Form **8879**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

**2018**

Submission Identification Number (SID) 587278201905801u0gwu

| Taxpayer's name | Social security number |
|---|---|
| GANESHKUMAR DORAISAMY | 407-69-0509 |
| **Spouse's name** | **Spouse's social security number** |
| RASHEEDA B ABDUL HAMEED | 407-69-7339 |

## Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 74,664. |
| 2 | Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 4,700. |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 8,438. |
| 4 | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 3,738. |
| 5 | Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

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

☒ I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 0 5 0 9
**ERO firm name** — **Enter five digits, but don't enter all zeros**
as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ __________ Date ▶ __________

**Spouse's PIN: check one box only**

☒ I authorize GLOBAL TAXES LLC to enter or generate my PIN 9 7 3 3 9
**ERO firm name** — **Enter five digits, but don't enter all zeros**
as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ __________ Date ▶ __________

**Practitioner PIN Method Returns Only—continue below**

## Part III Certification and Authentication — Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 1 2 3 4 5
**Don't enter all zeros**

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

ERO's signature ▶ __________ Date ▶ __________

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

| Form **9325** (January 2017) | Department of the Treasury - Internal Revenue Service **Acknowledgement and General Information for Taxpayers Who File Returns Electronically** |
|---|---|

Thank you for participating in IRS *e-file*.

407-69-0509

Taxpayer name GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED

Taxpayer address (optional)

13836 JEFFERSON PARK DRIVE APT 9304

HERNDON VA 20171

1. [x] Your federal income tax return for 2018 was filed electronically with the Andover Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.

2. [x] Your return was accepted on 02/27/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 58727820190580lu0gwu.

3. [ ] Your return was accepted on ______ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. [ ] Your electronic funds withdrawal payment request was accepted for processing.

5. [ ] Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. [ ] Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on ______ . The Submission ID assigned to your extension is ______.

## DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

## If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

## If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

## Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Form **1040** Department of the Treasury—Internal Revenue Service (99)
# U.S. Individual Income Tax Return 2018
OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

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

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| GANESHKUMAR | DORAISAMY | 407-69-0509 |

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

| If joint return, spouse's first name and initial | Last name | Spouse's social security number |
|---|---|---|
| RASHEEDA B | ABDUL HAMEED | 407-69-7339 |

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)
☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

| Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Presidential Election Campaign (see inst.) ☐ You ☐ Spouse |
|---|---|---|
| 13836 JEFFERSON PARK DRIVE | 9304 | |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. | | If more than four dependents, see inst. and ✓ here ► ☐ |
| HERNDON VA 20171 | | |

**Dependents** (see instructions):

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see inst.): Child tax credit | Credit for other dependents |
|---|---|---|---|---|---|
| AASHISH A | GANESHKUMAR | 915-92-0400 | Son | ☐ | ☒ |
| AADHISH A | GANESHKUMAR | 915-92-0455 | Son | ☐ | ☒ |
| | | | | ☐ | ☐ |
| | | | | ☐ | ☐ |

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

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

| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|---|---|---|---|
| | | IT PM | |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | HOMEMAKER | |

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | PTIN | Firm's EIN | Check if: |
|---|---|---|---|---|
| APPANA RUPA VENKATA SATYA SAI MANIKUMAR | | P02090332 | | ☐ 3rd Party Designee |
| Firm's name ► GLOBAL TAXES LLC | | Phone no. | | ☐ Self-employed |
| Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 | | | | |

