 2 1</u>	deductio ction (see and 9 fr k if any fr le 2 and ndents ero or les  n Forms  n Forms  5 four total btract lin nded to 	hns (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and W-2 and l payments the 15 from you. If Fo 7 1 1	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a	me, en  ess, ent 14 2  dd any a  2  s is the attache 	ter the amo ter the amo ter -0- Form 49 	Dunt from  	n line 6;	.       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28 12 16 1 1 1 3 3 2	,766. ,000. ,766. ,823. ,823. ,823. ,981. ,981. ,158.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. <b>Refund</b> Direct deposit?	9 10 11 12 13 14 15 16 17 18 19 20a ▶ b	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If zr Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. Add any amount from Schedule Add lines 16 and 17. These are y If line 18 is more than line 15, suf Amount of line 19 you want <b>refur</b> Routing number <u>3 2 1</u>	deductio           ction (see           and 9 fr           k if any fr           e 2 and           ndents           ero or les              n Forms                 n Forms	ons (from S         e instruction         rom ine 7.         rom: 1         check her	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a L 8 4 2 1 0	me, en $\cdot$	ter the ame ter the ame ter -0 Form 49  mount from S  a amount yco a amount yco a amount yco a d, check he Type: X 4	Dunt from  	n line 6;	.       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .         .       .	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28 12 16 1 1 1 3 3 2	,766. ,000. ,766. ,823. ,823. ,823. ,981. ,981. ,158.
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. <b>Refund</b> Direct deposit?	9 10 11 12 13 14 15 16 17 18 19 20a ▶ b ▶ d 21	Qualified business income deduct         Taxable income. Subtract lines 8         a Tax (see inst.)       1,823.         b Add any amount from Schedult         a Child tax credit/credit for other depet         Subtract line 12 from line 11. If zr         Other taxes. Attach Schedule 4         Total tax. Add lines 13 and 14         Federal income tax withheld from         Refundable credits:       a EIC (see inst.         Add any amount from Schedule         Add any amount from Schedule         Add ines 16 and 17. These are yr         If line 18 is more than line 15, suf         Amount of line 19 you want refut         Routing number       3       2       1         Account number       4       2       0	deductio           ction (see           and 9 fr           ck if any fr           ck if any fr           ce 2 and           ndents           ero or les           .	ons (from S         e instruction         rom in 7.         rom: 1         check her	nts to incor  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a L 8 4 2 1 0 imated tax	me, en $\cdot$	ter the ame ter the ame ter -0- Form 49  mount from S  a amount yce a a	Dunt froi   	n line 6;       and check I  	otherwise,   	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28 12 16 1 1 1 3 3 2	,766. ,000. ,766. ,823. ,823. ,823. ,981. ,981. ,158.

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

175					D	0	NC	т	M	AIL	. TH	lIS	FO	RN	ιт	о ті	HE	FTB
TAXABLE YEAR															_	F	OR	М
2018	California e-file Signature Autho	oriza	ati	on	fo	Dr	Ir	۱d	liv	id	lua	als				8	87	'9
Your name										_	Your			ΠN				
MURALI KRI	SHNA MUDDASANI									7	07	-6	9–9	51	б			
Spouse's/RDP's nam	ne									9	Spous	se's/	RDP	's SS	SN or	' ITIN		
Part I Tax Retu	rn Information (whole dollars only)																	
	ted Gross Income. See instructions												.1			28	,76	56.
	ve. See instructions																	
3 Refund or No A	mount Due. See instructions									• • •			. 3 _				96	55.
Part II Taxpaye	er Declaration and Signature Authorization (Be sure you obtain and I	keep a d	сору	of yc	our	retu	rn.	)										
tax identification nu income tax return. and on form FTB 8 agrees with the dire agent to authorize a return to the Francl <b>provider, and/or tr</b> does not receive fu read and consent to	turn originator (ERO), transmitter, or intermediate service provider (in umber) and the amounts shown in Part I above agree with the informa If applicable, I authorize an electronic funds withdrawal of the amoun 455, California e-file Payment Record for Individuals, or a comparable ect deposit authorization stated on my return. If I have filed a joint ret an electronic funds withdrawal or direct deposit. I authorize my ERO, nise Tax Board (FTB). If the processing of my return or refund is dela ansmitter the reason(s) for the delay or the date when the refund w II and timely payment of my tax liability, I remain liable for the tax liab o the Electronic Funds Withdrawal Consent included on the copy of my y signature for my electronic income tax return and, if applicable, my	ation an it on line e form. turn, this transmi <b>ayed, l</b> <b>vas seni</b> bility and ny electr	nd an e 2 a If ap s is itter <b>auth</b> t. If d all ronio	mount and/or oplicat an irre or in <b>torize</b> I am f applic c inco	ts s ble, evo terr terr filin cab me	how I de cabl medi <b>e FT</b> g a l le in tax	n c tim cla le a iate <b>B t</b> bala iter ret	on ti ateo re t ppc se o di anco est urn	he c d ta: that pintr rvic <b>iscl</b> and . I h	corre x pa dire nen e pr ose le re l per ave	espo lyme ect de t of t rovid to m eturn naltie sele	ndir nts epos the c er to ny E i, 1 u es. 1	ng lin as sł sit re other o trar <b>RO, i</b> nder ackr	es o nowr fund spo ssmi <b>nter</b> stan	of my n on l amo ouse/ it my <b>med</b> id that edge	/ elec my r ount (RDP / con <b>liate</b> at if t e that	ctron retur on I as a nplet <b>serv</b> the F	nic n ine 3 an te <b>vice</b> TB ave
Taxpayer's PIN: ch		LIUUIIC	51110	runut		iiiiu	iuv	vur	0011	0011								
								t/	0 01	tor	mv E			9	9	5	1	6
	ERO firm name							_ 10	U EI	ILEI	пту г					er al		-
as my signatu	re on my 2018 e-filed California individual income tax return.																	
	PIN as my signature on my 2018 e-filed California individual income using the Practitioner PIN method. The ERO must complete Part III b		urn.	Checl	k th	is b	0X	only	<b>y</b> if	you	are e	ente	ring	youi	r owi	n PIN	l and	d your
Your signature 🕨				Date	•													
Spouse's/RDP's PI	N: check one box only																	
I authorize								te	n on	itor	my F							
	ERO firm name								0 01		iiiy i			o no	t ent	er al	l ze	ros
as my signatu	re on my 2018 e-filed California individual income tax return.																	
	ny PIN as my signature on my 2018 e-filed California individual inc rn is filed using the Practitioner PIN method. The ERO must complete				Ch	ieck	thi	s b	00X	only	<b>/</b> if y	/0U	are (	entei	ring	your	° ow	n PIN
Spouse's/RDP's sig	inature 🕨					_ Da	ate	►										
	Practitioner PIN Method Returns O	nly co	ontir	nue be	elov	V												
Part III Certific	cation and Authentication — Practitioner PIN Method Only																	
ERO's EFIN/PIN. E	nter your six-digit EFIN followed by your five-digit self-selected PIN.	5	6	3 7		2 0 nc		7 nte	8 eral			2	3	4		5		
	ove numeric entry is my PIN, which is my signature for the 2018 Ca submitting this return in accordance with the requirements of the Pra				l in	com	ie t	ax r	retu	rn f	or th							
ERO's signature				Date	►													

