

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) ▶ 5872782019033018mdnp

Taxpayer's name SNEHA KHULLAR	Social security number 752-56-6623
Spouse's name PANKAJ BATRA	Spouse's social security number 365-49-6369

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	116,954.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	10,334.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	11,541.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,207.
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.

6 6 6 2 3
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.

9 6 3 6 9
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 6 1 9 8 9
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

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

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

752-56-6623

Taxpayer name SNEHA KHULLAR & PANKAJ BATRA

Taxpayer address (optional)

321 FAIRMOUNT AVE APT 31

JERSEY CITY NJ 07306

1. Your federal income tax return for 2018 was filed electronically with the Philadelphia Submission Processing Center. The electronic filing services were provided by GLOBAL TAXES LLC.
2. Your return was accepted on 02/02/2019 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5872782019033018mdnp.
3. Your return was accepted on _____ Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

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

If You Need to Make a Change to Your Return

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

If You Need to Ask About Your Refund

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

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

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

If You Owe Tax

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

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

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

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

Tax Refund Related Financial Products

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

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

Your first name and initial: **SNEHA** Last name: **KHULLAR** Your social security number: **752-56-6623**

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: **PANKAJ** Last name: **BATRA** Spouse's social security number: **365-49-6369**

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. **321 FAIRMOUNT AVE** Apt. no. **31** 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. **JERSEY CITY NJ 07306** 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
RIAN	BATRA	095-51-4760	Son	<input checked="" 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.

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	
		SOFTWARE ENGINEER	

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	125,454.
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 -8,500.	6	116,954.
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	116,954.
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	92,954.
11	a Tax (see inst.) 12,334. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	12,334.
12	b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	12	2,000.
13	a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	13	10,334.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	10,334.
16	Total tax. Add lines 13 and 14	16	11,541.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	18	11,541.
19	Add any amount from Schedule 5	19	1,207.
20a	Add lines 16 and 17. These are your total payments	20a	1,207.
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	▶ b Routing number 1 0 2 0 0 1 0 1 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	▶ d Account number 7 3 6 5 5 2 7 0 9	24	
25	Amount of line 19 you want applied to your 2019 estimated tax ▶ 25	25	
26	Amount You Owe 26 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 26	26	
27	27 Estimated tax penalty (see instructions) ▶ 27	27	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SNEHA KHULLAR & PANKAJ BATRA

Your social security number

752-56-6623

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-8,500.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-8,500.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

SNEHA KHULLAR & PANKAJ BATRA

Your social security number

752-56-6623

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	5		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		9,000.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		9,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-8,500.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-8,500.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		9,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(8,500.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26				-8,500.

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 SNEHA KHULLAR & PANKAJ BATRA	Taxpayer identification number 752-56-6623
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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. <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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	

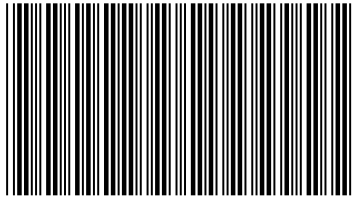
Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	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
---	---



040MP01180

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
752566623

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
KHULLAR SNEHA & BATRA PANKAJ

Spouse's/CU Partner's SSN (if filing jointly)
365496369

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
321 FAIRMOUNT AVE APT 31

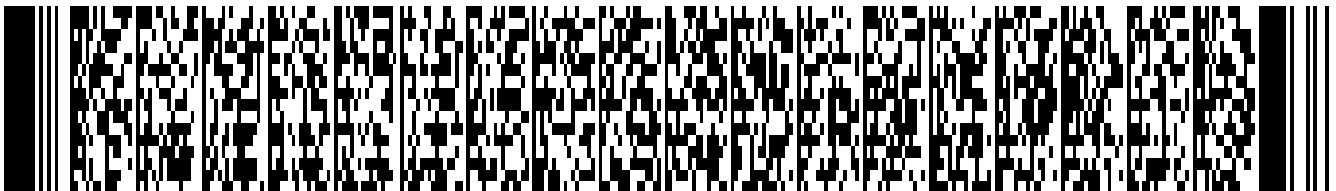
City, Town, Post Office State ZIP Code
JERSEY CITY NJ 07306