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



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

| | | | |
|---|---|---|---|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 98,522. |
| 2a | Tax-exempt interest 2a ___ **b** Taxable interest | 2b | 31. |
| 3a | Qualified dividends 3a ___ **b** Ordinary dividends | 3b | |
| 4a | IRAs, pensions, and annuities 4a ___ **b** Taxable amount | 4b | |
| 5a | Social security benefits 5a ___ **b** Taxable amount | 5b | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 -23,889. | 6 | 74,664. |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 | 74,664. |
| 8 | **Standard deduction or itemized deductions** (from Schedule A) | 8 | 24,000. |
| 9 | Qualified business income deduction (see instructions) | 9 | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 50,664. |
| 11 | **a** Tax (see inst.) 5,700. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ ___ ) **b Add** any amount from Schedule 2 and check here ► ☐ | 11 | 5,700. |
| 12 | **a** Child tax credit/credit for other dependents 1,000. **b Add** any amount from Schedule 3 and check here ► ☐ | 12 | 1,000. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 4,700. |
| 14 | Other taxes. Attach Schedule 4 | 14 | 0. |
| 15 | Total tax. Add lines 13 and 14 | 15 | 4,700. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | 8,438. |
| 17 | Refundable credits: **a** EIC (see inst.) NO **b** Sch. 8812 ___ **c** Form 8863 ___ **Add** any amount from Schedule 5 ___ | 17 | |
| 18 | Add lines 16 and 17. These are your total payments | 18 | 8,438. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid** | 19 | 3,738. |
| 20a | Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ► ☐ | 20a | 3,738. |
| ► b | Routing number 211391825 ► **c** Type: ☒ Checking ☐ Savings | | |
| ► d | Account number 19229251 | | |
| 21 | Amount of line 19 you want **applied to your 2019 estimated tax** ► 21 | | |
| 22 | **Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ► | 22 | |
| 23 | Estimated tax penalty (see instructions) ► 23 | | |

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

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

**SCHEDULE 1**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment Sequence No. 01

Name(s) shown on Form 1040: GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED
Your social security number: 407-69-0509

## Additional Income

| | | | |
|---|---|---|---|
| 1–9b | Reserved | 1–9b | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | 1,111. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Reserved | 15b | |
| 16a | Reserved | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -25,000. |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Reserved | 20b | |
| 21 | Other income. List type and amount ▶ | 21 | |
| 22 | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | 22 | -23,889. |

## Adjustments to Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid **b** Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Reserved | 34 | |
| 35 | Reserved | 35 | |
| 36 | Add lines 23 through 35 | 36 | |

**SCHEDULE E (Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2018

Attachment Sequence No. **13**

Name(s) shown on return: GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED

**Your social security number**: 407-69-0509

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

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

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

| 1a | Physical address of each property (street, city, state, ZIP code) |
|---|---|
| A | INDIAN LAND PROPERTY COIMBATORE TAMILNADU IN 641042 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions. | | **Fair Rental Days** | **Personal Use Days** | **QJV** |
|---|---|---|---|---|---|---|
| A | 3 | | A | 365 | 0 | ☐ |
| B | | | B | | | ☐ |
| C | | | C | | | ☐ |

**Type of Property:**

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

| **Income:** | **Properties:** | | **A** | **B** | **C** |
|---|---|---|---|---|---|
| 3 | Rents received . . . . . . . . . . . . . . | 3 | 500. | | |
| 4 | Royalties received . . . . . . . . . . . . . | 4 | | | |
| **Expenses:** | | | | | |
| 5 | Advertising . . . . . . . . . . . . . . . . | 5 | 350. | | |
| 6 | Auto and travel (see instructions) . . . . . . . | 6 | 2,100. | | |
| 7 | Cleaning and maintenance . . . . . . . . . . | 7 | 1,250. | | |
| 8 | Commissions. . . . . . . . . . . . . . . . | 8 | | | |
| 9 | Insurance . . . . . . . . . . . . . . . . . | 9 | 765. | | |
| 10 | Legal and other professional fees . . . . . . . | 10 | | | |
| 11 | Management fees . . . . . . . . . . . . . . | 11 | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. . . . . . . . . . . . . . . . | 13 | 9,500. | | |
| 14 | Repairs. . . . . . . . . . . . . . . . . . | 14 | 1,575. | | |
| 15 | Supplies . . . . . . . . . . . . . . . . . | 15 | 650. | | |
| 16 | Taxes . . . . . . . . . . . . . . . . . . | 16 | 6,000. | | |
| 17 | Utilities . . . . . . . . . . . . . . . . . | 17 | | | |
| 18 | Depreciation expense or depletion . . . . . . . | 18 | 1,800. | | |
| 19 | Other (list) ▶ See Line 19 Other Expenses | 19 | 1,736. | | |
| 20 | Total expenses. Add lines 5 through 19 . . . . . . | 20 | 25,726. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . . . . . . . . . . . | 21 | -25,226. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . . . . | 22 | ( -25,000. ) | ( ) | ( ) |