TAXA	ABLE	YEAR									FORM	
2	201	8 Ca	liforni	a Reside	nt Incor	ne Tax	Return				540	
_					API			NOT	ATTACH	I FEDEF	RAL REI	URN
		59-9516 JIKRISH	MUDD MU	JDDASANI			18					
396 FRI		) LESLI )NT	E STREE	T FOENEN CA 945	-	APT	277					
04-	-08	8-1991										
		If your Califo	ornia filing sta	atus is different fr	om your federa	al filing status, c	check the box h	ere		$\Box$		
_ (0	1	× Singl	е		<b>4</b> H	lead of househo	old (with qualify	ing perso	n). See inst	ructions.	7	
Filing Status	2	Marri	ed/RDP filing	j jointly. See inst.	5 Q	ualifying widow	v(er). Enter yea	r spouse/	RDP died			
					S	ee instructions						
	3	Marri	ed/RDP filing	ı separately. Enter	spouse's/RDP	's SSN or ITIN a	above and full n	name here				
	6	If someone	can claim you	ı (or your spouse,	/RDP) as a dep	endent, check t	he box here. Se	e inst	• 6			
		For line 7, lin	e 8, line 9, an	d line 10: Multiply	r the amount yo	ou enter in the b	ox by the pre-pr	rinted dolla	ar amount fo	or that line.	Whole dol	lars only
	7			box 1, 3, or 4 abo box. If you check				, [1	X \$118	= •\$		118
	8	Blind: If you	(or your spo	use/RDP) are visi ed, enter 2	ually impaired,	enter 1;			] x \$118			
	9	Senior: If yo	ou (or your sp	ouse/RDP) are 65	5 or older, entei	r 1;						
S	10			ter 2			9		⊥X \$118	= •\$		
ptior		First Name	Depende	ent 1		Dependent	2			endent 3		
Exemptions		Last Name				•						
ш		SSN				•						
		Dependent's			<u> </u>	•						<u> </u>
		relationship to you	•		(	•			」●∟ ┐			
		Total depend	ent exemptio	ns			• 1	0	⊥x \$367	= •\$		
	11	Exemption a	mount: Add	line 7 through line	e 10. Transfer t	his amount to li	ine 32	<u></u>		11 \$		118
		REV 12/17	7/18 PRO		175	3101184			For	m 540 20	18 <b>Side 1</b>	
				-	_ / J 🛽	<u> </u>			101			

You	r nam	me: M <sub>+</sub> U <sub>+</sub> D <sub>+</sub> D <sub>+</sub> A <sub>+</sub> S <sub>+</sub> A <sub>+</sub> N <sub>+</sub> I <sub>+</sub> Your SSN or ITIN: 707-69-9516		
	12	State wages from your Form(s) W-2, box 16 • 12 28766		
	13		28766	. 00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14		. 00
ne	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	28766	. 00
Taxable Income	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	28766	. 00
Taxa	18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; <b>OR</b> 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 <b>18</b>	4401	.00
	19		24365	. 00
	-			
	31	Tax. Check the box if from:	485	. 00
Тах	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions	118	00
F	33	Subtract line 32 from line 31. If less than zero, enter -0	367	. 00
	34	Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • 34		00
	35	Add line 33 and line 34	367	. 00
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions		. 00
	43		114	$\square$
dits	44			. 00
Special Credits	45			. 00
peci	46		60	$\square$
S	47		174	$\square$
	48		193	
ćes	61	Alternative minimum tax. Attach Schedule P (540)		00
Other Taxes	62	Mental Health Services Tax. See instructions		. 00
Othe	63	Other taxes and credit recapture. See instructions		. 00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	193	. 00

Γ

You	r nan	ne: M_U_D_D_A_S_A_N_I_ Your SSN or ITIN: 707-69-9516	
	71	California income tax withheld. See instructions	8_00
	72	2018 CA estimated tax and other payments. See instructions	_ 00
Payments	73	Withholding (Form 592-B and/or 593). See instructions	_ 00
Paym	74	Excess SDI (or VPDI) withheld. See instructions	00
	75	Earned Income Tax Credit (EITC)	_ 00
	76	Add lines 71 through 75. These are your total payments. See instructions	8.00
UseTax	91	Use Tax. Do not leave blank. See instructions	
ē	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	8 00
ax Du	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	_ 00
Overpaid Tax/Tax Due	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	5_00
aid T	95	Amount of line 94 you want applied to your <b>2019</b> estimated tax	_ 00
Dverp	96	Overpaid tax available this year. Subtract line 95 from line 94	5_00
0	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	. 00
Contributions		Code       Amount         California Seniors Special Fund. See instructions       400         Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund       401	- 00 - 00
ŏ		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	. 00

Γ

Your name:	М	U	D	D	А

ASANI

Your SSN or ITIN: 707-69-9516

		<u>Code</u>	Amount
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	
	California Firefighters' Memorial Fund	406	
	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	
	School Supplies for Homeless Children Fund	422	
	State Parks Protection Fund/Parks Pass Purchase	423	
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	
	Keep Arts in Schools Voluntary Tax Contribution Fund	425	
	State Children's Trust Fund for the Prevention of Child Abuse	430	
	Prevention of Animal Homelessness and Cruelty Fund	431	
	Revive the Salton Sea Fund	432	
	California Domestic Violence Victims Fund	433	
	Special Olympics Fund.	434	
	Type 1 Diabetes Research Fund	435	
	California YMCA Youth and Government Voluntary Tax Contribution Fund	436	00
	Habitat for Humanity Voluntary Tax Contribution Fund	437	
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	
	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	
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	442	
	Schools Not Prisons Voluntary Tax Contribution Fund.	443	
110	Add code 400 through code 443. This is your total contribution	110	00

REV 12/17/18 PRO Side 4 Form 540 2018

3104184

175

Γ

You	r name	e: M_U	DDASA	N_I		Your SSN or ITIN:	70	7-69-9516		
Amount You Owe		Mail to:	FRANCHISE TAX PO BOX 942867	BOARD A 94267-0001						ructions. Do not send cash.
Interest and Penalties	112	Interest,	late return penaltie	s, and late payme	nt penal	ties		·····		112
	<b>113</b> Underpayment of estimated t			ax. Check the box:	•	FTB 5805 attached		FTB 5805F attac	hed	• 113
<u> </u>	114	Total am	ount due. See instr	ructions. Enclose,	but <b>do n</b>	ot staple, any payment				114
Refund and Direct Deposit	Fill in <b>Have</b>	Mail to: the infor <b>you veri</b>	FRANCHISE TAX PO BOX 942840 SACRAMENTO C. mation to authorize fied the routing ar	BOARD A 94240-0001 e direct deposit of y nd account numbe	our refur e <b>rs?</b> Use	whole dollars only.	 unts. <b>D</b>	● 1 Io not attach a voide	<b>15</b> ed ch	9,6,5 00 neck or a deposit slip. See instructions.
it Del	All or	r the tollo	wing amount of m		) is auth	orized for direct deposi	t into	the account shown	Dei	OW:
Direc				● Type						
and		outing nu		× Checking		ount number				• 116 Direct deposit amount
nnd	3 2	2 1 1	7 1 1 8 4	Savings	4 2 (	0 1 7 3 2 1 0	9 4			9,6,5,00
Refu	The remaining amount of my re			iund (line 115) is a • Type	authorize	d for direct deposit into	o the a	ccount shown belo	ow:	
	Routing number			Checking	Checking • Account number				_	• 117 Direct deposit amount
				Savings	Savings					
IMP	ORT	ANT: Se	e the instruction	s to find out if yo	ou shoul	ld attach a copy of yo	our co	mplete federal ta	ax re	eturn.
and acco	search	o for <b>1131</b> ying scheo	To request this not	ice by mail, call 80	0.852.57 <sup>.</sup> of my kno		erjury, l true, co	I declare that I have prrect, and complete	exa e.	ed information, go to <b>ftb.ca.gov/forms</b> mined this tax return, including (if a joint tax return, both must sign)
			Vour email add	dress. Enter only on		Idress				Preferred phone number
	gn								$\overline{(7)}$	
	ere		Paid preparer's si	gnature <b>(declaratio</b> i	n of prepa	arer is based on all inform	nation	of which preparer h	as a	
to fo	unlawf rge a									
	use's/F ature.	RDP's		ours, if self-employe	d)					PTIN
	It tax return? GLOBAL T			AXES LLC						P 0 2 0 9 0 3 3 2 Firm's FEIN
(See	e instru	uctions)		3LE CREEK L	N CUM	MING GA 30041			ו	-
			2	allow another per y Designee's Nam		scuss this tax return wi	th us?	See instructions.		Yes • × No
									(	)
		RE	EV 12/17/18 PRO		75	3105184	Γ			Form 540 2018 Side 5