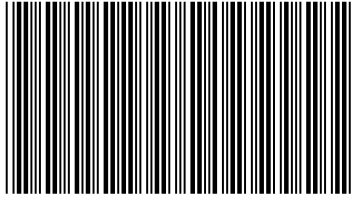
Driver's License Number (Voluntary) (Instructions page 42)
s5904267005388

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		102001017
dd5. Account number	dd5.		736552709





040MP02180

Name(s) as shown on Form NJ-1040

KHULLAR SNEHA & BATRA PANKAJ

Your Social Security Number

752566623

1030

Part-year residents, provide months/days you were a New Jersey resident during 2018:

From: To:

Fiscal year filers only:

Enter month of your year end 2019

Filing Status

Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household Enter Spouse's/CU partner's SSN
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

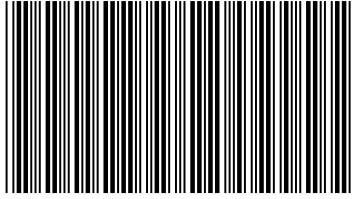
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	<u>2000</u>
7. Senior 65+ (Born in 1953 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children						1	x \$1,500 =	<u>1500</u>
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	<u>3500</u>

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>BATRA, RIAN</u>	<u>095-51-4760</u>	<u>2018</u>	
b.	_____	_____	_____	
c.	_____	_____	_____	
d.	_____	_____	_____	



040MP03180

Name(s) as shown on Form NJ-1040

KHULLAR SNEHA & BATRA PANKAJ

Your Social Security Number

752566623

1030

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	90940	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	90940	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	.	.
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	90940	.
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	3500	.
31. Medical Expenses (Worksheet F and instructions page 24)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	.	.
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	3500	.
37. Taxable Income (Subtract Line 36 from Line 29)	37.	87440	.
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	2160	.
38b. Block	.	.	.
38b. Lot	.	.	.
38b. Qualifier	.	.	.
38c. County/Municipality Code	.	.	.
Fill in if you completed Worksheet G	.	.	.
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.	.
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	87440	.
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	2055	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	2055	.
Enter Code	99	.	.
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	0	.
44. Child and Dependent Care Credit (See instructions)	44.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit	.	.	.
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	0	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	0	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.	.
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	.	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	.	.
Fill in if Form NJ-2210 is enclosed	.	.	.
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	0	.



Name(s) as shown on Form NJ-1040
KHULLAR SNEHA & BATRA PANKAJ

Your Social Security Number
752566623

1030

53. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	3906 .
54. Property Tax Credit (See instructions page 25)	54.	50 .
55. New Jersey Estimated Tax Payments/Credit from 2017 tax return	55.	. .
56. New Jersey Earned Income Tax Credit (See instructions)	56.	. .
Fill in if you had the IRS calculate your federal earned income credit		
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit		
57. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	57.	. .
58. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	58.	. .
59. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	. .
60. Wounded Warrior Caregivers Credit (See instructions)	60.	. .
61. Total Withholdings, Credits, and Payments (Add Lines 53 through 60)	61.	3956 .
62. If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe If you owe tax, you can still make a donation on Lines 65 through 72.	62.	. .
63. If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment	63.	3956 .
64. Amount from Line 63 you want to credit to your 2019 tax	64.	. .
65. Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	65. . .
66. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	66. . .
67. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	67. . .
68. Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	68. . .
69. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	69. . .
70. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	70. . .
71. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71. . .
72. Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72. . .
73. Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)	73.	. .
74. Balance due (If Line 62 is more than zero, add Line 62 and Line 73)	74.	. .
75. Refund amount (If Line 63 is more than zero, subtract Line 73 from Line 63)	75.	3956 .