| | | | |
|---|---|---|---|
| 23a | Total of all amounts reported on line 3 for all rental properties . . . . | 23a | 500. |
| b | Total of all amounts reported on line 4 for all royalty properties . . . . | 23b | |
| c | Total of all amounts reported on line 12 for all properties . . . . . . | 23c | |
| d | Total of all amounts reported on line 18 for all properties . . . . . . | 23d | 1,800. |
| e | Total of all amounts reported on line 20 for all properties . . . . . . | 23e | 25,726. |
| 24 | **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . . . . | 24 | |
| 25 | **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . | 25 | ( 25,000. ) |
| 26 | **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . . . . . . . . . . . . . . . . . . . . . . . . . | 26 | -25,000. |

Form **8867**

Department of the Treasury
Internal Revenue Service

# Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.**

**► Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED

**Taxpayer identification number**: 407-69-0509

Enter preparer's name and PTIN: APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332

**Part I** **Due Diligence Requirements**

| Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply). | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|---|---|---|---|
| | ☐ | ☒ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| **1** | Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you? . . . . . . . . . . . | ☒ **Yes** | ☐ **No** | |
| **2** | If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . . . | ☒ **Yes** | ☐ **No** | ☐ **N/A** |
| **3** | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.<br>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed. | ☒ **Yes** | ☐ **No** | |
| **4** | Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . . . . . . . . . . . . . . . | ☐ **Yes** | ☒ **No** | |
| **a** | Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . . . . . . . . . . . . . . . . . | ☐ **Yes** | ☐ **No** | |
| **b** | Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ **Yes** | ☐ **No** | |
| **5** | Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) . . . . . . . . . . . . . . . . . . | ☒ **Yes** | ☐ **No** | |
| | List those documents, if any, that you relied on. | | | |
| **6** | Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit? . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☒ **Yes** | ☐ **No** | |
| **7** | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . . . . . . . . . . . . . . . . .<br>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | ☒ **Yes** | ☐ **No** | ☐ **N/A** |
| **a** | Did you complete the required recertification Form 8862? . . . . . . . | ☐ **Yes** | ☐ **No** | ☐ **N/A** |
| **8** | If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . . . . . | ☐ **Yes** | ☐ **No** | ☐ **N/A** |

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

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

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

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

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

| | | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|---|---|---|---|---|
| 13 | Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | | | ☐ Yes ☐ No | |

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

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

**Part VI** **Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of Form 8867;
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► **If you have not complied with all due diligence requirements, you may have to pay a $520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | | |
|---|---|---|
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | ☒ Yes ☐ No |

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

# Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008
2018
Attachment Sequence No. **88**

| Name(s) shown on return | Identifying number |
|---|---|
| GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED | 407-69-0509 |

## Part I 2018 Passive Activity Loss

**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

| | | | | | |
|---|---|---|---|---|---|
| **Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.) | | | | | |
| 1a | Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | 0. | | |
| b | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | ( 25,226. ) | | |
| c | Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | ( ) | | |
| d | Combine lines 1a, 1b, and 1c | | | 1d | -25,226. |
| **Commercial Revitalization Deductions From Rental Real Estate Activities** | | | | | |
| 2a | Commercial revitalization deductions from Worksheet 2, column (a) | 2a | ( ) | | |
| b | Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | ( ) | | |
| c | Add lines 2a and 2b | | | 2c | ( ) |
| **All Other Passive Activities** | | | | | |
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | | | |
| b | Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | ( ) | | |
| c | Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | ( ) | | |
| d | Combine lines 3a, 3b, and 3c | | | 3d | |
| 4 | Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | | | 4 | -25,226. |