#### **Other State Tax Credit** 2018

Attach to Form 540, Long Form 540NR, or Fo	orm 541.					
Name(s) as shown on your California tax return			SSN, ITIN, or FEIN	1		
MURALI KRISHN	A MUDDASA	NI	7 0 7	699	5 1	б
Part I Double-Taxed Income (Read specific						
(a) Income item(s) description	(b) Double-taxed income taxabl	e by California	(c) Double-taxed	income taxab	le by othe	r state
• WAGES, SALARIES, TIPS	•	10,640.	•		10,	540.
•	•		•			
•	•		•			
1 Total double-taxed income	•	10,640.	•		10,	540.
Part II Figure Your Other State Tax Credi	it (Read specific line instructions fo	r Part II before com	pleting.)			
2 California tax liability. See instructions				2	307	· 00
<b>3</b> Double-taxed income taxable by California. Ent	ter the amount from Part I, line 1, c	column (b)		3	10,640	. 00
4 California adjusted gross income. See instructi	ions			4	28,766	. 00
<b>5</b> Divide line 3 by line 4. Do not enter more than	1.0000			5	0.	<u>3699</u>
6 Multiply line 2 by line 5				6	114	. 00
7 Income tax liability paid to name of other state	e (use state's abbreviation)  () OH	_ See instructions .		7	163	• 00
8 Double-taxed income taxable by other state. Er	nter the amount from Part I, line 1,	column (c)		8	10,64	0 00
<b>9</b> Adjusted gross income taxable by other state.	See instructions			9	10,640	. 00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1	1.0000			10	1.	<u>0000</u>
<b>11</b> Multiply line 7 by line 10				11	163	. 00
12 Other state tax credit. Enter the smaller of line 6	6 or line 11. Use Credit Code <b>187</b> .	See instructions		12	114	. 00

	Do not stap	le or paper clip. 00	)33							
	Ohio	Department of Taxation Rev. 11/18	2018 Individual	Ohio I Income			n 📗			
11	L 20 19		Use only b	lack ink and U	PPERCAS	E letters.		<b>18000133</b> Se	quence No. 1	
	Check here Taxpayer's SSN 707 69 9 First name MURALI KI Spouse's first na Address line 1 (r 39639 LE Address line 2 (a APT 277	if this is a Net Oper (required) 516	r P.O. Box T FOENENT	ack. Include Ol Spouse's SS M.I. Last nan	hio Schedul N (if filing jo ne ASANI ne	le IT NOL. intly)	If decea check	ased Enter school di this return (see box <b>SD# ▶▶</b> 9	instructions). 999	
	City FREMONT Foreign country	(if the mailing addre	ss is outside the U.S.)		State CA Foreign p	ZIP code 94538 ostal code		o county (first four letters RAN	)	
aper clip.	Full-year resident Check applicabl Full-year resident <b>Ohio Politic</b> Check her	Part-year resident <b>al Party Fund</b> e if you want \$1 to g	X Nonresident Indicate state nly if married filing jointly Nonresident Indicate state	/) • • •	× si M — C C jo	ingle, head o arried filing ju arried filing s heck here if y heck here if s	of household of ointly separately you filed the fea	filed the federal extension 4868. eone else is able to claim you (or your spouse if		
or p			rease your tax or decrea							
Do not staple or paper clip.	2 of your fed if negative	eral return if the am	e (from the federal 1040 ount is zero or negative. e 10 ( <b>INCLUDE SCHED</b>	Place a "-" in b	pox at the rig	ght		28766	00	
	2b Deductions	Ohio Schedule A	ine 37 (INCLUDE SCHE				2h		00	
	<ol> <li>Ohio adjuste the right if th</li> <li>Exemption a Number of e</li> <li>Ohio income</li> </ol>	ed gross income (line e amount is less tha mount (if claiming de xemptions claimed: e tax base (line 3 mir	e 1 plus line 2a minus lin n zero ependent(s), <b>INCLUDE</b> 1 nus line 4; if less than ze Schedule IT BUS, line	e 2b). Place a SCHEDULE J) ro, enter zero).	"-" in the bo	x at	3. 4. 5.	28766 2350 26416	00 00	
	7. Line 5 minus	s line 6 (if less than z	ero, enter zero)				7.	26416	00	







## 2018 Ohio IT 1040 Individual Income Tax Return



SSN	707 69 9516		18000233	Sequence	
	Amount from line 7 on page 1			26416	
	Nonbusiness income tax liability on line 7a (see instructions for tax tables)			462	00
	Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)			462	
8c.	Income tax liability before credits (line 8a plus line 8b)	8c.		102	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	
	Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11 <u>.</u>			00
12.	Use tax due on Internet, mail order or other out-of-state purchases (see instructions).	40			00
12	Check here to certify that no use tax is dueX <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12)			163	00
	Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s)	15.		100	00
14.	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				
10.	carryforward from previous year return	15.			00
	Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)				00
17.	Amended return only – amount previously paid with original and/or amended return	17.			00
10	Total Ohio tay payments (add lines 14, 15, 16 and 17)	10		304	00
	Total Ohio tax payments (add lines 14, 15, 16 and 17) <u>Amended return only</u> – overpayment previously requested on original and/or amended return			304	00
13.	<u>Amended return only</u> – overpayment previously requested on original and/or amended return	13.			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.	_			
		-			
					~ ~
	Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13				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
	Original return only – amount of line 24 to be credited toward 2019 income tax liability				00
	<u>Original return only</u> – amount of line 24 to be donated:	25.			
_0.	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	26 ~			00
	00 00 00 Total.	20g.			00
27.	REFUND (line 24 minus lines 25 and 26g)YOUR REFUND	27.		141	00
Sign I	Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge		nd is \$1.00 or less, n		
and bel	ief, the return and all enclosures are true, correct and complete.	If you ow	e \$1.00 or less, no p	ayment is nece	ssary.
Your	signature Date (MM/DD/YY)		Payment Includ		<b>b</b> :
Spou	se's signature Phone number (747)900-3451	0	hio Department P.O. Box 2		
Ch	eck here to authorize your preparer to discuss this return with Taxation	С	olumbus, OH 4		
1			ayment Include		
	er's printed name	0	hio Department P.O. Box 2		
Phone	number Preparer's TIN (PTIN) PP02090332	C	olumbus, OH 4		

11	20	19	Rev. 11/18	SSN of primary filer		18280133	Sequer	ice No. 7
				707 69 9516				
						1.50		
	1.	Tax lia	ability before credits (fron	n Ohio IT 1040, line 8c)	1.		462	00
	2.	Retire	ment income credit (see	instructions for table; include 1099-R forms)	2.			00
		•	•	ee instructions for worksheet; <b>include a copy</b> ) 65 or older to claim this credit)				00 00
	5.	Lump	sum distribution credit (	see instructions for worksheet; include a copy)	5.			00
Do not staple or paper clip.			•	e credit (see instructions for worksheet) dit (see instructions for all required documentation)				0 0 0 0
	8.	Camp	aign contribution credit f	or Ohio statewide office or General Assembly	8.		0	00
			-	lit (\$20 times the number of exemptions)			20 20	00 00
	11.	Tax le	ss credits (line 1 minus	ine 10; if less than zero, enter zero)	11.		442	00
e or pë	12.	Joint f	iling credit (see instruction	s for table)% times the amount on line 11	12.		0	00
t stapl	13.	Earne	d income credit		13.			00
Do no	14.	Ohio	adoption credit		14.			00
	15.	Job re	etention credit, nonrefun	dable portion ( <b>include a copy of the credit certificate</b> )	15.			00
	16.	Credi	for eligible new employ	ees in an enterprise zone (include a copy of the credit cert	<b>ificate</b> ) 16.			00
	17.	Credi	for purchases of grape	production property	17.			00
	18.	Invest	Ohio credit ( <b>include a c</b>	opy of the credit certificate)				00
	19.	Techr	ology investment credit	carryforward (include a copy of the credit certificate)				00
			•	training credits ( <b>include a copy of the credit certificate</b> ) redit ( <b>include a copy of the credit certificate</b> )				0 0 0 0
	22.			dit, nonrefundable carryforward portion (include a copy of th				00
	23.	Total	add lines 12 through 22	)	23.		0	00
	24.	Tax le	ss additional credits (line	e 11 minus line 23; if less than zero, enter zero)	24.		442	00