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No
 If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No
 This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return. You Yes No
 Spouse/CU Partner Yes No
 Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date _____
Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM **P02082703**

Firm's Name Federal Employer Identification Number

GLOBAL TAXES LLC **30-1017196**

Tax Due Address
 Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 111
 Trenton, NJ 08645-0111
 Include Social Security number and make check or money order payable to:
 State of New Jersey - TGI
 You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
 Use the labels provided with the envelope and mail to:
 New Jersey Division of Taxation
 Revenue Processing Center
 PO Box 555
 Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 KHULLAR, SNEHA & BATRA, PANKAJ	Social Security Number 752-56-6623
--	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2018

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 18, NJ-1040. If loss, make no entry on Line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21, NJ-1040. If loss, make no entry on Line 21.)		4.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, NJ-1040. If loss, make no entry on Line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	KUKATPALLY	752566623	1	-8,500.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, NJ-1040. If loss, make no entry on Line 23.)			4. -8,500.

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040 KHULLAR, SNEHA & BATRA, PANKAJ	Social Security Number 752-56-6623
--	---------------------------------------

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2018**
(Form NJ-1040) Alternative Business Calculation Adjustment

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-8,500.		
5.	Loss Carryforward From Tax Year 2017			5b.	()		
6.	Totals	6a.	0.	6b.	-8,500.		
PART II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus Line 8)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III Loss Carryforward to Tax Year 2019							
12.	Loss Carryforward to Tax Year 2019	12.	(8,500.)		

Instructions

- Line 1a. Enter the amount from Line 18 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 21 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 22 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 23 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 35 of Form NJ-1040.
- Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

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provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
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Need help?



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- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149
 Personal Income Tax Information Center: 518-457-5181
 To order forms and publications: 518-457-5431
 Text Telephone (TTY) or TDD equipment users: Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2019; June 17, 2019; September 16, 2019; and January 15, 2020. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2019 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	862	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	862	.00

STOP: Pay this electronically on our website



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New York State • New York City • Yonkers • MCTMT

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Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	862	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	862	.00

STOP: Pay this electronically on our website



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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2019; June 17, 2019; September 16, 2019; and January 15, 2020. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2019 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 752566623	Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	862	.00
Taxpayer's first name and middle initial SNEHA	Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31	Yonkers		.00
City, village, or post office JERSEY CITY	State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM			Total payment	862	.00

STOP: Pay this electronically on our website



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149
 Personal Income Tax Information Center: 518-457-5181
 To order forms and publications: 518-457-5431
 Text Telephone (TTY) or TDD equipment users: Dial 7-1-1 for the New York Relay Service

◀ Detach (cut) here ▶



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New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 15, 2019; June 17, 2019; September 16, 2019; and January 15, 2020. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2019 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	861	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	861	.00

STOP: Pay this electronically on our website



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your social security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

REV 10/18/18 PRO

Payment Voucher for Income Tax Returns



IT-201-V

(12/18)

Tax year (yyyy) 2018	Make your check or money order payable in U.S. funds to New York State Income Tax . Be sure to write the last four digits of your SSN, the tax year, and Income Tax on your payment.		
Your first name and middle initial SNEHA	Your last name (for a joint return, enter spouse's name on line below) KHULLAR	Your full SSN 752566623	
Spouse's first name and middle initial PANKAJ	Spouse's last name BATRA	Spouse's full SSN (only if filing a joint return) 365496369	
Mailing address 321 FAIRMOUNT AVE		Apartment number 31	Country (if not United States)
City, village or post office JERSEY CITY	State NJ	ZIP code 07306	

E-mail: SNEHAKHULLAR4@GMAIL.COM

Payment amount

Dollars 3447 Cents 00

040001183555



For office use only

0401183555 752566623 4



New York State E-File Signature Authorization for Tax Year 2018
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: SNEHA KHULLAR

Spouse's name: PANKAJ BATRA
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Visit our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105.

