## **8879**

### IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service ▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)
 ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) Taxpayer's name Social security number PRASHANTH SANKURI 716-25-5436 Spouse's name Spouse's social security number Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only) Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) . . . . . . . . . . . . . . . . . . 17,572. 2 558. 3 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a). 2,903. Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . . . <u>2,</u>345. 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 X lauthorize GLOBAL TAXES LLC 5 to enter or generate my PIN **ERO** firm name Enter five digits, but as my signature on my tax year 2018 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ Spouse's PIN: check one box only I authorize to enter or generate my PIN ERO firm name 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 Certification and Authentication — Practitioner PIN Method Only 5 2 4 5 8 8 1 **ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 taxpaver(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 ▶ **ERO Must Retain This Form — See Instructions** 

Don't Submit This Form to the IRS Unless Requested To Do So

# Department of the Treasury

beainnina

### **U.S. Nonresident Alien Income Tax Return**

Go to www.irs.gov/Form1040NR for instructions and the latest information.

For the year January 1-December 31, 2018, or other tax year

OMB No. 1545-0074

Internal Revenue Service , 2018, and ending Identifying number (see instructions) Your first name and initial Last name 716-25-5436 PRASHANTH SANKURI Present home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. Check if: Individual Please print 1255 IRIS LAKE DR 104 Estate or Trust or type City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. TAMPA FL 33619 Foreign country name Foreign province/state/county Foreign postal code 1 Reserved 4 Reserved **Filing** 2 X Single nonresident alien 5 Married nonresident alien **Status** 3 Reserved Qualifying widow(er) (see instructions) Check only Child's name ▶ one box. Dependents Dependents: (see instructions) (2) Dependent's (3) Dependent's (4) ✓ if qualifies for (see instr.): identifying number relationship to you If more Credit for other dependents Child tax credit (1) First name Last name than four dependents, see instructions and check here. 17,572 8 Wages, salaries, tips, etc. Attach Form(s) W-2 8 Income 9a Taxable interest . . . . . . . . . 9a **Effectively** b Tax-exempt interest. Do not include on line 9a 9b Connected 10a Ordinary dividends . . . . . . 10a With U.S. **b** Qualified dividends (see instructions) . . . . . . 10b Trade/ **Business** 11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . 11 12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions) 12 13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040) . . . . . . . . 13 14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 . . . . . . . . . 15 Attach Form(s) 16 Reserved . 16 W-2, 1042-S, SSA-1042S, **17b** Taxable amount (see instr.) **17a** IRAs, pensions, and annuities **17a** 17b RRB-1042S. 18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040) . . . 18 and 8288-A here. Also Farm income or (loss). Attach Schedule F (Form 1040) . . . . . . 19 attach Form(s) 20 20 1099-R if tax was withheld. 21 Other income. List type and amount (see instructions) 21 22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e) 23 Combine the amounts in the far right column for lines 8 through 21. This is your total 23 17,572. Educator expenses (see instructions) . . . . . . . . 24 24 **Adjusted** Health savings account deduction. Attach Form 8889 . . . Gross Moving expenses for members of the Armed Forces, Attach Income 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 (see instructions) **30** Penalty on early withdrawal of savings . . . . . . . . 30 Scholarship and fellowship grants excluded . . . . 31 **32** IRA deduction (see instructions) . . . . . . 32 33 Student loan interest deduction (see instructions) Add lines 24 through 33 . . . . . . . . . . 34 Adjusted Gross Income. Subtract line 34 from line 23. 17,572. 35 Amount from line 35 (adjusted gross income) . . . . 36 17,572. Tax and Itemized deductions from page 3, Schedule A, line 8 . Std. Dedn US/India Treaty 37 12,000. **Credits** Qualified business income deduction (see instructions). 38 Exemptions for estates and trusts only (see instructions) 39