Department of 2018 Ohio Schedule of Credits

Nonrefundable and Refundable



Do not staple or paper clip0033

Rev. 11/18

**hio** Departme Taxation

<b>Chio</b> Department of <b>20</b> Taxation Rev. 11/18	Nonrefundable a	edule of Credits and Refundable rimary filer	18280233 <sub>Seq</sub>	uence No. 8
	707 6	9 9516	·	
Nonresident Credit				
Date of nonresidency	to	State of residency		
25. Nonresident Portion of Ohio adjusted Ohio IT NRC Section I, line 18 (includ		18126 00		
26. Enter the Ohio adjusted gross income line 3)		28766 00		
27. Divide line 25 by line 26 and enter the r Multiply this factor by the amount on lir			27. 27	9 00
Resident Credit				
<ol> <li>Enter the portion of Ohio adjusted group IT 1040, line 3) subjected to tax by ot District of Columbia while you were ar</li> </ol>	her states or the	00		
29. Enter the Ohio adjusted gross income line 3)		00		
30. Divide line 28 by line 29 and enter the re Multiply this factor by the amount on lin the result here	ne 24 and enter	round). 0 0		
<ol> <li>Enter the 2018 income tax, less all creat withholding and estimated tax paymer carryforwards from previous years, pay the District of Columbia</li> </ol>	nts and overpayment aid to other states or	00		
32. Enter the lesser of line 30 or line 31. state abbreviation in the boxes below			32.	00
33. Total nonrefundable credits (add lir	nes 10, 23, 27 and 32; enter l	here and on Ohio IT 1040, line 9)	33. 29	9 00
	Refundable Credits			
34. Historic preservation credit (include a	a copy of the credit certific	ate)	34.	00
35. Job creation credit and job retention c	redit, refundable portion ( <b>incl</b>	ude a copy of the credit certificate)	35.	00

36	6. Pass-through entity credit ( <b>include a copy of the Ohio IT K-1s</b> )	.36. (	00
37	7. Motion picture production credit (include a copy of the credit certificate)	.37. (	00
38	B. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	.38. (	00
39	<ol> <li>Venture capital credit (include a copy of the credit certificate)</li> </ol>	. 39. (	00
40	). Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)	.40. (	00

	Do not stap	le or paper clip. 00	)33							
	Ohio	Department of Taxation Rev. 11/18	2018 Individual	Ohio I Income			n 📗			
11	L 20 19		Use only b	lack ink and U	PPERCAS	E letters.		<b>18000133</b> Se	quence No. 1	
	Check here Taxpayer's SSN 707 69 9 First name MURALI KI Spouse's first na Address line 1 (r 39639 LE Address line 2 (a APT 277	if this is a Net Oper (required) 516	r P.O. Box T FOENENT	ack. Include Ol Spouse's SS M.I. Last nan	hio Schedul N (if filing jo ne ASANI ne	le IT NOL. intly)	If decea check	ased Enter school di this return (see box <b>SD# ▶▶</b> 9	instructions). 999	
	City FREMONT Foreign country	(if the mailing addre	ss is outside the U.S.)		State CA Foreign p	ZIP code 94538 ostal code		o county (first four letters RAN	)	
aper clip.	Full-year resident Check applicabl Full-year resident <b>Ohio Politic</b> Check her	Part-year resident <b>al Party Fund</b> e if you want \$1 to g	X Nonresident Indicate state nly if married filing jointly Nonresident Indicate state	/) • • •	× si M — C C jo	ingle, head o arried filing ju arried filing s heck here if y heck here if s	of household of ointly separately you filed the fea	filed the federal extension 4868. eone else is able to claim you (or your spouse if		
or p			rease your tax or decrea							
Do not staple or paper clip.	2 of your fed if negative	eral return if the am	e (from the federal 1040 ount is zero or negative. e 10 ( <b>INCLUDE SCHED</b>	Place a "-" in b	pox at the rig	ght		28766	00	
	2b Deductions	Ohio Schedule A	ine 37 (INCLUDE SCHE				2h		00	
	<ol> <li>Ohio adjuste the right if th</li> <li>Exemption a Number of e</li> <li>Ohio income</li> </ol>	ed gross income (line e amount is less tha mount (if claiming de xemptions claimed: e tax base (line 3 mir	e 1 plus line 2a minus lin n zero ependent(s), <b>INCLUDE</b> 1 nus line 4; if less than ze Schedule IT BUS, line	e 2b). Place a SCHEDULE J) ro, enter zero).	"-" in the bo	x at	3. 4. 5.	28766 2350 26416	00 00	
	7. Line 5 minus	s line 6 (if less than z	ero, enter zero)				7.	26416	00	







## 2018 Ohio IT 1040 Individual Income Tax Return



SSN			18000233	Sequence	
	Amount from line 7 on page 1			26416	
	Nonbusiness income tax liability on line 7a (see instructions for tax tables)			462	00
	Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)			462	
8c.	Income tax liability before credits (line 8a plus line 8b)	8c.		102	00
9.	Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE)	9.		299	00
	Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)			163	
	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 dueX	10			00
13	Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)			163	00
	Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s)	10.		700	00
14.	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				
10.	carryforward from previous year return	15.			00
	Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)				00
17.	Amended return only – amount previously paid with original and/or amended return	17.			00
10	Total Ohio tax payments (add lines 14, 15, 16 and 17)	10		304	00
	<u>Amended return only</u> – overpayment previously requested on original and/or amended return			JUT	00
19.	<u>Amended return omy</u> – 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.	_			
		_			
					~ ~
	Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13				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
	Original return only – amount of line 24 to be credited toward 2019 income tax liability				00
	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 I	Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge		fund is \$1.00 or less, n		
	ief, the return and all enclosures are true, correct and complete.	If you o	owe \$1.00 or less, no p	ayment is nece	ssary.
Your	signature Date (MM/DD/YY)		O Payment Includ		<b>)</b> :
Spou	se's signature Phone number ( 747 ) 900-3451		Ohio Department P.O. Box 2		
Ch	eck here to authorize your preparer to discuss this return with Taxation		Columbus, OH 4		
1	er's printed name		Payment Include Ohio Department		
			P.O. Box 2	057	
	number Preparer's TIN (PTIN) PP02090332		Columbus, OH 4	3270-2057	

11	20	) 19			rimary filer 9 9516		18280133	Sequen	ce No. 7
			Nonrefunda	able Credits					
	1.	Tax liability before credit	ts (from Ohio IT 1040, line 8	3c)		1.		462	00
	2.	Retirement income crec	lit (see instructions for table	; include 1099	-R forms)	2.			00
	3.	Lump sum retirement c	redit (see instructions for v	vorksheet; inc	lude a copy)	3.			00
	4.	Senior citizen credit (m	ust be 65 or older to claim	this credit)		4.			00
	5.	Lump sum distribution of	credit (see instructions for	worksheet; <b>inc</b>	clude a copy)	5.			00
	6.	Child care and depende	ent care credit (see instruc	tions for works	sheet)	6.			00
	7.	Displaced worker training	ng credit (see instructions	for all required	documentation)	7.			00
	8.	Campaign contribution	credit for Ohio statewide off	fice or General	Assembly	8.		0	00
	9.	Income-based exemption	on credit (\$20 times the nu	Imber of exem	ptions)	9.		20	00
ъ.	10.	Total (add lines 2 through	gh 9)		· · · ·	10.		20	00
Do not staple or paper clip.	11.	Tax less credits (line 1	minus line 10; if less than z	zero, enter zer	o)	11.		442	00
le or pä	12.	Joint filing credit (see ins	tructions for table)	% times the am	ount on line 11	12.		0	00
stapl	13.	Earned income credit				13.			00
Do not	14.	Ohio adoption credit				14.			00
	15.	Job retention credit, no	nrefundable portion ( <b>inclu</b>	de a copy of t	the credit certificate)	15.			00
	16.	Credit for eligible new e	employees in an enterprise	zone ( <b>include</b>	e a copy of the credit certi	ficate) 16.			00
	17.	Credit for purchases of	grape production property			17.			00
	18.	InvestOhio credit (inclu	ide a copy of the credit c	ertificate)					00
	19.	Technology investment	credit carryforward (inclue	de a copy of t	he credit certificate)	19.			00
					of the credit certificate) it certificate)				0 0 0 0
	22.	•			ortion ( <b>include a copy of th</b>				00
	23.	Total (add lines 12 thro	ugh 22)			23.		0	00
	24.	Tax less additional crec	lits (line 11 minus line 23; i	f less than zer	o, enter zero)	24.		442	00



