Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service ► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) 587278201904701damgg			
Taxpayer's name	Social security number	er	
VENKATESH KAKOLU	696-98-1881		
Spouse's name	Spouse's social secur	rity number	
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	114,127.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		2	18,800.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, lin		3	22,627.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 104		4	3,827.
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		5	3,02
Part II Taxpayer Declaration and Signature Authorization (Be	sure you get and keep a co	py of yo	our return)
in Part I above are the amounts from my electronic income tax return. I consent to allow originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowled reason for any delay in processing the return or refund, and (c) the date of any refund. If a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be receidate. I also authorize the financial institutions involved in the processing of the electronic answer inquiries and resolve issues related to the payment. I further acknowledge that the electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	Igement of receipt or reason for reject applicable, I authorize the U.S. Treasu itution account indicated in the tax proal institution to debit the entry to this a sauthorization. To revoke (cancel) a paived no later than 2 business days propayment of taxes to receive confide	ion of the t ry and its c eparation so ccount. Thi ayment, I may ior to the p ential inforn	ransmission, (b) the designated Financial oftware for payment is authorization is to ust contact the U.S. ayment (settlement) nation necessary to
Taxpayer's PIN: check one box only	Г		
▼ I authorize GLOBAL TAXES LLC	to enter or generate my PIN	8 1 8	8 1
ERO firm name		nter five dig	gits, but
as my signature on my tax year 2018 electronically filed income tax	return.	on't enter a	ill zeros
I will enter my PIN as my signature on my tax year 2018 electronica entering your own PIN and your return is filed using the Practitioner			
Your signature ►	Date		
Spouse's PIN: check one box only	Г		
☐ I authorize	to enter or generate my PIN		
ERO firm name		nter five dig	
as my signature on my tax year 2018 electronically filed income tax	return.	on't enter a	III zeros
I will enter my PIN as my signature on my tax year 2018 electronica entering your own PIN and your return is filed using the Practitioner			
Spouse's signature ▶	Date ▶		
Practitioner PIN Method Returns On	lv—continue below		
Part III Certification and Authentication — Practitioner PIN Me			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sel		8 1 enter all zero	2 3 4 5 os
I certify that the above numeric entry is my PIN, which is my signature for the taxpayer(s) indicated above. I confirm that I am submitting this return in method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Indiv	accordance with the requireme	filed incor nts of the	me tax return for Practitioner PIN
ERO's signature ▶	Date ▶		
ERO Must Retain This Form — S Don't Submit This Form to the IRS Unles			

Form **9325**

Department of the Treasury - Internal Revenue Service

(January 2017)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank y	ou for participating in IRS <i>e-file.</i> 696-98-1881		
Taxpaye	name VENKATESH KAKOLU		
Taxpaye	address (optional)		
6516 P	ARK SOUTH DR		
CHARLO'	TTE NC 28210		
1. 🔀	Your federal income tax return for2018		
	Submission Processing Center. The electronic filing	services were provided byGL	OBAL TAXES LLC
2. 🗶	Your return was accepted on 02/16/2019 us signature. You entered a PIN or authorized the Elector you. The Submission ID assigned to your return	ctronic Return Originator (ERO) to	
3.	Your return was accepted on	Allow 4 to 6 weeks for the p	rocessing of your return.
	The Earned Income Credit or a dependent's exemption child's name and social security number mismatch.	•	d or disallowed due to a
4.	Your electronic funds withdrawal payment request	was accepted for processing.	
5.	Your electronic funds withdrawal payment request Tax" section.	was not accepted for processing. F	Refer to the "If You Owe
6.	Your Form 4868, Application for Automatic Extension accepted on The Suits		

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 <code>www.irs.gov</code> 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.

BAA REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

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.

Catalog Number 12901K BAA www.irs.gov REV 10/17/18 PRO Form **9325** (Rev. 1-2017)

