

Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)					
Your first name and initial MADHURI SADASHIV		Last name NIRMALE		Your social security number 348-77-1637	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind					
If joint return, spouse's first name and initial		Last name		Spouse's social security number	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)			
Home address (number and street). If you have a P.O. box, see instructions. 2115 GRANDBROOK CIRCLE				Apt. no. 1310B	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Orlando FL 32810				Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse	
If more than four dependents, see inst. and <input type="checkbox"/> here					

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

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

Joint return? See instructions. Keep a copy for your records.	Your signature <i>[Signature]</i>	Date 2/22/2019	Your occupation SOFTWARE ENGINEER	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.)

Paid Preparer Use Only	Preparer's name MOHAMMAD FAREED MOHIUDDIN	Preparer's signature MOHAMMAD FAREED MOHIUDDIN	PTIN P01460202	Firm's EIN 27-4700277	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's name ▶ GLOBAL PRIME TAXATION, LLC		Phone no. (773) 273-7044		
	Firm's address ▶ 6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645				

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	61,672.
2a Tax-exempt interest		2a	
3a Qualified dividends		3a	
4a IRAs, pensions, and annuities		4a	
5a Social security benefits		5a	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	61,672.
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	61,672.
8 Standard deduction or itemized deductions (from Schedule A)		8	12,000.
9 Qualified business income deduction (see instructions)		9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	49,672.
11 a Tax (see inst.) 6,868. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here		11	6,868.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>		12	
13 Subtract line 12 from line 11. If zero or less, enter -0-		13	6,868.
14 Other taxes. Attach Schedule 4		14	0.
15 Total tax. Add lines 13 and 14		15	6,868.
16 Federal income tax withheld from Forms W-2 and 1099		16	7,128.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5		17	
18 Add lines 16 and 17. These are your total payments		18	7,128.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	260.
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		20a	260.
▶ b Routing number 063100277 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ d Account number 898065086462			
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.

Refund
Direct deposit? See instructions.

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

2018Department of the Treasury
Internal Revenue Service

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)

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

Submission Identification Number (SID) ►

Taxpayer's name

MADHURI SADASHIV NIRMALE

Social security number

348-77-1637

Spouse's name

Spouse's social security 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	61,672.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	6,868.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	7,128.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	260.
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 PRIME TAXATION, LLC to enter or generate my PIN

ERO firm name

7 1 6 3 7

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ 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 ► *[Signature]*Date ► 2/22/2019**Spouse's PIN: check one box only**
☐ I authorize _____ to enter or generate my PIN

ERO firm name

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ 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.

1 5 3 5 0 1 1 7 5 3 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