12,000. Tax and 5,572. **41 Taxable income.** Subtract line 40 from line 36. If zero or less, enter -0- . . . 41 Credits **42** Tax (see instr.). Check if any is from Form(s): a  $\square$  8814 b  $\square$  4972 c  $\square$ 42 558. (continued) Alternative minimum tax (see instructions). Attach Form 6251 . . . 43 Excess advance premium tax credit repayment. Attach Form 8962 . 44 Add lines 42, 43, and 44 . . . . . . . . . . . . . 45 558. **46** Foreign tax credit. Attach Form 1116 if required . . . . 46 Credit for child and dependent care expenses. Attach Form 2441 48 Retirement savings contributions credit. Attach Form 8880 . 48 49 Child tax credit and credit for other dependents (see 49 **50** Residential energy credit. Attach Form 5695 . . . . . . 51 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ **52** Add lines 46 through 51. These are your **total credits** . . . 52 53 Subtract line 52 from line 45. If zero or less, enter -0-558. Tax on income not effectively connected with a U.S. trade or business from page 4. **Other Taxes** 55 Self-employment tax. Attach Schedule SE (Form 1040) . . . . . 55 **56** Unreported social security and Medicare tax from Form: **a** □ 4137 **b** 8919 56 57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 57 **59a** Household employment taxes from Schedule H (Form 1040) . . . 59a **b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . 59b **60** Taxes from: **a** ☐ Form 8959 **b** ☐ Instructions; enter code(s) 61 Total tax. Add lines 53 through 60 . . . . . . 558. **62** Federal income tax withheld from: **Payments** a Form(s) W-2 and 1099 . . . . . . . . . . . . 2,903. 62a 62b **c** Form(s) 8288-A . . . . . . . . . . . 62c **d** Form(s) 1042-S . . . . . . . . . . . . 63 2018 estimated tax payments and amount applied from 2017 return 64 Additional child tax credit. Attach Schedule 8812 . . . . 65 Net premium tax credit. Attach Form 8962 . . . . . . 65 **66** Amount paid with request for extension to file (see instructions) **67** Excess social security and tier 1 RRTA tax withheld (see instructions) **68** Credit for federal tax on fuels. Attach Form 4136 . . . . 68 **69** Credits from Form: **a** 2439 **b** Reserved **c** 8885 **d** 69 **70** Credit for amount paid with Form 1040-C . . . . . . . 71 Add lines 62a through 70. These are your total payments 71 2,903. 72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 2,345. Refund 2,345. 73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . ▶ □ Direct deposit? **b** Routing number | 1 | 1 | 1 | 0 | 0 | 0 | 6 | 1 | 4 | c Type: X Checking ☐ Savings See **d** Account number | 8 | 7 | 6 | 7 | 3 | 7 | 1 | 0 | 2 | instructions. e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. 74 Amount of line 72 you want applied to your 2019 estimated tax ▶ Amount **75 Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see instructions 75 You Owe Do you want to allow another person to discuss this return with the IRS? See instructions X No ☐ Yes. Complete below. **Third Party** Phone Personal identification Designee Designee's name ▶ number (PIN) no. **>** 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 Sign Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identity Your occupation in the United States Your signature Keep a copy of Date Protection PIN, enter it here this return for (see instr.) vour records. SOFTWARE ENGINEER Print/Type preparer's name Preparer's signature Date PTIN Check ☐ if Paid P02090332 APPANA RUPA VENKATA SATYA SAI MANIKUMAR self-employed Preparer Firm's name ► GLOBAL TAXES LLC Firm's EIN ▶ **Use Only** Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Phone no.

Form 1040NR (2018)