_								,			
Filing status:	X	Single Married filing jointly	Mar	ried filing s	separately	Head of household	Qualifying wido	v(er)			
Your first name	and ini	tial	ı	Last name	Э			Y	our soc	ial securi	ty number
VENKATES	Н]	KAKOL	U			6	96-9	8-188	1
Your standard d	educti	on: Someone can claim you	ı as a de	ependent	You were	born before January	/ 2, 1954 Y	ou are b	olind		
If joint return, sp	ouse's	first name and initial	1	Last name	Э			S	pouse's	social sec	curity number
Spouse standard	deducti	on: Someone can claim your	spouse a	as a depe	ndent Sp	oouse was born befo	re January 2, 1954	>			care coverage
Spouse is bli	nd	Spouse itemizes on a sepa	rate retu	rn or you v	were dual-status	alien			or exe	mpt (see ir	nst.)
Home address (numbe	r and street). If you have a P.O. bo	x, see ir	nstructions	S.		Apt. no			al Election	Campaign
6516 PAR								(\$	see inst.)	Yo	u Spouse
-		e, state, and ZIP code. If you have	a foreig	ın address	s, attach Schedu	le 6.					ependents,
CHARLOTT										and 🗸 her	
Dependents (see in	,		(2) Soc	cial security number	(3) Relationship	-			for (see inst	
(1) First name		Last name					Cilila	tax credi		Jean 101 on	her dependents
								<u> </u>	-+		
									-+		
									-+		┽──
Cian	Inder n	enalties of perjury, I declare that I have	evamined	this return	and accompanying	schedules and stateme	nts, and to the hest of n	v knowle	l	helief thev:	are true
		and complete. Declaration of preparer (1y 1010W1	Jago ana i	Jones, triey t	aro truo,
Joint return?	Y	our signature			Date	Your occupation			e IRS sent	t you an Ide	entity Protection
See instructions.	L _					SENIOR ENG	INEER	here	(see inst.)		
Keep a copy for your records.	SI	oouse's signature. If a joint return,	both mu	ust sign.	Date	Spouse's occupation	on		e IRS sent , enter it	t you an Ide	entity Protection
your records.							T	here	(see inst.)		
Paid		eparer's name	Prepare	er's signat	cure		PTIN	Firm's	; EIN	Check i	
Preparer	_	ANA RUPA VENKATA SATYA SAI MANIKUMAR					P02090332			+ =	Party Designee
Use Only		rm's name ► GLOBAL TAX					Phone no.			Self	f-employed
		rm's address ► 2530 Pebb.				-					1010
For Disclosure, F	Privac	Act, and Paperwork Reduction	Act No	tice, see :	separate instru	ctions.				Form	n 1040 (2018
Form 1040 (2018)											Page 2
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .				1	\top	11	14,127.
	2a	Tax-exempt interest	2a			b Taxable	interest	2b	, —		
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a			b Ordinary		3b			
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities .	4a			b Taxable		4b			
withheld.	5a	Social security benefits	5a			b Taxable	amount	5b			
	6	Total income. Add lines 1 through 5. A	Add any a	mount from	Schedule 1, line 2	2		6		11	14,127.
	7	Adjusted gross income. If you I		•		enter the amount fro	om line 6; otherwise			11	1 1 1 2 7
Standard Deduction for—	<i></i>	subtract Schedule 1, line 36, from			· · · · ·			8	+		<u>14,127.</u> 12,000.
Single or married	9	Standard deduction or itemized Qualified business income deduction		,	•			9	+-		12,000.
filing separately, \$12,000	10	Taxable income. Subtract lines 8	•		*			10	+	10	02,127.
Married filing jointly or Qualifying		a Tax (see inst.) 18,800. (chec		_	_	2 Form 4972 3		1 10	+		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
widow(er),	ļ.,	b Add any amount from Schedul	,	_	_	2 101111 4072 0] [′]		7	18,800.
\$24,000 • Head of	12	a Child tax credit/credit for other depe		0.1001.110.		y amount from Schedule		12			10,000.
household, \$18,000	13	Subtract line 12 from line 11. If z	_	ss. enter -				13			18,800.
If you checked	14	Other taxes. Attach Schedule 4						14			0.
any box under Standard	15	Total tax. Add lines 13 and 14						15	,		18,800.
deduction, see instructions.	16	Federal income tax withheld from	n Forms	W-2 and	1099			16			22,627.
See manuchons.	17	Refundable credits: a EIC (see inst	.) No		b Sch. 8812	c Forr	n 8863				
		Add any amount from Schedule	5					17			
	18	Add lines 16 and 17. These are y	our total	l payment	s	<u> </u>		18			22,627.
Refund	19	If line 18 is more than line 15, su	btract lin	e 15 from	line 18. This is t	he amount you over	paid	19			3,827.
	20a	Amount of line 19 you want refu	nded to	you. If Fo	rm 8888 is attac	hed, check here .	🕨 🗀	208	1		3,827.
Direct deposit? See instructions.	►b	Routing number 0 5 3	0	0 0 2	1 9 6 ▶	c Type: X Check	ing Savings				
CCO MONGOLIONO.	►d	Account number 2 3 7	0	3 6 !	5 5 2 8	1 6					
	21	Amount of line 19 you want applie	d to you	r 2019 est	imated tax .	. ▶ 21			4		
Amount You Owe	22	Amount you owe. Subtract line		line 15. Fo	or details on how	· 1	ons	22			
	22	Estimated tax papalty (see instru	ctions)			▶ 00					