Part A - Tax return information

- 1 Federal adjusted gross income (from applicable line) 1. 116954.
2 Refund 2.
3 Amount you owe 3. 3447.
4 Financial institution routing number 4.
5 Financial institution account number 5.
6 Account type: Personal checking Personal savings Business checking Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2018 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2018 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2018 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2018 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: SYAM PRIYA RAM SAGAR GUPTA TALLAM



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2018, through December 31, 2018, or fiscal year beginning **18**
and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SNEHA		Your last name (for a joint return, enter spouse's name on line below) KHULLAR		Your date of birth (mmddyyyy) 03151988	Your social security number 752566623
Spouse's first name and middle initial PANKAJ		Spouse's last name BATRA		Spouse's date of birth (mmddyyyy) 10211987	Spouse's social security number 365496369
Mailing address (see instructions, page 14) (number and street or PO box) 321 FAIRMOUNT AVE				Apartment number 31	New York State county of residence NR
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State		ZIP code		Country (if not United States)	
				Decedent information	Taxpayer's date of death
				Spouse's date of death	

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

- (1) Number of months you lived in NY City in 2018
- (2) Number of months your spouse lived in NY City in 2018

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
 - 2) Lived outside NYS; received income from NYS sources during nonresident period
 - 3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2018? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
RIAN	BATRA	SON	095514760	06122018

If more than 6 dependents, mark an X in the box.



203001183555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
752566623

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	125454 .00	1	90454 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	-8500 .00	11	.00
12	Rental real estate included in line 11 (federal amount) 12 -8500 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	116954 .00	17	90454 .00
18	Total federal adjustments to income (see page 23) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	116954 .00	19	90454 .00

New York additions (see page 25)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	116954 .00	23	90454 .00

New York subtractions (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	116954 .00	31	90454 .00

32 Enter the amount from line 31, **Federal amount** column **32** 116954 .00

Standard deduction or itemized deduction (see page 28)

33	Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-196). Mark an X in the appropriate box: ... <input checked="" type="checkbox"/> Standard – or – <input type="checkbox"/> Itemized	33	16050 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	100904 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	1 000.00
36	New York taxable income (subtract line 35 from line 34)	36	99904 .00

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Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	99904.00
38 New York State tax on line 37 amount (see page 29)	38	5812.00
39 New York State household credit (page 29, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	5812.00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	5812.00
43 New York State earned income credit (see page 30)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	5812.00
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45 Income percentage (see page 30) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	4495.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	4495.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	4495.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0.00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00	57o Veterans' Homes	57o	.00
57b Missing/Exploited Children	57b	.00	57p Love Your Library Fund	57p	.00
57c Breast Cancer Research	57c	.00	57q Lupus Fund	57q	.00
57d Alzheimer's Fund	57d	.00	57r Military Family Fund	57r	.00
57e Olympic Fund (\$2 or \$4)	57e	.00	57s CUNY Fund	57s	.00
57f Prostate Cancer	57f	.00			
57g 9/11 Memorial	57g	.00			
57h Volunteer Firefighting	57h	.00			
57i Teen Health Education	57i	.00			
57j Veterans Remembrance	57j	.00			
57k Homeless Veterans	57k	.00			
57l Mental Illness Anti-Stigma	57l	.00			
57m Women's Cancers Fund	57m	.00			
57n Autism Fund	57n	.00			



57 Total voluntary contributions (add lines 57a through 57s)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	4495.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
752566623

59 Enter amount from line 58 **59** 4495 .00

Payments and refundable credits (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.
60a NYC school tax credit (rate reduction amount)	60a	.00	
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62 Total New York State tax withheld	62	1048 .00	
63 Total New York City tax withheld	63	.00	
64 Total Yonkers tax withheld	64	.00	
65 Total estimated tax payments/amount paid with Form IT-370	65	.00	
66 Total payments and refundable credits (add lines 60 through 65)	66	1048 .00	

Your refund, amount you owe, and account information (see pages 37 through 39)

67 Amount overpaid (see instructions)	67	.00
68 Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.
See page 38 for payment options.

