

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

Your first name and initial: SRIDHAR Last name: ASAM Your social security number: 734-61-8838

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: BHARATHI Last name: DODDI Spouse's social security number: 967-92-1663

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: 10075 GATE PKWY NORTH Apt. no.: 2212 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: Jacksonville FL 32246 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SUKAANTA	AASHAM	968-98-0753	Son	<input type="checkbox"/>	<input checked="" 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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
		SOFTWARE ENGINEER	
		HOMEMAKER	

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703	30-1017196	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no. (212) 920-4151		<input type="checkbox"/> 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)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	50,085.
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	50,085.
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	50,085.
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	26,085.
11 a Tax (see inst.) <u>2,748.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	2,748.
b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	
12 a Child tax credit/credit for other dependents <u>500.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	500.
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	2,248.
14 Other taxes. Attach Schedule 4	14	0.
15 Total tax. Add lines 13 and 14	15	2,248.
16 Federal income tax withheld from Forms W-2 and 1099	16	7,236.
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	
Add any amount from Schedule 5	17	
18 Add lines 16 and 17. These are your total payments	18	7,236.
Refund 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	4,988.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	4,988.
▶ b Routing number <u>1 2 1 0 0 0 3 5 8</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d Account number <u>3 2 5 0 8 9 5 0 3 3 6 8</u>		
21 Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe 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	

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

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.

2018

Attachment Sequence No. **70**

Taxpayer name(s) shown on return SRIDHAR ASAM & BHARATHI DODDI	Taxpayer identification number 734-61-8838
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Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703
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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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • 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. • 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 734-61-8838
- e** Spouse of U.S. citizen/resident alien } SRIDHAR ASAM
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶

Additional information for **a** and **f**: Enter treaty country ▶ and treaty article number ▶

Name (see instructions)	1a First name BHARATHI	Middle name	Last name DODDI
	1b First name	Middle name	Last name
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 10075 GATE PKWY NORTH Apt 2212		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Jacksonville FL USA 32246		
Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
Birth information	4 Date of birth (month / day / year) 05 / 16 / 1987	Country of birth INDIA	City and state or province (optional) 5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
	6a Country(ies) of citizenship INDIAN	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date H4 L9328422 09/01/2019
Other information	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States (MM/DD/YYYY): 06/25/2018		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ First name Middle name Last name		
	6g Name of college/university or company (see instructions) _____ Length of stay _____ City and state		
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.		
	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Keep a copy for your records.	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney
	Signature	Date (month / day / year)	Phone Fax
Acceptance Agent's Use ONLY	Name and title (type or print)	Name of company	EIN PTIN
			Office Code

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
 - b** Nonresident alien filing a U.S. federal tax return
 - c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
 - d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 734-61-8838
 - e** Spouse of U.S. citizen/resident alien } SRIDHAR ASAM
 - f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
 - g** Dependent/spouse of a nonresident alien holding a U.S. visa
 - h** Other (see instructions) ▶ _____
- Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name SUKAANTA	Middle name	Last name AASHAM
	1b First name	Middle name	Last name
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 10075 GATE PKWY NORTH Apt 2212		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Jacksonville FL USA 32246		
Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
Birth information	4 Date of birth (month / day / year) 05 / 09 / 2016	Country of birth INDIA	City and state or province (optional) 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	6a Country(ies) of citizenship INDIAN		
Other information	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date H4 L9328423 09/01/2019	
	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____		
	Issued by: INDIA No.: P5897098 Exp. date: 12/13/2021 Date of entry into the United States (MM/DD/YYYY): 06/25/2018		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ _____ First name Middle name Last name		
6g Name of college/university or company (see instructions) _____ City and state Length of stay _____			
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.		
	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Keep a copy for your records.	Name of delegate, if applicable (type or print) SRIDHAR ASAM	Delegate's relationship to applicant <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney	
	Signature	Date (month / day / year)	Phone Fax
Acceptance Agent's Use ONLY	Name and title (type or print)	Name of company	EIN PTIN
			Office Code

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values include SRIDHAR ASAM, BHARATHI DODDI, 734-61-8838, and 967-92-1663.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 50,085 and 2,802.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- Checkboxes for PIN authorization. Includes 'GLOBAL TAXES LLC' and PIN entry box with digits 1, 8, 8, 3, 8.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for PIN authorization. Includes 'GLOBAL TAXES LLC' and PIN entry box with digits 2, 1, 6, 6, 3.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. PIN entry box with digits 5, 8, 7, 2, 7, 8, 6, 1, 9, 8, 9.