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter the **smaller** of the loss on line 1d or the loss on line 4 | | | 5 | 25,226. |
| 6 | Enter $150,000. If married filing separately, see instructions | 6 | 150,000. | | |
| 7 | Enter modified adjusted gross income, but not less than zero (see instructions) | 7 | 99,664. | | |
| | **Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | | | |
| 8 | Subtract line 7 from line 6 | 8 | 50,336. | | |
| 9 | Multiply line 8 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions | | | 9 | 25,000. |
| 10 | Enter the **smaller** of line 5 or line 9 | | | 10 | 25,000. |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

## Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | |
|---|---|---|---|
| 11 | Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 | Enter the loss from line 4 | 12 | |
| 13 | Reduce line 12 by the amount on line 10 | 13 | |
| 14 | Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

## Part IV Total Losses Allowed

| | | | |
|---|---|---|---|
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 | 0. |
| 16 | **Total losses allowed from all passive activities for 2018.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | 25,000. |

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|---|---|---|---|---|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| INDIAN LAND PROPERTY | 0. | 25,226. | | | 25,226. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Total.** Enter on Form 8582, lines 1a, 1b, and 1c . . . . . . . . . . . . ▶ | 0. | 25,226. | | | |

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| **Total.** Enter on Form 8582, lines 2a and 2b . . . . . . . . . . . . . ▶ | | | |

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|---|---|---|---|---|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Total.** Enter on Form 8582, lines 3a, 3b, and 3c . . . . . . . . . . . . ▶ | | | | | |

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|---|---|---|---|---|---|
| INDIAN LAND PROPERTY | E Ln 22 | 25,226. | 1.00000000 | 25,000. | 226. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . . . ▶ | | 25,226. | 1.00 | 25,000. | 226. |

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|---|---|---|---|
| INDIAN LAND PROPERTY | E Ln 22 | 226. | 1.00000000 | 226. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . . . . . . ▶ | | 226. | 1.00 | 226. |

**Worksheet 6—Allowed Losses** (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|---|---|---|---|
| INDIAN LAND PROPERTY | E Ln 22 | 25,226. | 226. | 25,000. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . . ▶ | | 25,226. | 226. | 25,000. |

**Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

| Name of activity: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|---|---|---|---|---|
| **Form or schedule and line number to be reported on (see instructions):** | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . ▶ | | | | | |
| b Net income from form or schedule . . . . . . . ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| **Form or schedule and line number to be reported on (see instructions):** | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . ▶ | | | | | |
| b Net income from form or schedule . . . . . . . ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| **Form or schedule and line number to be reported on (see instructions):** | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . ▶ | | | | | |
| b Net income from form or schedule . . . . . . . ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| **Total** . . . . . . . . . . . . . . . . . . . ▶ | | | 1.00 | | |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization

**(Including Information on Listed Property)**

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED | Sch E INDIAN LAND PROPERTY | 407-69-0509 |

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | 1,000,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,500,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| | | |
| | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 1,800. |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

## Part III MACRS Depreciation (Don't include listed property. See instructions.)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

### Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

### Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

| (a) Classification of property | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

## Part IV Summary (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 1,800. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

# Additional information from your 2018 Federal Tax Return

## Schedule E: Supplemental Income and Loss

### Line 19 Other Expenses: Property (1) Continuation Statement

| Expense Description | Amount |
|---|---|
| PROPERTY TAX ON CAR | 592. |
| INSURANCE ON CAR | 394. |
| VISA PROCESSING CHARGES | 750. |
| Total | 1,736. |