	le A	Il Pages	s of Yo			2018					come T Departmer					
For ca VENK 6516	Alend (AT:		2018, (or fiscal y K I DR	vear be AKOI ALAM	ΣŪ			18	а	nd ending Your S Spouse's S	SSN: 6969	81881		Amend e you a veteran? your spouse a vete	led Return Yes No X eran?
	you a	a residen	nt of N.	Gle C. for the ent for th	entire	-	Jointly	3. <u>Yes</u>		d Filing Se	Return fo	4. Head of Head of Head or deceased	taxpay	er.	5. Qualifying Wido Year spouse of Date of death: Date of death:	died: :
your o	verp Fun	d, enter	to the the an	Fund. To nount of y	make our de	a contribesignation	oution, on Pa	enclose age 2, l	Form ine 31	NC-EDU . (See i	J and your pay instructions fo	yment of S or information	about	0. the Fu	To designate y und.)	ing some or all of our overpayment
		-									ountry on Apr t-Appointed P				resident.	
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														NC	28210	
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10B				0			21A				0	29			0	
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14			105	377			26A				0	34			590	
15			5'	795			26B				0					
ΓN		21938	860	155			PN					PP		P02	090332	
		eturn B		X X Wledge, this		ınd Du		ete.	59		Payment		lina Den		0 t of Revenue to di	scuss this return and
. 55.019 11	٠٠٠, ١٠٠	2001 01	,				55111611		Louise	N HOLD II	you audionize li	iic ivoitii Calu	ma Deb	ar tirii Cili	t of Itevenue to us	Jouan una iciuiil di

Sign Return Below	Refund Due	590 Payment Due	C	
I certify that, to the best of my knowledge, th	nis return is accurate and complete.	Check here if you authorize the North Carolina attachments with the paid preparer below.	Department	of Revenue to discuss this return and
				2193860155
Your Signature:	Date	Spouse's Signature (If filing joint return, both must sign.)	Date	Contact Phone No. (Include area code)
PAID PREPARER USE ONLY If prepared	d by a person other than taxpayer, th	nis certification is based on all information of which the prepared	r has any knowl	edge.
PAID PREPARER USE ONLY If prepared	d by a person other than taxpayer, th	his certification is based on all information of which the prepared	r has any knowl	P02090332

If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

Last Name (First 10 Characters) KAKOLU Your Social Security Number 696981881 **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 114127 6. 7. Additions to Federal Adjusted Gross Income 7. 0 Add Lines 6 and 7 8. 8. 114127 9. Deductions from Federal Adjusted Gross Income 9. 0 Child Deduction 10. a. Enter the number of dependent children for whom you were allowed a federal child tax credit. 10a. 0 b. Enter the amount of the child deduction. 10b. N.C. Standard Deduction 11. 11. Υ 11. N.C. Itemized Deduction 11. Ν 11. 11. 8750 Deduction amount Add Lines 9, 10b, and 11. Subtract the total from Line 8. 12. 12. 105377 13. Part-year Residents and Nonresidents Taxable Percentage 13. 0.0000 14. N.C. Taxable Income 14. 105377 15. N.C. Income Tax 15. 5795 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 17. 5795 17. 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 5795 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 6385 20b. Spouse's tax withheld 20b. 0 Other Tax Payments 21a. 2018 estimated tax 21a. 0 Paid with extension 0 21b. 21b. 0 21c. Partnership 21c. 21d. S Corporation 21d. 0 22. Amended Returns Only - Previous payments 22. 0 23. **Total Payments** 23. 6385 24. Amended Returns Only - Previous refunds 24. 0 25. Subtract Line 24 from Line 23 25. 6385 26a. Tax Due 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 27. Pay this Amount 27. 0 590 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2019 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 31. N.C. Education Endowment Fund 0 0 32. N.C. Breast and Cervical Cancer Control Program 32. 0 33. Add Lines 29 through 32 33. 34. 590 34. Amount to be Refunded