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 11/06/2019

TAXABLE YEAR

California Electronic Funds Withdrawal Payment Signature Authorization for Individuals and Fiduciaries

FORM

2018

8879 (PMT)

Name of taxpayer, estate, or trust SRIDHAR ASAM	SSN, ITIN, or FEIN 734-61-8838
Spouse's/RDP's name or name and title of fiduciary BHARATHI DODDI	Spouse's/RDP's SSN or ITIN 967-92-1663

Part I Extension Payment Information for Taxable Year 2018

1 Electronic Funds Withdrawal (EFW) Amount 1.
 2 Withdrawal Date (mm/dd/yyyy) 04/15/2019

Part II Scheduled Estimated Tax Payments for Taxable Year 2019 These are **NOT** installments of the current amount you owe.

	First Payment	Second Payment	Third Payment	Fourth Payment
3 Amount				
4 Withdrawal Date				

Part III Banking Information for Electronic Funds Withdrawals from Parts I and II

5 Routing number 121000358
 6 Account number 325089503368
 7 Type of account: Checking Savings

Part IV Taxpayer or Fiduciary Declaration and Signature Authorization

I authorize an EFW on the date indicated on line 2 for the amount stated on line 1, plus EFWs for the estimated payments to be made on the dates indicated on line 4, for each amount stated on line 3, corresponding to the estimated payment date. The above EFWs are to be made from the bank account indicated on lines 5, 6, and 7. This authorization will remain in effect unless I contact the FTB to cancel the request. I request that the payment(s) above be deducted from the bank account on the date specified above. If this date falls on a Saturday, Sunday, or holiday, the transfer is authorized for the next business day. If the FTB cannot deduct the payment from the account because of insufficient funds or because the bank account is closed, the FTB may charge a dishonored payment penalty. I will be responsible for any overdraft fees charged by the bank. Under penalties of perjury under the laws of the State of California, I declare that I have completed this payment authorization to the best of my knowledge and belief; it is true, correct, and complete. I have selected a personal identification number (PIN) as my signature for my EFW payment request.

Taxpayer or fiduciary's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	8	8	3	8
---	---	---	---	---

 as my signature on my 2018 e-filed California EFW payment request. **ERO firm name**
 Do not enter all zeros

I will enter my PIN as my signature on my 2018 e-filed California EFW payment request. Check this box **only** if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

2	1	6	6	3
---	---	---	---	---

 as my signature on my 2018 e-filed California EFW payment request. **ERO firm name**
 Do not enter all zeros

I will enter my PIN as my signature on my 2018 e-filed California EFW payment request. Check this box **only** if you are entering your own PIN and your EFW payment request is filed using the Practitioner PIN method. The ERO must complete Part V below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Payments Only -- continue below

Part V 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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California EFW payment request for the taxpayer(s) or fiduciary indicated above. I confirm that I am submitting this EFW payment request in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 11/06/2019

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

734-61-8838 ASAM 967-92-1663
SRIDHAR ASAM
BHARATHI DODDI

18

10075 GATE PKWY NORTH APT 2212
JACKSONVILLE FL 32246

01-19-1980 05-16-1987

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

Filing Status

- 1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

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

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 1 X \$367 = 367

Your name: ASAM Your SSN or ITIN: 734-61-8838

11 Exemption amount: Add line 7 through line 10 11 \$ 603

Total Taxable Income
12 Total California wages from your Form(s) W-2, box 16 12 50085 .00
13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 13 50085 .00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 .00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 50085 .00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C. 16 .00
17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 50085 .00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions. 18 8802 .00
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 41283 .00

CA Taxable Income
31 Tax. Check the box if from: [X] Tax Table [] Tax Rate Schedule
[] FTB 3800 [] FTB 3803 31 671 .00
32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. 32 50085 .00
35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 35 41283 .00
36 CA Tax Rate. Divide line 31 by line 19. 36 0.0163
37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. 37 673 .00
38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 38 1.0000
39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions. 39 603 .00
40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... 40 70 .00
41 Tax. See instructions. Check the box if from: [] Schedule G-1 [] FTB 5870A 41 .00
42 Add line 40 and line 41 42 70 .00