# **hio** Departme Taxation

Do not staple or paper clip0033

Rev. 11/18

Nonrefundable and Refundable

Department of 2018 Ohio Schedule of Credits

SSN of primary filer



18280133 Sequence No. 7

<b>Chio</b> Department of <b>20</b> Taxation Rev. 11/18	Nonrefundable a	edule of Credits and Refundable rimary filer	18280233 <sub>Seq</sub>	uence No. 8
	707 6	9 9516	·	
Nonresident Credit				
Date of nonresidency	to	State of residency		
25. Nonresident Portion of Ohio adjusted Ohio IT NRC Section I, line 18 (includ		18126 00		
26. Enter the Ohio adjusted gross income line 3)		28766 00		
27. Divide line 25 by line 26 and enter the r Multiply this factor by the amount on lir			27. 27	9 00
Resident Credit				
<ol> <li>Enter the portion of Ohio adjusted group IT 1040, line 3) subjected to tax by ot District of Columbia while you were ar</li> </ol>	her states or the	00		
29. Enter the Ohio adjusted gross income line 3)		00		
30. Divide line 28 by line 29 and enter the re Multiply this factor by the amount on lin the result here	ne 24 and enter	round). 0 0		
<ol> <li>Enter the 2018 income tax, less all creat withholding and estimated tax paymer carryforwards from previous years, pay the District of Columbia</li> </ol>	nts and overpayment aid to other states or	00		
32. Enter the lesser of line 30 or line 31. state abbreviation in the boxes below			32.	00
33. Total nonrefundable credits (add lir	nes 10, 23, 27 and 32; enter l	here and on Ohio IT 1040, line 9)	33. 29	9 00
	Refundable Credits			
34. Historic preservation credit (include a	a copy of the credit certific	ate)	34.	00
35. Job creation credit and job retention c	redit, refundable portion ( <b>incl</b>	ude a copy of the credit certificate)	35.	00

36	6. Pass-through entity credit ( <b>include a copy of the Ohio IT K-1s</b> )	.36. (	00
37	7. Motion picture production credit (include a copy of the credit certificate)	.37. (	00
38	B. Financial Institutions Tax (FIT) credit ( <b>include a copy of the Ohio IT K-1s</b> )	.38. (	00
39	<ol> <li>Venture capital credit (include a copy of the credit certificate)</li> </ol>	. 39. (	00
40	). Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)	.40. (	00