Page 2

Form 1040NR (2018) Page **3** 

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

Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on

Itemized

**Deductions** 

8

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

8

|  |   | Schedule NEC-Tax on Income Not E   | Effectively     |   |                 |                    |                         |                                 |   |
|--|---|--|-----------------|---|-----------------|--------------------|-------------------------|---------------------------------|---|
|  |   |  |                 | Enter amount of income under the appropriate rate of tax (see instructions) |                 |                    |                         |                                 |   |
| Nature of income   |   |  |                 |   | (a) 10%         | <b>(b)</b> 15%     | (c) 30%                 | (d) Other (specify)             |   |
|  |   |  |                 |   | (a) 1070        | (5) 1070           | (0) 0070                | %                               | %                                       |
|  |   |  |                 |   |                 |                    |                         |                                 |   |
| 1  | Dividends and divide  | •  |                 |   |                 |                    |                         |                                 |   |
| а  |   | lividends paid by U.S. corporations  |                 | 1a  |                 |                    |                         |                                 |   |
| b  | Dividends paid by foreign corporations                      |  | _               | 1b  |                 |                    |                         |                                 |   |
| С  |   | payments received with respect to section                                  |                 |   |                 |                    |                         |                                 |   |
| _  |   |  | · · ·   1       | 1c  |                 |                    |                         |                                 |   |
| 2  | Interest:   |  |                 | _   |                 |                    |                         |                                 |   |
| a  |   |  |                 | 2a  |                 |                    |                         |                                 |   |
| b  |   |  |                 | 2b  |                 |                    |                         |                                 |   |
| С  | Other   |  |                 | 2c<br>3   |                 |                    |                         |                                 |   |
| 3  | Industrial royalties (patents, trademarks, etc.)            |  |                 |   |                 |                    |                         |                                 |   |
| 4  | Motion picture or T.V. copyright royalties                  |  |                 |   |                 |                    |                         |                                 |   |
| 5  | Other royalties (copyrights, recording, publishing, etc.)   |  |                 |   |                 |                    |                         |                                 |   |
| 6  |   | e and natural resources royalties  |                 | 6   |                 |                    |                         |                                 |   |
| 7  | Pensions and annuities                                      |  |                 | 7   |                 |                    |                         |                                 |   |
| 8  | Social security benefits                                    |  |                 | 8   |                 |                    |                         |                                 |   |
| 9  | Capital gain from line 18 below                             |  |                 | 9   |                 |                    |                         |                                 |   |
| 10   | •   | ts of Canada only. Enter net income in column (c                           | C).             |   |                 |                    |                         |                                 |   |
|  | If zero or less, ente                                       | r -0   |                 |   |                 |                    |                         |                                 |   |
| a  | Winnings  |  |                 | 00  |                 |                    |                         |                                 |   |
| b  |   |  | 1               | 0c  |                 |                    |                         |                                 |   |
| 11   | Gambling winnings—Residents of countries other than Canada. |  |                 |   |                 |                    |                         |                                 |   |
| 10   | Note: Losses not allowed                                    |  |                 |   |                 |                    |                         |                                 | <u> </u>                                |
| 12   | Other (specify) ►   |  |                 | 12  |                 |                    |                         |                                 |   |
| 13   |   | 12 in columns (a) through (d)  |                 | 13  |                 |                    |                         |                                 |   |
| 14   | Add lines 1a through 12 in columns (a) through (d)          |  |                 | 14  |                 |                    |                         |                                 |   |
| 15   |   | t effectively connected with a U.S. trade of                               |                 |   | columns (a) t   | hrough (d) of line | 1/1 Enter the total     | I here and on                   | , |
| 15   |   | 54   |                 |   |                 |                    |                         |                                 |   |
|  |   | Capital Gains an   |                 |   |                 |                    |                         |                                 |   |
| Enter o  | nly the capital gains and                                   | · · ·  | (b) Date        | 1.0   | (c) Date        |                    |                         | (f) LOSS                        | (g) GAIN                                |
| losses from property sales or exchanges that are from          |   | 16 (a) Kind of property and description (if necessary, attach statement of | acquired        |   | sold            | (d) Sales price    | (e) Cost or other basis | If (e) is more                  | If (d) is more                          |
| sources within the United                                      |   | descriptive details not shown below)                                       | (mo., day, yr.) |   | (mo., day, yr.) |                    | Dasis                   | than (d), subtract (d) from (e) | than (e), subtract (e)<br>from (d)      |
| States and not effectively connected with a U.S. business.     |   |  |                 |   |                 |                    |                         |                                 | ζ-7                                     |
| Do not include a gain or loss on disposing of a U.S. real      |   |  |                 |   |                 |                    |                         |                                 |   |
| property interest; report these gains and losses on Schedule D |   |  |                 |   |                 |                    |                         |                                 |   |
| (Form 1  |   |  |                 |   |                 |                    |                         |                                 |   |
|  | property sales or ges that are effectively                  |  |                 |   |                 |                    |                         |                                 |   |
| connec   | ted with a U.S. business                                    | 17 Add columns (f) and (g) of line 16 .                                    |                 |   |                 |                    | 17                      | ( )                             |   |
| on Schedule D (Form 1040), Form 4797, or both.                 |   | 18 Capital gain. Combine columns (f) and                                   | I (a) of line 1 | 7. Ente   | er the net gain | here and on line 9 |                         | enter -0-) <b>18</b>            |   |