Special Credits
50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. 50 .00
51 Credit for joint custody head of household. See instructions 51 .00
52 Credit for dependent parent. See instructions. 52 .00
53 Credit for senior head of household. See instructions. 53 .00
54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. 54 .00
55 Credit amount. See instructions 55 .00

Your name: Your SSN or ITIN:

Special Credits continued	58 Enter credit name <input type="text"/> code <input type="text"/> and amount... <input type="radio"/>	58	<input type="text"/>	<input type="text" value=".00"/>
	59 Enter credit name <input type="text"/> code <input type="text"/> and amount... <input type="radio"/>	59	<input type="text"/>	<input type="text" value=".00"/>
	60 To claim more than two credits. See instructions... <input type="radio"/>	60	<input type="text"/>	<input type="text" value=".00"/>
	61 Nonrefundable renter's credit. See instructions... <input type="radio"/>	61	<input type="text" value="35"/>	<input type="text" value=".00"/>
	62 Add line 50 and line 55 through 61. These are your total credits... <input checked="" type="radio"/>	62	<input type="text" value="35"/>	<input type="text" value=".00"/>
	63 Subtract line 62 from line 42. If less than zero, enter -0-... <input checked="" type="radio"/>	63	<input type="text" value="35"/>	<input type="text" value=".00"/>

Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR)... <input type="radio"/>	71	<input type="text"/>	<input type="text" value=".00"/>
	72 Mental Health Services Tax. See instructions... <input type="radio"/>	72	<input type="text"/>	<input type="text" value=".00"/>
	73 Other taxes and credit recapture. See instructions... <input type="radio"/>	73	<input type="text"/>	<input type="text" value=".00"/>
	74 Add line 63, line 71, line 72, and line 73. This is your total tax... <input type="radio"/>	74	<input type="text" value="35"/>	<input type="text" value=".00"/>

Payments	81 California income tax withheld. See instructions... <input type="radio"/>	81	<input type="text" value="2836"/>	<input type="text" value=".00"/>
	82 2018 CA estimated tax and other payments. See instructions... <input type="radio"/>	82	<input type="text" value="1"/>	<input type="text" value=".00"/>
	83 Withholding (Form 592-B and/or 593). See instructions... <input type="radio"/>	83	<input type="text"/>	<input type="text" value=".00"/>
	84 Excess SDI (or VPD) withheld. See instructions... <input type="radio"/>	84	<input type="text"/>	<input type="text" value=".00"/>
	85 Earned Income Tax Credit (EITC)... <input type="radio"/>	85	<input type="text"/>	<input type="text" value=".00"/>
	86 Add lines 81 through 85. These are your total payments. See instructions... <input checked="" type="radio"/>	86	<input type="text" value="2837"/>	<input type="text" value=".00"/>

Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86... <input checked="" type="radio"/>	101	<input type="text" value="2802"/>	<input type="text" value=".00"/>
	102 Amount of line 101 you want applied to your 2019 estimated tax... <input type="radio"/>	102	<input type="text" value="0"/>	<input type="text" value=".00"/>
	103 Overpaid tax available this year. Subtract line 102 from line 101... <input type="radio"/>	103	<input type="text" value="2802"/>	<input type="text" value=".00"/>
	104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74... <input checked="" type="radio"/>	104	<input type="text"/>	<input type="text" value=".00"/>

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions... <input type="radio"/>	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund... <input type="radio"/>	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program... <input type="radio"/>	403	<input type="text"/>	<input type="text" value=".00"/>

Your name: ASAM

Your SSN or ITIN: 734-61-8838



		Code	Amount
Contributions	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
	California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
	California Sea Otter Fund	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
	Revive the Salton Sea Fund	● 432	<input type="text"/> .00
	California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
	Special Olympics Fund	● 434	<input type="text"/> .00
	Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text"/> .00	

Your name: ASAM Your SSN or ITIN: 734-61-8838

Amount You Owe 121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. . . . 121 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties. 122 .00 123 Underpayment of estimated tax. Check the box: [] FTB 5805 attached [] FTB 5805F attached 123 .00 124 Total amount due. See instructions. Enclose, but do not staple, any payment 124 .00

Refund and Direct Deposit 125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 2802 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type [x] Checking [] Savings Routing number 121000358 Account number 325089503368 Direct deposit amount 2802 .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Type [] Checking [] Savings Routing number Account number Direct deposit amount .00

IMPORTANT: Attach a copy of your complete federal return. To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Your email address. Enter only one email address. Preferred phone number 5109363341

Sign Here

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

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703 Firm's FEIN 301017196

Joint tax return? (See instructions)

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

Print Third Party Designee's Name Telephone Number

California Adjustments — 2018 Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 5 as a supporting California schedule.