	SHNA		MUDDA	SANT			Prima	ry Social	Security Num	ber	Check the app	•		
First name and Middle			Last Name	0/1111			707				(An amount must be p Line 6B for this return considered a valid refu			
							Spouse's Social Security Number				AMENDED Tax year			
If a joint return, spous						-	Filing S	status:		Should your account be inactivated?				
39639 LESL				277			🗙 Sin				Should your account be inactivated?			
FREMONT			CA		94538	8	Ma	rried-F						
City			State		Zip Code		Married-Filing Separately Did you file a City return in 2017?							
Residence char	nge in 2	018 (lf app	olicable)				Occupation or nature of business AUTOMATION DEVELOPER							
Did you change resid	ence du	ring 2018?		YES	X NO		Trade Name							
f YES, enter date of i	move: _					City of	Employn	nent #1 <u>CO</u>	LUMBU	S				
Previous Address (nur	nhor and	ctroot)					City of	Employn	nent #2					
Flevious Address (Ilui	nber anu	Sileel)					City of	Employn	nent #3					
City, State, Zip Code							City of	Residen	ce <u>FRI</u>	EMONT				
Part A T/	AXA	BLE W	AGES	Attach a	ll forms a	and applicab	le Fede	ral sch	edules and	d/or doc	umentation to	o the	back	of this return.
			Employ	er(s) and addr	ess wher	re work perfo	ormed					TAXABLE WAGES		
data syste	MS I	NTEGR	ATION IN	2								(+)		10,640
								ADJU	STMENTS (	from Par	t D on Page 2)	(+)		C
											lumn B below	1.7		10,640
Part B TA	AX C	ALCU	LATION	A Declaration	n of Estim	nated City Tax	c (form l	IR-21) is	s REQUIRE	D for all i	ndividuals wh	ose ta	ax is	not fully withhe
COLUMN A	NA COLUMN B COLUMN		10	COLUM	N D		COLUI	NN E	COLUMN F		Т	COLUMN G		
CITY CODE SALAR		SALARIES,	FROM WAGES, COMMISSIONS, E NET WAGES)	INCOME FROM PROFITS, RENT OTHER TAXABLE	S, AND	TOTAL NE TAXABLE INC			TAX D	UE	LESS TAX WITH PAID BY A PART OR PAID DIRECT WHERE EAI	TNERSHP, TLY TO CITY		NET TAX DUE
COLUMBUS	01		10,640.	40.				0. 2.5% 266						
			20,0101		0.	10,6	40.			266.		266	5.	
. TOTAL NET TAX	DUE (T											266	5. 1	
		OTAL OF	COLUMN G)									266		
. LESS CREDITS F	OR <u>ES</u>	OTAL OF	COLUMN G) TAX PAYMENT	S AND OVERP	AYMENT F	FROM PRIOR	YEAR F	RETURI	N ONLY	2				
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$	OR <u>ES</u> LINE 1 I	OTAL OF TIMATED LESS LINE	COLUMN G) TAX PAYMENT	S AND OVERP	AYMENT F	FROM PRIOR ount (in bracket CHARGE \$	YEAR F	RETURI	N ONLY	2			1	
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$	OR ES	OTAL OF TIMATED LESS LINE ructions)	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$	S AND OVERP	AYMENT F , enter amo	FROM PRIOR ount (in bracket CHARGE \$(ser	YEAR F	RETURI	N ONLY	2			1 3	
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT	OR <u>ES</u> INE 1 I	OTAL OF TIMATED LESS LINE ructions)	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 3 AND 4). NO	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME	AYMENT F , enter amo + LATE C ENT IS DU	FROM PRIOR ount (in bracket CHARGE \$ (ser IE IF AMOUNT	YEAR F s) here a e instruct T IS \$10	RETURI and carry tions)	N ONLY to Line 6	2			1 3 4	
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT	OR ES	OTAL OF TIMATED LESS LINE ructions) NDD LINES ED (IF LINI	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$	S AND OVERP/ reater than Line 1 (see instructions) TE: NO PAYME LINE 1)	AYMENT F , enter amo + LATE C	FROM PRIOR ount (in bracket CHARGE \$ (Ser IE IF AMOUNT	YEAR F s) here a e instruct T IS \$10	RETURI and carry tions)	N ONLY to Line 6	2			1 3 4	
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou	OR <u>ES</u> LINE 1 I (see inst DUE ( <i>P</i> CLAIME	OTAL OF TIMATED LESS LINE ructions) DD LINES ED (IF LINI	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want <u>CREDIT</u>	S AND OVERP/ reater than Line 1 (see instructions) TE: NO PAYME LINE 1)	AYMENT F , enter amo + LATE C ENT IS DU year tax e	FROM PRIOR ount (in bracket CHARGE \$ IE IF AMOUNT estimate	YEAR F is) here a e instruct T IS \$10	RETURI and carry tions)	N ONLY to Line 6	2			1 3 4	
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou B. Enter the amou	OR ES	OTAL OF TIMATED LESS LINE ructions) NDD LINES ED (IF LINI LINE 6 you	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than	FROM PRIOR ount (in bracket CHARGE \$(ser VE IF AMOUNT estimate[	e instruct T IS \$10 <b>6A</b>	RETURI Ind carry 	N ONLY to Line 6 ess	2 6 6B			1 3 4 5	TC.
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou B. Enter the amou	OR ES	OTAL OF TIMATED LESS LINE Tructions) NDD LINES ED (IF LINI Line 6 you Line 6 you	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want REFUND DM SOUF COLUM	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH N H	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than <b>IER T</b> I	FROM PRIOR ount (in bracket CHARGE \$(sec UE IF AMOUNT estimate 1 \$10.00) HAN WA COLUMN I	e instruct T IS \$10 6A	RETURI Ind carry 	N ONLY to Line 6 ess	2 6 6B S, CO (Resident	MMISSIC s Only)		1 3 4 5 5 , E c	OLUMN K
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou B. Enter the amou B. Enter the amou B. Enter the amou B. Enter the amou	OR ES	OTAL OF TIMATED LESS LINE ructions) ADD LINES ED (IF LINI Line 6 you Line 6 you Line 6 you Line <b>FRC</b>	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want <u>CREDIT</u> u want <u>REFUNE</u> DM SOUF	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH NH uss) from	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than IER TI	FROM PRIOR ount (in bracket CHARGE \$ (ser IE IF AMOUNT estimate n \$10.00) HAN WA	EYEAR F is) here a e instruct T IS \$10 6A 6A	RETURI Ind carry 	v ONLY to Line 6 ess	2 6 6B S, CO	MMISSIC s Only) m		1 3 4 5 5 , E C Total	
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou B. Enter the amou B. Enter the amou Part C IN	OR ES	OTAL OF TIMATED LESS LINE Tructions) NDD LINES ED (IF LINI Line 6 you Line 6 you	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want REFUNE COLUM Income (or lo	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH NH uss) from	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than IER TI	FROM PRIOR ount (in bracket CHARGE \$	EYEAR F is) here a e instruct T IS \$10 6A 6A 0055) on 1)	RETURI Ind carry tions) 0.00 or lo	to Line 6 ess LARIE COLUMN J Other Part F	2     6     6B     6B     6B, CO     (Resident ncome from from from from from from from from	MMISSIC s Only) m 2)		1 3 4 5 5 , E C Total	OLUMN K other income
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou B. Enter the amou	OR ES	OTAL OF TIMATED LESS LINE ructions) ADD LINES ED (IF LINI Line 6 you Line 6 you Line 6 you Line <b>FRC</b>	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want REFUNE COLUM Income (or lo	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH NH uss) from	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than IER TI	FROM PRIOR ount (in bracket CHARGE \$	YEAR F is) here a e instruct T IS \$10 6A 6A Ioss) on 1) Net Oper	RETURI und carry tions) 0.00 or le <b>5, SA</b>	v ONLY to Line 6 ess	2 6 6B 6B CO (Resident ncome frc (section 2 ard (see in	MMISSIC s Only) m 2) istructions):		1 3 4 5 5 , E C Total	OLUMN K other income
LESS CREDITS F BALANCE DUE (I PENALTY: 15% \$ TOTAL AMOUNT OVERPAYMENT A. Enter the amou B. Enter the amou B. Enter the amou B. Enter the amou CITY COLUMBUS	CLAIME UNE 1 I (see inst DUE (A CLAIME unt from CON	OTAL OF TIMATED LESS LINE LESS LINE DULINES ED (IF LINI Line 6 you Line 6 you Line 6 you Line 6 you	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want REFUND DM SOUF COLUM Income (or lo Part E or Sci	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH NH uss) from	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than <b>IER T</b> I	FROM PRIOR ount (in bracket CHARGE \$(ser IE IF AMOUNT estimate n \$10.00) HAN WA COLUMN I ntal Income (or om Part F (sector	E YEAR F is) here a e instruct T IS \$10 6A AGES loss) on 1) Net Opera Tota	RETURI ind carry tions) ).00 or lo <b>5, SA</b> ating Los I *(enter	to Line 6 ess LARIE COLUMN J Other I Part F ss Carry-forw in Column C	2 6 6B S, CO (Resident ncome fro (section : ard (see in above, if I	MMISSIC s Only) m 2) istructions):		1 3 4 5 5 , E	OLUMN K other income (or loss)
A LESS CREDITS F BALANCE DUE (I PENALTY: 15% \$ TOTAL AMOUNT A. Enter the amount B. Enter the amount B. Enter the amount COLUMBUS COLUMBUS COLUMBUS Chird Do y Party	OR ES	OTAL OF TIMATED LESS LINE LESS LINE D LINES D (IF LINI LINE 6 you LINE 6 you	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want REFUND DM SOUF COLUM Income (or lo Part E or Sci	S AND <u>OVERP</u> reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH N H pss) from hedule Y	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than <b>IER T</b> I	FROM PRIOR ount (in bracket CHARGE \$	E YEAR F is) here a e instruct T IS \$10 6A AGES loss) on 1) Net Opera Tota	RETURI ind carry tions) ).00 or lo <b>5, SA</b> ating Los I *(enter	to Line 6 ess LARIE COLUMN J Other I Part F ss Carry-forw in Column C	2 6 6B S, CO (Resident ncome fro (section : ard (see in above, if I	MMISSIC s Only) m 2) istructions): oss enter 0):		1 3 4 5 5 , E	OLUMN K other income (or loss)
. LESS CREDITS F . BALANCE DUE (I . PENALTY: 15% \$ . TOTAL AMOUNT . OVERPAYMENT A. Enter the amou B. Enter the amou B. Enter the amou B. Enter the amou CITY COLUMBUS	OR ES	OTAL OF TIMATED LESS LINE LESS LINE DULINES DULINES DULINES DULINE 6 you Line	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want REFUNE DM SOUF COLUM Income (or lo Part E or Sci another persor nee's Name: 	S AND OVERP/ reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH N H pss) from hedule Y	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than <b>IER TI</b> <b>Rea</b> fro	FROM PRIOR ount (in bracket CHARGE \$ (Ser IE IF AMOUNT estimate [ n \$10.00) HAN WA COLUMN I ntal Income (or om Part F (section in the City of Ph mg schedules) is	EYEAR F is) here a e instruct T IS \$10 6A 6A 0oss) on 1) Net Opera Tota f Colum ione #: a true, co	RETURI ind carry tions) 0.00 or lo <b>5, SA</b> ating Los 1*(enter bus? (s	N ONLY to Line 6 ess ess LARIE: COLUMN J Other I Part F ss Carry-forw in Column C ee instruction d complete ret	2       6       6B       6B       6B, CO       (Resident ncome frc (section 1)       ard (see in above, if I above, if I ins)	MMISSIC s Only) m 2) istructions): oss enter 0): YES Comple SSN:		1 3 4 5 5 C Total	OLUMN K other income (or loss)
LESS CREDITS F BALANCE DUE (I PENALTY: 15% \$ TOTAL AMOUNT OVERPAYMENT A. Enter the amou B. Enter the amou Designee SIGNATUR Sign Your	OR ES	OTAL OF TIMATED LESS LINE LESS LINE Tructions) NDD LINES ED (IF LINI Line 6 you Line 6 you L	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want CREDIT u want REFUNE DM SOUF COLUM Income (or lo Part E or Sci COLUM Income (or lo Part E or Sci COLUM	S AND OVERP/ reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH N H Dess) from hedule Y	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than IER TI Rea fro	FROM PRIOR ount (in bracket CHARGE \$	EYEAR F is) here a e instruct T IS \$10 6A 6A 0055) on 1) Net Opera Tota f Colum ione #: a true, coo	RETURI and carry tions) 0.00 or lo <b>5, SA</b> ating Los 1*(enter bus? (s	N ONLY to Line 6 ess ess LARIE COLUMN J Other i Part F ss Carry-forw in Column C iee instruction d complete ret e tax purpose:	2       6       6B       6B       6B, CO       (Resident (section 1)       is action 1       is action 2       is and	MMISSIC s Only) m 2) Istructions): coss enter 0): YES Comple SSN: MAILING	ete the	1 3 4 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	OLUMN K other income (or loss) wing X NO RMATION
5. TOTAL AMOUNT 5. OVERPAYMENT A. Enter the amou B. Enter the amou B. Enter the amou CITY COLUMBUS COLUMBUS COLUMBUS COLUMBUS COLUMBUS COLUMBUS COLUMBUS COLUMBUS SIGNATUR Sign Your	CLAIME UNE 1 I (see inst DUE (A CLAIME unt from UNE from CON	OTAL OF TIMATED LESS LINE LESS LINE Tructions) NDD LINES ED (IF LINI Line 6 you Line 6 you L	COLUMN G) TAX PAYMENT 2). If Line 2 is g + INTEREST \$ 3 AND 4). NO E 2 EXCEEDS u want CREDIT u want CREDIT u want REFUNE DM SOUF COLUM Income (or lo Part E or Sci COLUM Income (or lo Part E or Sci COLUM	S AND OVERP/ reater than Line 1 (see instructions) TE: NO PAYME LINE 1) ED to your next DED (must be gr RCES OTH N H pess) from hedule Y	AYMENT F , enter amo + LATE C ENT IS DU year tax e reater than IER TI Rea fro	FROM PRIOR ount (in bracket CHARGE \$	EYEAR F is) here a e instruct T IS \$10 6A 6A 0055) on 1) Net Opera Tota f Colum ione #: a true, coo	RETURI and carry tions) 0.00 or lo <b>5, SA</b> ating Los 1*(enter bus? (s	N ONLY to Line 6 ess ess LARIE COLUMN J Other i Part F ss Carry-forw in Column C inee instruction d complete ret e tax purpose:	2       6       6B       6B       6B, CO       (Resident (section 1)       is action 1       is action 2       is and	MMISSIC s Only) m 2) nstructions): oss enter 0): YES Comple SSN: YES Comple SSN: MAILING IO Payment Mail to: C	INF	1 3 4 5 5 C Total e follov	OLUMN K other income (or loss) wing X NG RMATION ed: ncome Tax Divis