69 Amount of line 67 that you want applied to your 2019 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.....	70	3447 .00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 38)	71	.00
72 Other penalties and interest (see page 38)	72	.00

See page 41 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 39).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 39)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 39) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code 0 9
Preparer's signature SYAM PRIYA RAM SAGAR GUP		Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041		Employer identification number 301017196	
E-mail: SYAM@GTAXFILE.COM		Date 11052019	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return) SOFTWARE ENGINEER	
Date	Daytime phone number ()
E-mail: SNEHAKHULLAR4@GMAIL.COM	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

752566623

Box b Employer identification number (EIN)

453730191

Box c Employer's information

Employer's name			
JSM CONSULTING INC			
Employer's address (number and street)			
65 STATION ROAD			
City	State	ZIP code	Country (if not United States)
CRANBURY	NJ	08512	

Box 1 Wages, tips, other compensation

90454.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

30.00

Description

FLI

Box 14b Amount

64.00

Description

NJDI

Box 14c Amount

143.00

Description

UIWFSWF

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State **N|Y**

Box 16a NYS wages, tips, etc.

90454.00

Box 17a NYS income tax withheld

1048.00

Other state information:

Box 15b other state **N|J**

Box 16b Other state wages, tips, etc. 90940.00

Box 17b Other state income tax withheld 3906.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

365496369

Box b Employer identification number (EIN)

811036643

Box c Employer's information

Employer's name			
VERACITY SOFT WARE INC			
Employer's address (number and street)			
1 AUSTIN AVENUE FIRST FLOOR			
City	State	ZIP code	Country (if not United States)
ISELIN	NJ	08830	

Box 1 Wages, tips, other compensation

35000.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State **N|Y**

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state **O|H**

Box 16b Other state wages, tips, etc. 35000.00

Box 17b Other state income tax withheld 1263.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

102001183555



**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

SNEHA KHULLAR & PANKAJ BATRA

Your social security number

752-56-6623

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

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	5		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		500.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		9,000.		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		9,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-8,500.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-8,500.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		500.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		9,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(8,500.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26				-8,500.

Do not staple or paper clip. 0033



Department of Taxation Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



11 05 19

Use only black ink and UPPERCASE letters.

18000133 Sequence No. 1

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 752 56 6623 If deceased Spouse's SSN (if filing jointly) 365 49 6369 If deceased Enter school district # for this return (see instructions). SD# 9999

First name SNEHA M.I. Last name KHULLAR Spouse's first name (only if married filing jointly) PANKAJ M.I. Last name BATRA

Address line 1 (number and street) or P.O. Box 321 FAIRMOUNT AVE

Address line 2 (apartment number, suite number, etc.) APT 31

City JERSEY CITY State NJ ZIP code 07306 Ohio county (first four letters) FRAN

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident X Nonresident Indicate state NJ

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident X Nonresident Indicate state OH

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er) X Married filing jointly Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Ohio Political Party Fund

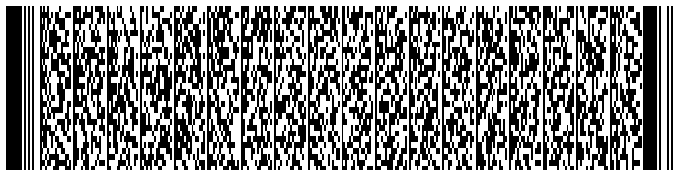
Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.

Do not staple or paper clip.



Postmark date Code



0033
 Department of
 Taxation
 Rev. 11/18

2018 Ohio IT 1040 Individual Income Tax Return



SSN 752 56 6623

18000233 Sequence No. 2

7a. Amount from line 7 on page 1.....	7a.	111404	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	3461	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE).....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b).....	8c.	3461	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE).....	9.	2477	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	984	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> 12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	984	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	14.	1263	00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return.....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE).....	16.		00
17. Amended return only – amount previously paid with original and/or amended return.....	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	1263	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero.....	20.	1263	00

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	23.		00
24. Overpayment (line 20 minus line 13).....	24.	279	00
25. Original return only – amount of line 24 to be credited toward 2019 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. Breast / cervical cancer	b. Wishes for Sick Children	c. Wildlife species	
00	00	00	
d. Military injury relief	e. Ohio History Fund	f. State nature preserves	
00	00	00	
		Total...26g.	00
27. REFUND (line 24 minus lines 25 and 26g).....	27.		279 00

<p>Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number _____</p> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u></p> <p>Phone number <u>(212) 920-4151</u> Preparer's TIN (PTIN) <u>PP02082703</u></p>	<p>If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p>
	<p>NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>



2018 Ohio Schedule of Credits

Nonrefundable and Refundable



11 05 19

SSN of primary filer
752 56 6623

Nonrefundable Credits

Do not staple or paper clip.