Name(s) as shown on tax return: S R I D H A R , A S A M & B H A R A T H I , D O D D I SSN or ITIN: 7 3 4 - 6 1 - 8 8 3 8

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> FL	<input checked="" type="radio"/> FL
b I was in the military and stationed in (enter two letter code)	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> 04/08/2018	<input checked="" type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> FL	<input checked="" type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence)	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 The number of days I spent in CA for any purpose was:	98	<input checked="" type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	N	N
8 Before 2018: I was a CA resident for the period of	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 50,085.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 50,085.	<input checked="" type="radio"/> 50,085.
2 Taxable interest. (a) <input checked="" type="radio"/> 2(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. (a) <input checked="" type="radio"/> 3(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input checked="" type="radio"/> 4(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Social security benefits. (a) <input checked="" type="radio"/> 5(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
Section B — Additional Income from federal Schedule 1 (Form 1040)					
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Alimony received. See instructions. 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15a Reserved 15b					
16a Reserved 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		a <input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		c _____	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	d <input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		f <input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 50,085.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 50,085.	<input type="radio"/> 50,085.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. 37	<input type="radio"/> 50,085.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 50,085.	<input type="radio"/> 50,085.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

Medical and Dental Expenses

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 50,085	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3,756	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	3,337.	<input checked="" type="radio"/>	3,337.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b				
5c	State and local personal property taxes <input checked="" type="radio"/>	5c				
5d	Add lines 5a through 5c <input checked="" type="radio"/> 3,337.	5d				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	3,337.	<input checked="" type="radio"/>	3,337.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6				
7	Add lines 5e and 6 <input checked="" type="radio"/> 3,337.	7				

Interest You Paid

8a	Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			<input checked="" type="radio"/>
8b	Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c	Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d	Reserved <input checked="" type="radio"/>	8d			
8e	Add lines 8a through 8c <input checked="" type="radio"/>	8e			<input checked="" type="radio"/>
9	Investment interest <input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10	Add lines 8e and 9 <input checked="" type="radio"/>	10		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11	Gifts by cash or check <input checked="" type="radio"/>	11		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check <input checked="" type="radio"/>	12		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year <input checked="" type="radio"/>	13		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add lines 11 through 13 <input checked="" type="radio"/>	14		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 3,337.	17		<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 0. 21 0.

22 Add lines 19 through 21. 22 0.

23 Enter amount from federal Form 1040, line 7 50,085.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 1,002.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25 0.

26 **Total Itemized Deductions.** Add line 18 and line 25. 26 0.

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 0.

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$194,504
 Head of household \$291,760
 Married/RDP filing jointly or qualifying widow(er) \$389,013
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29 29 0.

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
 Single or married/RDP filing separately. See instructions. \$4,401
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$8,802 30 8,802.

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 50,085.

2 Enter your deductions from line 30. 2 8,802.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 1.0000

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4 8,802.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 41,283.

Form at bottom of page. ■

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS FORM.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2018 FTB 3519" on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Calendar Year – File and Pay by April 15, 2019.**
Fiscal Year Filers – see instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to ftb.ca.gov/pay for more information. **Do not mail this form if you use Web Pay.**

----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

**Payment for Automatic
Extension for Individuals**

CALIFORNIA FORM

2018

3519 (PIT)

734-61-8838 ASAM 967-92-1663 18
SRIDHAR ASAM
BHARATHI DODDI

10075 GATE PKWY NORTH APT 2212
JACKSONVILLE FL 32246

Amount of payment 1.