Rev. 10/17/18

REV 01/04/19 PRO

PO Box 182158 Columbus, Ohio 43218-2158

<b>1040</b>	Depa	artment of the Treasury—Internal Revent <b>S. Individual Income</b>	ue Service Tax	, Retur	<sup>99)</sup> 2	$\bigcirc$	<b>18</b>	No. 1545-007	4 IRS Use 0	Jnly−Ľ	00 not write	e or staple in th	is space.		
Filing status:		Single Married filing jointly		ried filing s		Пне	ead of househ		lifying widow(	-					
Your first name				Last name					inying maom	<u> </u>	our soci	al security n	umber		
MURALI K				MUDDA								9-9516			
Your standard d						were h	orn before la	nuary 2, 1954		u are bl		/ ///			
		s first name and initial		Last name				nuary 2, 1004				social securit	v number		
n joint rotain, op	.0000		.	Laot name							pouceo		y namber		
Spouse standard		ion: Someone can claim your s						before Janua	y 2, 1954	×		ar health care npt (see inst.)	coverage		
Home address (	numbe	er and street). If you have a P.O. bo		,					Apt. no.	P	residentia	al Election Can	npaign		
39639 LE	SLI	E STREET FOENENT							277		ee inst.)	You	Spouse		
City, town or po	st offic	e, state, and ZIP code. If you have	a foreig	n address	, attach Sch	nedule	6.			If	more the	an four deper	dents		
FREMONT	CA	94538										and 🗸 here 🕨			
Dependents (	see ir	structions):		(2) Soc	ial security nur	mber	(3) Relation	nship to you		(4) √if	aualifies f	or (see inst.):			
(1) First name		, Last name			·····			- p - , ,	Child ta	• •	•	Credit for other d	ependents		
									Г	7					
										1					
										1		$\square$			
										1		$\square$			
Sign	Under p	enalties of perjury, I declare that I have e	examined	this return a	and accompa	nying sc	hedules and sta	tements, and to	the best of my	knowle	dge and b	elief, they are t	ue,		
Here		and complete. Declaration of preparer (	other thar	n taxpayer) i	I	1			knowledge.	Linu					
Joint return?	Y	our signature			Date		our occupati				e IRS sent enter it	you an Identity	Protection		
See instructions.								E ENGINE	ER	here	(see inst.)				
Keep a copy for	S	pouse's signature. If a joint return,	both mu	ust sign.	Date	S	Spouse's occu	Ipation		If the IRS sent you an Identity Protection PIN, enter it					
your records.										here	(see inst.)				
Paid	P	Preparer's name Preparer's signature PTIN						Firm's	EIN	Check if:					
Preparer	APF	PANA RUPA VENKATA SATYA SAI MANIKUMAR						P020	90332				/ Designee		
Use Only		Firm's name  GLOBAL TAXES LLC Phone no.									Self-em	ployed			
	Fi	rm's address ► 2530 Pebbl	le Cr	reek L	n Cumm	ing	GA 3004	41							
For Disclosure, I	Privac	y Act, and Paperwork Reduction	Act No	tice, see s	eparate ins	structi	ons.					Form <b>10</b>	<b>)40</b> (2018)		
Form 1040 (2018)	)												Page <b>2</b>		
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		28	766.		
	2a	Tax-exempt interest	2a				1	able interest		2b					
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a				-	inary dividend	• • • •	3b					
Form(s) W-2G and	4a	IRAs, pensions, and annuities .	4a					able amount		4b					
1099-R if tax was withheld.	-5a						-								
	6	-		nount from	Social security benefits     5a     b     Taxable amount     .       Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22     .     .     .										
	7	•		e no adjustments to income, enter the amount from line 6; otherwise,						5b 6		28	766.		
Standard	)	subtract Schedule 1, line 36, from line 6								6					
Deduction for –	8		n line 6		nts to incon	ne, en	ter the amou	 nt from line 6	; otherwise,			28,	766.		
<ul> <li>Single or married filing separately,</li> </ul>		Standard deduction or itemized of		• •	nts to incon	ne, en	ter the amou	nt from line 6	; otherwise,	6		28,			
	9	Standard deduction or itemized of Qualified business income deduction	deductio	 Ins (from S	nts to incon chedule A)	ne, en	ter the amou	nt from line 6	; otherwise, 	6 7		28, 12,	766.		
\$12,000	9 10	Qualified business income deduc Taxable income. Subtract lines 8	deduction ction (see and 9 fr	o <b>ns</b> (from S e instruction from line 7.	nts to incon ichedule A) ons) . If zero or le	ne, en	ter the amou	nt from line 6	; otherwise,  	6 7 8		28, 12,	766.		
\$12,000 • Married filing jointly or Qualifying	10	Qualified business income deduc	deduction ction (see and 9 fr	o <b>ns</b> (from S e instruction from line 7.	nts to incon ichedule A) ons) . If zero or le	ne, en	ter the amou	nt from line 6	; otherwise,  	6 7 8 9		28, 12,	766.		
\$12,000 • Married filing	10	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823.</u> (chec <b>b</b> Add any amount from Schedul	deduction ction (see and 9 fr k if any fr e 2 and	ns (from S e instruction rom line 7. rom: 1	nts to incon ichedule A) ons) . If zero or le Form(s) 881 e	ne, en ss, ent 4 <b>2</b>	ter the amount of the term of	nt from line 6	; otherwise, · · · · · · · ·	6 7 8 9		28, 12, 16,	766.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of	10	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) $1,823$ . (chec	deduction ction (see and 9 fr k if any fr e 2 and	ns (from S e instruction rom line 7. rom: 1	nts to incon ichedule A) ons) . If zero or le Form(s) 881 e	ne, en ss, ent 4 <b>2</b>	ter the amount of the term of	nt from line 6	; otherwise, · · · · · · · ·	6 7 8 9 10		28, 12, 16,	766. 000. 766. 823.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000	10 11	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823.</u> (chec <b>b</b> Add any amount from Schedul	deduction ction (see and 9 fr k if any fr e 2 and ndents	ns (from S e instruction rom line 7. rom: 1	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad	ne, en ss, ent 4 <b>2</b>	ter the amou	ant from line 6	; otherwise, · · · · · · · ·	6 7 8 9 10 11		28, 12, 16,	766. 000. 766. 823.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked	10 11 12	Qualified business income deduct Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chect <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other dependence	deduction ction (see and 9 fr k if any fr e 2 and ndents ero or les	ons (from S e instruction rom line 7. rom: 1 check her ss, enter -	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e <b>b Ad</b> 0	ne, en  ss, ent 4 <b>2</b> Id any a	ter the amount from Scheren schere sc	at from line 6	; otherwise,      k here ► □ 	6 7 8 9 10 11 11		28, 12, 16, 1, 1,	766. 000. 766. 823. 823. 0.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard	10 11 12 13	Qualified business income deduct Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other depen Subtract line 12 from line 11. If zet	deduction ction (see and 9 fr ck if any fr e 2 and ndents ero or les	ns (from S e instruction rom line 7. rom: 1 check her  ss, enter -	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e <b>b</b> Ad 0	ne, en  .ss, ent 4 <b>2</b>  Id any a	ter the amou	ant from line 6	; otherwise,     k here ► □ 	6 7 8 9 10 11 12 13		28, 12, 16, 1, 1,	766. 000. 766. 823. 823. 0. 823.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under	10 11 12 13 14	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) $1,823$ . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other depen Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14. Federal income tax withheld from	deduction ction (see and 9 fr k if any fr e 2 and ndents ero or les	ons (from S e instruction rom ine 7. rom: 1 check her ss, enter - W-2 and	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0  1099 .	ne, en  ss, ent 4 2  Id any au  	ter the amou	ant from line 6	; otherwise,     k here ► □  	6 7 8 9 10 11 12 13 14		28, 12, 16, 1, 1,	766. 000. 766. 823. 823. 0.		
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	10 11 12 13 14 15	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If zr Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14	deduction ction (see and 9 fr k if any fr e 2 and ndents ero or les	ons (from S e instruction rom ine 7. rom: 1 check her ss, enter - W-2 and	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0  1099 .	ne, en  ss, ent 4 2  Id any au  	ter the amou	ant from line 6	; otherwise,     k here ► □  	6 7 8 9 10 11 12 13 14 15		28, 12, 16, 1, 1,	766. 000. 766. 823. 823. 0. 823.		
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	10 11 12 13 14 15 16	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) $1,823$ . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other depen Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14. Federal income tax withheld from	deductio ction (see and 9 fr k if any fr e 2 and ndents ero or les 	ons (from S e instruction rom line 7. rom: 1 check her  ss, enter W-2 and	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812	ne, en  ss, ent 4 <b>2</b>  Id any al     	ter the amou	ant from line 6	; otherwise,     k here ► □  	6 7 8 9 10 11 12 13 14 15		28, 12, 16, 1, 1,	766. 000. 766. 823. 823. 0. 823.		
