

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

Your first name and initial: VENNIRAISELVI Last name: SUNDARARAJU Your social security number: 129-98-7760

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: 445-35-3709

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. 1901 CATHY LN Apt. no. T4 Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. MC LEAN VA 22102 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: _____ Date: _____ Your occupation: IT

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.) [] [] [] [] [] [] [] [] [] []

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Paid Preparer Use Only

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

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	
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	
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	0.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	0.
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) 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	
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	
▶ b	Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number X X X X X X X X X X X X X X X X X X X X		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	21	
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶	22	0.
23	Estimated tax penalty (see instructions) ▶ 23	23	

Form 760PY Virginia Part-Year Resident Income Tax Return
2018
Page 1 Due May 1, 2019



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
03-26-2018	12-31-2018
Spouse - From	Spouse - To

YOUR First Name VENNIRAISELVI	MI	Your Last Name SUNDARARAJU	Check if deceased <input type="checkbox"/>	Suffix	A Your Social Security Number 129-98-7760
SPOUSE'S First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	B Spouse's Social Security Number 445-35-3709

Present Home Address (Number and Street, or Rural Route) 1901 CATHY LN APT T4			VA Driver's License Information		
City, Town or Post Office MC LEAN			Customer ID		
State VA		ZIP Code 22102	Locality Code		Issue Date (mm-dd-yyyy)
			You _____		
			Spouse _____		
			You _____		
			Spouse _____		

Check Applicable Boxes	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return
	<input type="checkbox"/> Check if Result of NOL	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Dependent on Another's Return		\$ _____,00
	<input type="checkbox"/> Overseas on Due Date		\$ _____,00

Filing Status Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name KRISHNARAJ SARAVANAN

Exemptions Enter the number of exemptions being claimed.

You/Spouse	Dependents	65 or Over	Blind
A - You Enter the numbers for both You and Spouse if Filing Status 2	1	0	
B - Spouse Filing Status 4 Only			

DATE OF BIRTH

Your Birth Date (mm-dd-yyyy) 0 8 - 2 3 - 1 9 8 7

Spouse's Birth Date (mm-dd-yyyy) - -

B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
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Complete the Schedule of Income first and submit it with your Form 760PY.

1	FEDERAL ADJUSTED GROSS INCOME from Schedule of Income, Part 1, Line 7, Column 1.	1	00	00
2	Additions from Schedule 760PY ADJ, Line 3.	2	00	00
3	Add Lines 1 and 2.	3	00	00
4a	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.	4a		00
4b		4b	00	00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	5	00	00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.	6	00	00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	7	00	00
8	Subtractions from Schedule 760PY ADJ, Line 7.	8	00	00
9	Add Lines 4a, 4b, 5, 6, 7 and 8.	9	00	00
10	Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.	10	00	00
11	Itemized Deductions paid while a Virginia resident	11	00	00
12	State and local income taxes on Virginia Schedule A and included on Line 11.	12	00	00
13	Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions.	13	00	0 00



Your Name VENNIRAISELVI SUNDARARAJU	Your SSN 129-98-7760
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	B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2
14 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	716 00
15 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
16 Add Lines 13, 14 and 15.	00	716 00
17 Virginia Taxable Income. Subtract Line 16 from Line 10.	00	-716 00
18 Tax amount from Tax Table or Tax Rate Schedule.....	00	0 00
19 Total Tax. Add Line 18, Column A and Line 18, Column B.		0 00
20a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
20b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
21 Combined 2018 Estimated Tax Payments.....		00
22 2017 overpayment credited to 2018 estimated taxes.....		00
23 Extension Payment - Enter amount paid on Form 760IP.....		00
24 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
25 Total credit for taxes paid to another state from Schedule OSC.....		00
26 Reserved for future use.....		
27 Credits from Schedule CR, Section 5, Line 1A.....		00
28 Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, and 27.		00
29 If Line 19 is larger than Line 28, enter the difference. This is the INCOME TAX YOU OWE.		00
30 If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT.		0 00
31 Amount of overpayment on Line 30 to be CREDITED TO 2019 ESTIMATED INCOME TAX.		00
32 Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....		00
33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
34 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21.....		00
35 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions.Check here if no sales and use tax is due..... <input type="checkbox"/>		00
36 Add Lines 31 through 35.		00
37 If you owe tax on Line 29, add Lines 29 and 36 - OR - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.....		00
38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30. YOUR REFUND. If the Direct Deposit section below is not completed, your refund will be issued by check.		0 00

DIRECT BANK DEPOSIT
Domestic Accounts Only.
No International Deposits.

Your Bank Routing Transit Number	Your Bank Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input type="text"/>	<input type="text"/>		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date	
Spouse's Signature (If a joint return, both must sign)	Spouse's Phone Number	Date	
Preparer's Name	Preparer's Phone Number	Date	
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's PTIN P02090332	Vendor Code 1555	Filing Election Code ID Theft PIN

**2018 VIRGINIA SCHEDULE OF INCOME
Form 760PY**

Page 1



Your Name VENNIRAISELVI SUNDARARAJU	Your SSN 129-98-7760
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PART 1

Income Distribution

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete Section A —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4		.00		.00		.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)*	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete Section B if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3)	4		.00		.00		.00
5.	Adjustments to income: moving expenses	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)**	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

**Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

2018 VIRGINIA SCHEDULE OF INCOME

Form 760PY

Page 2



Your Name VENNIRAISELVI SUNDARARAJU	Your SSN 129-98-7760
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PART 2

Prorated Exemptions Worksheet

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 14. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 14, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)
X .504 (Ratio Schedule factor for July 1 move to Virginia)
 \$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

Prorated Virginia Personal Exemptions

		Column B Spouse	Column A You
1.	Your exemption		1
2.	Dependents		0
3.	Add Lines 1 and 2		1
4.	Multiply Line 3 by \$930		930
5.	65 or over		
6.	Blind		
7.	Add Lines 5 and 6		
8.	Multiply Line 7 by \$800		
9.	Add Lines 4 and 8		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions		0.770
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 14.....		716

PART 3

Moving Information

- 1a. If YOU moved into Virginia in 2018, prior state of residence GA
- 1b. If YOU moved out of Virginia in 2018, state moved to _____
- 2a. If SPOUSE moved into Virginia in 2018, prior state of residence _____
- 2b. If SPOUSE moved out of Virginia in 2018, state moved to _____

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

Your first name and initial: VENNIRAISELVI Last name: SUNDARARAJU Your social security number: 129-98-7760

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: 445-35-3709

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. 1901 CATHY LN Apt. no. T4 Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. MC LEAN VA 22102 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: _____ Date: _____ Your occupation: IT

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.) [] [] [] [] [] [] [] [] [] []

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

Paid Preparer Use Only

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

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	
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	
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	0.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	0.
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) 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	
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	
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	0.
23	Estimated tax penalty (see instructions)	23	

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

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.

Direct deposit? See instructions.