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

Your first name and initial: SRIDHAR Last name: ASAM Your social security number: 734-61-8838

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: BHARATHI Last name: DODDI Spouse's social security number: 967-92-1663

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. 10075 GATE PKWY NORTH Apt. no. 2212 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. Jacksonville FL 32246 If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SUKAANTA	AASHAM	968-98-0753	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: _____ Date: _____ Your occupation: SOFTWARE ENGINEER

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

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: SYAM PRIYA RAM SAGAR GUPTA TALLAM Preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM PTIN: P02082703 Firm's EIN: 30-1017196 Check if: 3rd Party Designee Self-employed

Firm's name: GLOBAL TAXES LLC Phone no. (212) 920-4151

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	50,085.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	50,085.
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	50,085.
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	26,085.
11	a Tax (see inst.) 2,748. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	2,748.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	500.
13	a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	2,248.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	2,248.
16	Total tax. Add lines 13 and 14	16	7,236.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	7,236.
19	Add any amount from Schedule 5	19	4,988.
20a	Add lines 16 and 17. These are your total payments	20a	4,988.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number 3 2 5 0 8 9 5 0 3 3 6 8	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

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.

2018

Attachment Sequence No. **70**

Taxpayer name(s) shown on return SRIDHAR ASAM & BHARATHI DODDI	Taxpayer identification number 734-61-8838
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Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM	PTIN P02082703
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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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • 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. • 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► **For use by individuals who are not U.S. citizens or permanent residents.**
 ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► 734-61-8838
- e** Spouse of U.S. citizen/resident alien } SRIDHAR ASAM
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ►

Additional information for **a** and **f**: Enter treaty country ► and treaty article number ►

Name (see instructions)	1a First name BHARATHI	Middle name	Last name DODDI
	1b First name	Middle name	Last name
Name at birth if different ►			

Applicant's mailing address

2 Street address, apartment number, or rural route number. **If you have a P.O. box, see separate instructions.**
 10075 GATE PKWY NORTH Apt 2212

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
 Jacksonville FL USA 32246

Foreign (non-U.S.) address
(if different from above)
(see instructions)

3 Street address, apartment number, or rural route number. **Don't use a P.O. box number.**

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

Birth information

4 Date of birth (month / day / year) 05 / 16 / 1987

Country of birth INDIA

City and state or province (optional)

5 Male
 Female

Other information

6a Country(ies) of citizenship INDIAN

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date
 H4 L9328422 09/01/2019

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other

Issued by: INDIA No.: Z3981460 Exp. date: 12/15/2026 Date of entry into the United States (MM/DD/YYYY): 06/25/2018

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRSN ► **ITIN** **IRS** and name under which it was issued ►
 First name Middle name Last name

6g Name of college/university or company (see instructions) _____
 City and state Length of stay

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney

Acceptance Agent's Use ONLY

Signature	Date (month / day / year)	Phone	Fax
Name and title (type or print)	Name of company	EIN	PTIN
		Office Code	

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).**
- **Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.**

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
 - b** Nonresident alien filing a U.S. federal tax return
 - c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
 - d** Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ 734-61-8838
 - e** Spouse of U.S. citizen/resident alien } SRIDHAR ASAM
 - f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
 - g** Dependent/spouse of a nonresident alien holding a U.S. visa
 - h** Other (see instructions) ▶ _____
- Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1a First name SUKAANTA	Middle name	Last name AASHAM
	1b First name	Middle name	Last name
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 10075 GATE PKWY NORTH Apt 2212		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. Jacksonville FL USA 32246		
Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.		
Birth information	4 Date of birth (month / day / year) 05 / 09 / 2016	Country of birth INDIA	City and state or province (optional) 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	6a Country(ies) of citizenship INDIAN	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date H4 L9328423 09/01/2019
Other information	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____		
	Issued by: INDIA No.: P5897098 Exp. date: 12/13/2021 Date of entry into the United States (MM/DD/YYYY): 06/25/2018		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	6f Enter ITIN and/or IRSN ▶ ITIN IRSN and name under which it was issued ▶ _____ First name Middle name Last name		
Sign Here	6g Name of college/university or company (see instructions) _____ City and state Length of stay		
	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
	Name of delegate, if applicable (type or print) SRIDHAR ASAM	Delegate's relationship to applicant <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney	
Acceptance Agent's Use ONLY	Signature	Date (month / day / year)	Phone Fax
	Name and title (type or print)	Name of company	EIN Office Code
			PTIN