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	10 11 12 13 14 15 16	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) $1,823$ . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other depen Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst.	deductio           ction (ser           and 9 fr           k if any fr           e 2 and           ndents           ero or les                 n Forms <td>ons (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and</td> <td>nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 b Sch. 8812</td> <td>ne, en   </td> <td>ter the amount from Scher</td> <td>ant from line 6</td> <td>; otherwise,     k here ► □   </td> <td>6 7 8 9 10 11 12 13 14 15 16</td> <td></td> <td>28, 12, 16, 1, 1, 1, 3,</td> <td>766. 000. 766. 823. 823. 0. 823.</td>	ons (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 b Sch. 8812	ne, en   	ter the amount from Scher	ant from line 6	; otherwise,     k here ► □   	6 7 8 9 10 11 12 13 14 15 16		28, 12, 16, 1, 1, 1, 3,	766. 000. 766. 823. 823. 0. 823.		
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er), \$24,000</li> <li>Head of household, \$18,000</li> <li>If you checked any box under Standard deduction, see instructions.</li> </ul>	10 11 12 13 14 15 16 17	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. Add any amount from Schedule 4.	deductio           ction (see           and 9 fr           k if any fr           e 2 and           ndents           ero or les                 n Forms	ons (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and W-2 and	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  s	ne, en       	ter the amou	ant from line 6	; otherwise,           	6 7 8 9 10 11 12 13 14 15 16 17		28, 12, 16, 1, 1, 1, 3, 3, 2,	766. 000. 766. 823. 823. 0. 823. 981. 981. 158.		
<ul> <li>\$12,000</li> <li>Married filing jointly or Qualifying widow(er),</li> <li>\$24,000</li> <li>Head of household,</li> <li>\$18,000</li> <li>If you checked any box under Standard deduction,</li> </ul>	10 11 12 13 14 15 16 17 18	Qualified business income deduc Taxable income. Subtract lines 8 <b>a</b> Tax (see inst.) <u>1,823</u> . (chec <b>b</b> Add any amount from Schedul <b>a</b> Child tax credit/credit for other deper Subtract line 12 from line 11. If ze Other taxes. Attach Schedule 4. Total tax. Add lines 13 and 14 Federal income tax withheld from Refundable credits: <b>a</b> EIC (see inst. <b>Add</b> any amount from Schedule 4 Add lines 16 and 17. These are y	deductio ction (see and 9 fr k if any fr e 2 and ndents ero or les ero or les     	ns (from S e instruction rom: 1 check her ss, enter - W-2 and payment: l payment:	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This	ne, eni  	ter the amount from School amoun	adule 3 and chec Form 8863 overpaid	; otherwise,           	6 7 8 9 10 11 11 12 13 14 15 16 17 17		28, 12, 16, 1, 1, 1, 3, 3, 2,	766. 000. 766. 823. 823. 0. 823. 981. 981.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. <b>Refund</b> Direct deposit?	10 11 12 13 14 15 16 17 18 19	Qualified business income deduc         Taxable income. Subtract lines 8         a Tax (see inst.)       1,823.         (check         b Add any amount from Schedul         a Child tax credit/credit for other deper         Subtract line 12 from line 11. If zc         Other taxes. Attach Schedule 4         Total tax. Add lines 13 and 14         Federal income tax withheld from         Refundable credits:       a EIC (see inst.         Add any amount from Schedule 4         Add lines 16 and 17. These are y         If line 18 is more than line 15, sut         Amount of line 19 you want refur         Routing number       3         3       2       1	deduction ction (see and 9 fr k if any fr e 2 and ndents ero or les broor les br	hns (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and W-2 and l payments the 15 from you. If Fo 7 1 1	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a L 8 4	ne, en   	ter the amount i	ant from line 6	; otherwise,           	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28, 12, 16, 1, 1, 1, 3, 3, 2,	766. 000. 766. 823. 823. 0. 823. 981. 981. 158.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. Refund	10 11 12 13 14 15 16 17 18 19 20a	Qualified business income deduc         Taxable income. Subtract lines 8         a Tax (see inst.)       1,823.         (check         b Add any amount from Schedul         a Child tax credit/credit for other deper         Subtract line 12 from line 11. If zc         Other taxes. Attach Schedule 4         Total tax. Add lines 13 and 14         Federal income tax withheld from         Refundable credits:       a EIC (see inst.         Add any amount from Schedule 4         Add lines 16 and 17. These are y         If line 18 is more than line 15, sut         Amount of line 19 you want refur         Routing number       3         3       2       1	deduction ction (see and 9 fr k if any fr e 2 and ndents ero or les broor les br	hns (from S e instruction rom line 7. rom: 1 check her ss, enter - W-2 and W-2 and l payments the 15 from you. If Fo 7 1 1	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a	ne, en   	ter the amount i	ant from line 6	; otherwise,      k here ► □   	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28, 12, 16, 1, 1, 1, 3, 3, 2,	766. 000. 766. 823. 823. 0. 823. 981. 981. 158.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. <b>Refund</b> Direct deposit?	10 11 12 13 14 15 16 17 18 19 20a ▶ b	Qualified business income deduc         Taxable income. Subtract lines 8         a Tax (see inst.)       1,823.         (check         b Add any amount from Schedul         a Child tax credit/credit for other deper         Subtract line 12 from line 11. If zc         Other taxes. Attach Schedule 4         Total tax. Add lines 13 and 14         Federal income tax withheld from         Refundable credits:       a EIC (see inst.         Add any amount from Schedule 4         Add lines 16 and 17. These are y         If line 18 is more than line 15, sut         Amount of line 19 you want refur         Routing number       3         3       2       1	deductio           ction (see           and 9 fr           k if any fr           e 2 and           ndents           ero or les	ons (from S         e instruction         rom ine 7.         rom: 1         check her	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a L 8 4 2 1 0	ne, en · · · sss, ent 4 2 · · Id any au · · · · s is the trache p 4 4	ter the amou	ant from line 6	; otherwise,      k here ► □   	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28, 12, 16, 1, 1, 1, 3, 3, 2,	766. 000. 766. 823. 823. 0. 823. 981. 981. 158.		
\$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. <b>Refund</b> Direct deposit?	10 11 12 13 14 15 16 17 18 19 20a ▶ b ▶ d 21	Qualified business income deduct         Taxable income. Subtract lines 8         a Tax (see inst.)       1,823.         b Add any amount from Schedult         a Child tax credit/credit for other dependent         Subtract line 12 from line 11. If zero         Other taxes. Attach Schedule 4         Total tax. Add lines 13 and 14         Federal income tax withheld from         Refundable credits:       a EIC (see inst.         Add any amount from Schedule 4         Add lines 16 and 17. These are y         If line 18 is more than line 15, sub         Amount of line 19 you want refut         Routing number       3       2       1         Account number       4       2       0	deductio           ction (ser           and 9 fr           k if any fr           e 2 and           ndents           ero or les           .           .           n Forms           . <t< td=""><td>ons (from S         e instruction         rom in 7.         rom: 1         check her        </td><td>nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a L 8 4 2 1 0 imated tax</td><td>ne, eni  </td><td>ter the amou</td><td>nt from line 6</td><td>; otherwise,     k here ► □                </td><td>6 7 8 9 10 11 12 13 14 15 16 17 18 19</td><td></td><td>28, 12, 16, 1, 1, 1, 3, 3, 2,</td><td>766. 000. 766. 823. 823. 0. 823. 981. 981. 158.</td></t<>	ons (from S         e instruction         rom in 7.         rom: 1         check her	nts to incon  ichedule A) ons) If zero or le Form(s) 881 e b Ad 0 1099 . b Sch. 8812  line 18. This rm 8888 is a L 8 4 2 1 0 imated tax	ne, eni  	ter the amou	nt from line 6	; otherwise,     k here ► □                	6 7 8 9 10 11 12 13 14 15 16 17 18 19		28, 12, 16, 1, 1, 1, 3, 3, 2,	766. 000. 766. 823. 823. 0. 823. 981. 981. 158.		

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