Form 1040NR (2018) Page **5** 

| Schedule OI—Other Information (see instructions)  Answer all questions |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|--|---|---|----------------------------------|---------------------|----------------|------------------------------------|----------------------------|----------------|--|--|--|--|
| Α  | Of wha  | at country or countries   |                                  | <u> </u>            | /ear? INDIA    |                                    |                            |                |  |  |  |  |
| В  |   | Of what country or countries were you a citizen or national during the tax year? INDIA  In what country did you claim residence for tax purposes during the tax year? India |                                  |                     |                |                                    |                            |                |  |  |  |  |
| С  |   | Have you ever applied to be a green card holder (lawful permanent resident) of the United States?   |                                  |                     |                |                                    |                            |                |  |  |  |  |
| D  |   | ou ever:  | g                                |                     | .,             |                                    |                            |                |  |  |  |  |
| Ξ.   | 1. A U.S.   |   |                                  |                     |                |                                    | □ Yes ☒                    | No             |  |  |  |  |
|  |   | n card holder (lawful i   | permanent resident) of the Ur    | nited States?       |                |                                    | Yes 🔀                      | No             |  |  |  |  |
|  | _   |   | (2), see Pub. 519, chapter 4,    |                     |                |                                    |                            |                |  |  |  |  |
| Е  |   |   | t day of the tax year, enter y   |                     |                |                                    | er your U.S.               |                |  |  |  |  |
|  |   |   | st day of the tax year. F1       |                     |                |                                    | •                          |                |  |  |  |  |
| F  | Have v  | ou ever changed you   | ır visa tvpe (nonimmigrant sta   |                     |                |                                    |                            | No             |  |  |  |  |
|  |   | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  |                                  |                     |                |                                    |                            |                |  |  |  |  |
| G  | ,   | List all dates you entered and left the United States during 2018. See instructions.  |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  | Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   | or Mexico and skip to item H     |                     |                |                                    | Mexico                     |                |  |  |  |  |
|  |   |   | Date departed United States      | 1                   |                | United States                      | Date departed United Stat  | es             |  |  |  |  |
|  |   | mm/dd/yy  | mm/dd/yy                         |                     |                | dd/yy                              | mm/dd/yy                   |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            | $\neg$         |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
| н  | Give n  | umber of davs (includ   | ling vacation, nonworkdays, a    | and partial davs) v | ou were prese  | ent in the Unite                   | d States during:           |                |  |  |  |  |
|  |   |   | , 2017 365                       |                     |                |                                    |                            |                |  |  |  |  |
| 1  | Did yo  | u file a U.S. income to   | ax return for any prior year?.   |                     |                |                                    | 🛛 Yes 🗌                    | No             |  |  |  |  |
|  | If "Yes   | ," give the latest year   | and form number you filed .      | •                   | 104            | 0NR                                |                            |                |  |  |  |  |
| J  | Are yo  | u filing a return for a t   | rust?                            |                     |                |                                    | Yes 🛚                      | No             |  |  |  |  |
|  | If "Yes   | ," did the trust have   | a U.S. or foreign owner unde     | er the grantor trus | t rules, make  | a distribution                     | or loan to a               |                |  |  |  |  |
|  |   |   | ntribution from a U.S. person    |                     |                |                                    |                            | No             |  |  |  |  |
| Κ  | Did yo  | u receive total compe   | ensation of \$250,000 or more    | during the tax ye   | ar?            |                                    | 🗌 Yes 🛚                    | No             |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
| L  |   | If "Yes," did you use an alternative method to determine the source of this compensation?   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   | ., ,  | ow. See Pub. 901 for more in     |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   | try, the applicable tax treaty a |                     |                |                                    | u claimed the treaty bene  | fit, and       |  |  |  |  |
|  | tne am  | ount of exempt incor  | me in the columns below. Atta    |                     |                |                                    |                            |                |  |  |  |  |
|  |   | (a) Country   |                                  |                     |                | mber of months<br>in prior tax yea |                            |                |  |  |  |  |
|  |   |   |                                  | article             | Clairied       | III prior tax year                 | income in current tax year |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  | (e) 1   | otal Enter this amou  | unt on Form 1040NR, line 22.     | Do not entar it an  | line 8 or line | 12                                 |                            |                |  |  |  |  |
|  |   |   |                                  |                     |                |                                    | □ Voc ☑                    | N <sub>C</sub> |  |  |  |  |
|  |   | Were you subject to tax in a foreign country on any of the income shown in 1(d) above?  |                                  |                     |                |                                    |                            |                |  |  |  |  |
| •  | -   | Are you claiming treaty benefits pursuant to a Competent Authority determination?   |                                  |                     |                |                                    |                            |                |  |  |  |  |
| м  |   | If "Yes," attach a copy of the Competent Authority determination letter to your return.   |                                  |                     |                |                                    |                            |                |  |  |  |  |
|  | Check the applicable box if:  1. This is the first year you are making an election to treat income from real property located in the United States as effectively connection. |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
| with a U.S. trade or business under section 871(d). See instructions   |   |   |                                  |                     |                |                                    |                            |                |  |  |  |  |
| 4  |   |   | in a previous year that has      |                     |                |                                    | _                          | United         |  |  |  |  |
| -  |   |   | a p. c odo jodi tilat ildo       | 20011 10 0010       | , out ill      |                                    |                            | J              |  |  |  |  |