

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

| | |
|--|---|
| Taxpayer's name AJAY ALLADI | Social security number 393-27-1778 |
| Spouse's name HIMA MANASA ALLADI | Spouse's social security number 596-02-4941 |

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

| | | |
|--|----------|----------------|
| 1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) | 1 | 16,181. |
| 2 Total tax (Form 1040, line 15; Form 1040NR, line 61) | 2 | 0. |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) | 3 | 2,712. |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 2,712. |
| 5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) | 5 | |

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

7 1 7 7 8

Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2018 electronically filed income tax return.

2 4 9 4 1

Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 8 7 2 7 8 1 2 3 4 5

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and initial: **AJAY** Last name: **ALLADI** Your social security number: **393-27-1778**

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: **HIMA MANASA** Last name: **ALLADI** Spouse's social security number: **596-02-4941**

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. **6463, TRANQUILLO** Apt. no. **1076** 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. **IRVING TX 75039** 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 |
| JATHIN | ALLADI | | Son | <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: **PROGRAMME MANAGER**

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: **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 | 16,181. |
| 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 | 16,181. |
| 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 | 16,181. |
| 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 | 0. |
| 11 | a Tax (see inst.) <u>0.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 | 0. |
| | b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 | 0. |
| 12 | a Child tax credit/credit for other dependents <u>0.</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 13 | 0. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 14 | 0. |
| 14 | Other taxes. Attach Schedule 4 | 15 | 0. |
| 15 | Total tax. Add lines 13 and 14 | 16 | 2,712. |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 17 | |
| 17 | Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 _____ c Form 8863 _____ | 18 | 2,712. |
| | Add any amount from Schedule 5 _____ | 19 | 2,712. |
| 18 | Add lines 16 and 17. These are your total payments | 20a | 2,712. |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 21 | |
| 20a | Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 22 | |
| ▶ b | Routing number <u>1 1 1 0 0 0 0 2 5</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | 23 | |
| ▶ d | Account number <u>4 8 8 0 5 6 4 8 9 2 5 5</u> | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax | | |
| Amount You Owe | 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions | | |
| 23 | Estimated tax penalty (see instructions) | | |

Paid Preparer's Due Diligence Checklist
 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
 ▶ To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
 ▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

| | |
|--|--|
| Taxpayer name(s) shown on return AJAY & HIMA MANASA ALLADI | Taxpayer identification number 393-27-1778 |
| Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANIKUMAR P02090332 | |

Part I Due Diligence Requirements

| Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply). | EIC | CTC/ ACTC/ODC | AOTC | HOH |
|---|---|-------------------------------------|--------------------------|--------------------------|
| | <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. <ul style="list-style-type: none"> • 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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 |
|---|---|

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) ▶ 393-27-1778
- e** Spouse of U.S. citizen/resident alien } AJAY ALLADI
- 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 JATHIN | Middle name | Last name ALLADI |
| | 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. 6463, TRANQUILO Apt 1076 | | |
| | City or town, state or province, and country. Include ZIP code or postal code where appropriate. IRVING TX USA 75039 | | |

| | | | |
|--|---|--|--|
| 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) 11 / 21 / 2009 | Country of birth INDIA | City and state or province (optional) | 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
|--------------------------|---|---------------------------|---------------------------------------|--|

| | | | | |
|---|---|--|---|--|
| Other information | 6a Country(ies) of citizenship INDIA | 6b Foreign tax I.D. number (if any) | 6c Type of U.S. visa (if any), number, and expiration date L2 N5086559 07/15/2021 | |
| | 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.: S0959160 Exp. date: 10/04/2023 Date of entry into the United States (MM/DD/YYYY): 10/14/2018 | | | |
| | 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 |
| | Name of delegate, if applicable (type or print) AJAY ALLADI | 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 Office Code |