GANESHKUMAR DORAISAMY
RASHEEDA B ABDUL HAMEED
13836 JEFFERSON PARK DRI APT 9304

HERNDON VA 20171

| | | | | | |
|---|---|---|---|---|---|
| SSN - You | | DORA 407690509 | Vendor ID | 1555 | XXXXX |
| SSN - Spouse | | ABDU 407697339 | | | |
| Fed Adj Gross Income (FAGI) | 1. | 74664. | Withholding (VA) - You | 20A. | 5017. |
| Additions | 2. | 1510. | Withholding (VA) - Spouse | 20B. | |
| Subtotal | 3. | 76174. | Estimated Payments | 21. | |
| Age Deduction - You | 4A. | | 2017 Overpayment | 22. | |
| Age Deduction - Spouse | 4B. | | Extension Payments | 23. | |
| Soc Sec & Tier 1 Railroad | 5. | | Credit - Low-Income or EIC | 24. | |
| State Income Tax Overpayment | 6. | 1111. | Credit - Schedule OSC | 25. | |
| Subtractions | 7. | | Reserved for Future Use | 26. | |
| Subtotal Subtractions | 8. | 1111. | Credits - Schedule CR | 27. | |
| Total VA Adj Gross Income (VAGI) | 9. | 75063. | Total Payments / Credits | 28. | 5017. |
| Itemized Deductions - VA Sch. A | 10. | | Tax You Owe | 29. | |
| State / Local Income Tax - VA Sch. A | 11. | | Tax Overpayment | 30. | 1517. |
| Standard / Itemized Deductions | 12. | 6000. | Overpayment Credited to Next Year | 31. | |
| Exemptions | 13. | 3720. | VAC - Virginia 529 / ABLEnow | 32. | |
| Deductions | 14. | | VAC - Other Contributions | 33. | |
| Subtotal (Deductions & Exemptions) | 15. | 9720. | Addition to Tax, Penalty & Interest | 34. | |
| VA Taxable Income | 16. | 65343. | Sales and Use Tax | 35. | |
| Amount of Tax | 17. | 3500. | **Amount You Owe** | | |
| | | | Will Pay by Credit/Debit Card | N | |
| Spouse Tax Adjustment (STA) | 18. | | **Your Refund** | | 1517. |
| VAGI - Spouse | 18A. | | Bank Routing # | C | 211391825 |
| Net Amount of Tax | 19. | 3500. | Bank Account # | 19229251 | |

__________ ___**LAR** ___**DLAR** ___**DTD** ___**LTD** **$**________

## Filing Status, Age & License Information

| | |
|---|---|
| Filing Status | 2 |
| Federal Head of Household | |
| DOB - You | 11171975 |
| VA Driver's License ID - You | A60894159 |
| VA Driver's License - Iss. Date - You | 12052018 |
| Spouse Name (Filing Status 3 Only) | |
| DOB - Spouse | 12201976 |
| VA Driver's License ID - Spouse | A65393603 |
| VA Driver's License - Iss. Date - Spouse | 12052018 |

### Exemptions (A)

| | |
|---|---|
| You | 1 |
| Spouse | 1 |
| Dependents | 2 |
| Total (A) | 4 |

### Exemptions (B)

| | |
|---|---|
| 65 & Over - You | |
| 65 & Over - Spouse | |
| Blind - You | |
| Blind - Spouse | |
| Total (B) | |

## Additional Filing Information

| | |
|---|---|
| Locality | 600 |
| Name or Filing Status Change | |
| Address Change | |
| VA Return Not Filed Last Year | |
| Dependent on Another's Return | |
| Farmer / Fisherman / Merchant Seaman | |
| Amended | |
| NOL | |
| Overseas on Due Date | |
| Federal EIC & Amount | |
| Deceased Indicator | |
| No Sales & Use Tax Due Indicator | X |
| Refund - Direct Bank Deposit | X |
| Refund - Check | |
| Obtain Electronic 1099G | |
| ID Theft PIN | |

## Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You ________________________ Date Phone - You