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	3461 00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	00
7. Displaced worker training credit (see instructions for all required documentation).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	0 00
10. Total (add lines 2 through 9)	10.	0 00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero).....	11.	3461 00
12. Joint filing credit (see instructions for table). <u>5</u> % times the amount on line 11.....	12.	173 00
13. Earned income credit	13.	00
14. Ohio adoption credit.....	14.	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.	00
17. Credit for purchases of grape production property	17.	00
18. InvestOhio credit (include a copy of the credit certificate)	18.	00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.	00
21. Research and development credit (include a copy of the credit certificate)	21.	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.	00
23. Total (add lines 12 through 22)	23.	173 00
24. Tax less additional credits (line 11 minus line 23; if less than zero, enter zero).....	24.	3288 00





2018 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

752 56 6623



18280233

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)			25. 81954 00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			26. 116954 00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit			27. .7007 2304 00

Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident			28. 00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)			29. 00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here			30. 00
31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia			31. 00
32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax			32. 00
33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..			33. 2477 00

Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate)			34. 00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ..			35. 00
36. Pass-through entity credit (include a copy of the Ohio IT K-1s)			36. 00
37. Motion picture production credit (include a copy of the credit certificate)			37. 00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)			38. 00
39. Venture capital credit (include a copy of the credit certificate)			39. 00
40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)			40. 00



Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



18230133

Sequence No. 9

11 05 19

Tax Year
2018

SSN of primary filer (required)
752 56 6623

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

- | | | |
|---|---|---|
| 1. Dependent's SSN (required)
095 51 4760
Dependent's first name (required)
RIAN | Dependent's date of birth (MM DD YYYY - Required)
06 12 2018
M.I. Dependent's Last name (required)
BATRA | Dependent's relationship to you (required)
SON |
| 2. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 3. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 4. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 5. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 6. Dependent's SSN (required)

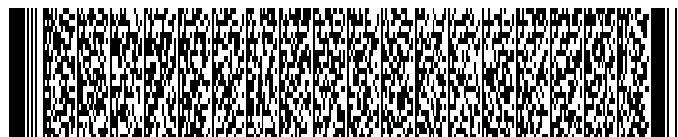
Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 7. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |

Do not staple or paper clip.



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

Your first name and initial: SNEHA Last name: KHULLAR Your social security number: 752-56-6623

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: PANKAJ Last name: BATRA Spouse's social security number: 365-49-6369

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: 321 FAIRMOUNT AVE Apt. no.: 31 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: JERSEY CITY NJ 07306 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
RIAN	BATRA	095-51-4760	Son	<input checked="" 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	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	
		SOFTWARE ENGINEER	

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	125,454.
2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
5a Social security benefits	5a	5b Taxable amount	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-8,500.	6	116,954.
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	116,954.
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	92,954.
11 a Tax (see inst.) 12,334. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	12,334.
b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>		12	2,000.
12 a Child tax credit/credit for other dependents 2,000. b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>		13	10,334.
13 Subtract line 12 from line 11. If zero or less, enter -0-		14	0.
14 Other taxes. Attach Schedule 4		15	10,334.
15 Total tax. Add lines 13 and 14		16	11,541.
16 Federal income tax withheld from Forms W-2 and 1099		17	
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863		18	11,541.
Add any amount from Schedule 5		19	1,207.
18 Add lines 16 and 17. These are your total payments		20a	1,207.
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 1 0 2 0 0 1 0 1 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
▶ d Account number 7 3 6 5 5 2 7 0 9			
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			

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

Standard Deduction for—

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

Direct deposit? See instructions.

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

SNEHA KHULLAR & PANKAJ BATRA

Your social security number

752-56-6623

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-8,500.
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-8,500.	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018