Signature - Spouse ________________________ Date Phone - Spouse

Signature - Preparer ________________________ Date Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02090332

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN
CUMMING GA 30041

***File by May 1, 2019***

*Include Page 1, Page 2 and all supporting 760CG documents.*

# 2018 Schedule ADJ/CG    407690509

**Additions**

| | | |
|---|---|---|
| Interest on obligations (other state) | 1. | |
| Other Additions<br>Fixed Date Conformity | 2A. | 1510. |
| | 2B. | |
| | 2C. | |
| Total Additions | 3. | 1510. |

**Subtractions**

| | | |
|---|---|---|
| Income (US obligations / securities) | 4. | |
| Disability Income (wages) - You | 5A. | |
| Disability Income (wages) - Spouse | 5B. | |
| Other Subtractions<br>Fixed Date Conformity | 6A. | |
| 6B. Code | | |
| 6C. Code | | |
| 6D. Code | | |
| Total Subtractions | 7. | |

**Deductions**

| | | |
|---|---|---|
| | 8A. | |
| | 8B. | |
| | 8C. | |
| Total Deductions | 9. | |

Claiming More Adjustments - Schedule ADJS

**Low-Income Credit or VA EIC**

| Family | Name | SSN | VAGI |
|---|---|---|---|
| You | | | |
| Spouse | | | |
| Dependent | | | |
| Dependent | | | |

Total Family VAGI 10.

**Low-Income Credit or VA EIC (con't)**

| | | |
|---|---|---|
| Total Exemptions | 11. | |
| # of Personal Exemptions | 12. | |
| Total Exemptions Amount or $0 | 13. | |
| Federal EIC | 14. | |
| 20% of Line 14 | 15. | |
| Greater of Line 13 or Line 15 | 16. | |
| Credit | 17. | |

**Addition to Tax, Penalty & Interest**

| | | |
|---|---|---|
| Addition to Tax | 18. | |
| Form 760C Addition | | |
| Form 760F Addition | | |
| Penalty | 19. | |
| Late Filing Penalty | | |
| Extension Penalty | | |
| Interest | 20. | |
| Total Adjustments | 21. | |

# 2018 Schedule INC/CG 407690509

Report all W-2s, 1099s & VK-1s with VA Withholding

GANESHKUMAR DORAISAMY

RASHEEDA B ABDUL HAMEED

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---|---|---|---|---|---|
| 407690509 | W | 5017. | 980429806 | 30980429806F001 | 98522. |

| Total VA Withholding | SSN | VA Withholding |
|---|---|---|
| You | 407690509 | 5017. |
| Spouse | | |

Total # of W-2s,1099s & VK-1s 01

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

| VA-8879<br>Virginia Department of Taxation | Virginia Individual Income Tax e-File Signature Authorization | Tax Year 2018 |
|---|---|---|

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

| | |
|---|---|
| Your Name<br>GANESHKUMAR DORAISAMY | B Your Social Security Number<br>407-69-0509 |
| Spouse's Name<br>RASHEEDA B ABDUL HAMEED | A Spouse's Social Security Number<br>407-69-7339 |

| Part I Tax Return Information | A Spouse | B Yourself |
|---|---|---|
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1) | | 74664. |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) | | 75063. |
| 3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18) | | 65343. |
| 4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19) | | 3500. |
| 5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b) | | 5017. |
| 6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37) | | |
| 7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38) | | 1517. |

## Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

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

[X] I authorize the ERO named below to enter my e-File PIN 9 0 5 0 9 as my signature on my 2018 e-filed Virginia individual income tax return.

Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

[ ] I will enter my e-File PIN as my signature on my 2018 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature ______________________ Date ______________

Spouse's e-File PIN: check one box only

[X] I authorize the ERO named below to enter my e-File PIN 9 7 3 3 9 as my signature on my 2018 e-filed Virginia individual income tax return.

Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

[ ] I will enter my e-File PIN as my signature on my 2018 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature ______________________ Date ______________

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 8 1 2 3 4 5

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2018 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2018). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature ______________________ Date ______________

**SCHEDULE E (Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

# Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2018

Attachment Sequence No. **13**

| Name(s) shown on return | Your social security number |
|---|---|
| GANESHKUMAR DORAISAMY & RASHEEDA B ABDUL HAMEED | 407-69-0509 |

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

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

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

| 1a | Physical address of each property (street, city, state, ZIP code) |
|---|---|
| A | INDIAN LAND PROPERTY COIMBATORE TAMILNADU IN 641042 |
| B | |
| C | |

| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions. | | Fair Rental Days | Personal Use Days | QJV |
|---|---|---|---|---|---|---|
| A | 3 | | A | 365 | 0 | ☐ |
| B | | | B | | | ☐ |
| C | | | C | | | ☐ |

**Type of Property:**

1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental

2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe)

| **Income:** | **Properties:** | | A | B | C |
|---|---|---|---|---|---|
| 3 | Rents received . . . . . . . . . . . . . . | 3 | 500. | | |
| 4 | Royalties received . . . . . . . . . . . . . | 4 | | | |
| **Expenses:** | | | | | |
| 5 | Advertising . . . . . . . . . . . . . . . . | 5 | 350. | | |
| 6 | Auto and travel (see instructions) . . . . . . . | 6 | 2,100. | | |
| 7 | Cleaning and maintenance . . . . . . . . . . | 7 | 1,250. | | |
| 8 | Commissions. . . . . . . . . . . . . . . . | 8 | | | |
| 9 | Insurance . . . . . . . . . . . . . . . . . | 9 | 765. | | |
| 10 | Legal and other professional fees . . . . . . . | 10 | | | |
| 11 | Management fees . . . . . . . . . . . . . . | 11 | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. . . . . . . . . . . . . . . | 13 | 9,500. | | |
| 14 | Repairs. . . . . . . . . . . . . . . . . . | 14 | 1,575. | | |
| 15 | Supplies . . . . . . . . . . . . . . . . . | 15 | 650. | | |
| 16 | Taxes . . . . . . . . . . . . . . . . . . | 16 | 6,000. | | |
| 17 | Utilities . . . . . . . . . . . . . . . . . | 17 | | | |
| 18 | Depreciation expense or depletion . . . . . . . | 18 | 1,800. | | |
| 19 | Other (list) ▶ See Line 19 Other Expenses | 19 | 1,736. | | |
| 20 | Total expenses. Add lines 5 through 19 . . . . . . | 20 | 25,726. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** . . . . . . . . . . . . . . . | 21 | -25,226. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . . . . | 22 | ( -25,000. ) | ( ) | ( ) |

| | | | |
|---|---|---|---|
| 23a | Total of all amounts reported on line 3 for all rental properties . . . . | 23a | 500. |
| b | Total of all amounts reported on line 4 for all royalty properties . . . . | 23b | |
| c | Total of all amounts reported on line 12 for all properties . . . . . . | 23c | |
| d | Total of all amounts reported on line 18 for all properties . . . . . . | 23d | 1,800. |
| e | Total of all amounts reported on line 20 for all properties . . . . . . | 23e | 25,726. |

| | | | |
|---|---|---|---|
| 24 | **Income.** Add positive amounts shown on line 21. **Do not** include any losses . . . . . . . . | 24 | |
| 25 | **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . | 25 | ( 25,000. ) |
| 26 | **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 26 | -25,000. |

# Additional information from your 2018 Federal Tax Return

## Schedule E: Supplemental Income and Loss

**Line 19 Other Expenses: Property (1)** **Continuation Statement**

| Expense Description | Amount |
|---|---|
| PROPERTY TAX ON CAR | 592. |
| INSURANCE ON CAR | 394. |
| VISA PROCESSING CHARGES | 750. |
| **Total** | 1,736. |