## Form **8879**

## IRS e-file Signature Authorization

OMB No. 1545-0074

2017

Department of the Treasury Internal Revenue Service ▶ Return completed Form 8879 to your ERO. (Do not send to IRS.)
 ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) Taxpayer's name Social security number RAMKUMAR DASARATHAN 777-85-0333 Spouse's name Spouse's social security number RAMYA RAMKUMAR 933-98-3347 Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only) Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, 113,196. Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . 8,379. Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; 10,102. Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; 1,723. Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) 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, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. 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 | lauthorize GLOBAL PRIME TAXATION, LLC to enter or generate my PIN 0 3 3 ERO firm name Enter five digits, but as my signature on my tax year 2017 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2017 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 ▶ D. Lambur Spouse's PIN: check one box only | | lauthorize GLOBAL PRIME TAXATION, LLC to enter or generate my PIN **ERO** firm name Enter five digits, but as my signature on my tax year 2017 electronically filed income tax return. don't enter all zeros I will enter my PIN as my signature on my tax year 2017 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 Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 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

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning						017, ending			20	ологического	o not write or staple in the separate instruct	-
Your first name and initial				, 2017, ending , 20					Your social security number			
RAMKUMAR										777-85-0333		
If a joint return, spouse's first name and initial				DASARATHAN Last name							ouse's social security r	number
RAMYA				RAMKUMAR						1 .	3-98-3347	
	nber and	street). If you have a P.							Apt. no.	A	Make sure the SSN(s	s) above
30379 TIME								2	04		and on line 6c are c	
		and ZIP code. If you have	a foreign add	dress, also complete s	paces be	elow (see inst	truction	ns).		Pr	residential Election Ca	mpaign
Farmington	n MI	18336			. 1 (						k here if you, or your spous y, want \$3 to go to this fund	
Foreign country name				Foreign province/state/county Foreign postal cod					s below will not change you			
			10 gel .		3. 9					refun	d. You	Spouse
Filing Status	. 1	Single				4					person). (See instruction	
	2								hild but	not your dependent,	enter this	
Check only one	3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶  String of the spouse								4'			
box.		and full name he				5			w(er) (see i	nstruc	Boxes checked	
Exemptions	6a	Yourself. If so	meone ca	ın claim you as a	depend	dent, <b>do n</b>	ot ch	eck box 6a.		. }	on 6a and 6b	2
	b	Spouse .	• • •	(2) Danandanti		/2\ Donon	· · ·	(4) √ if chil	d under age 1	<del></del> ,	No. of children on 6c who:	
	C (1) First	Dependents: name Last				Dependent's (4) I child under ag qualifying for child tax (see instructions)		child tax cre		<ul><li>lived with you</li><li>did not live with</li></ul>	2	
~		HALAD RAMKU	933-98-3402 Son							you due to divorce or separation		
If more than four		SADEESH RAMKU		956-90-57		Son			X		(see instructions)	
dependents, see instructions and	- Landson - Land		2								Dependents on 6c not entered above	
check here ▶					- X	1 7					Add numbers on	
	d	Total number of e	xemptions	claimed			. ,				lines above	4
Income	7	Wages, salaries, t	ips, etc. A	ttach Form(s) W-2	2 .					7	112,	896.
HICOHIE	8a	Taxable interest. Attach Schedule B if required						* *	8a	7 40	300.	
W.,	b	Tax-exempt interest. Do not include on line 8a 8b										
Attach Form(s) W-2 here, Also	9a	Ordinary dividends. Attach Schedule B if required							9a			
attach Forms	b	Qualified dividends 9b										
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes						• •	10		0.	
1099-R if tax was withheld.	11	Alimony received							11	A		
	12	Business income or (loss). Attach Schedule C or C-EZ						·п	13			
If you did not	13 14		15		quired.	n not requ	an cu,	CHECK HEIE	Ч	14		
get a W-2,	15a	Other gains or (losses). Attach Form 4797			· · Taxah	le amount .	•	15b				
see instructions.	16a	Pensions and annuities 16a b Taxable amount					16b					
	17				corpora					17		***************************************
	18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F						18				
	19	Unemployment compensation					19					
	20a						20b	T = 1 = 0				
	21	Other income. Lis								21		
	22	Combine the amou	****	r right column for li	nes 7 th	rough 21. 7	This is	your total inco	me ▶	22	113,	196.
Adjusted	23	Educator expense					3		C 63			
Adjusted Gross	24	Certain business ex										
Income		fee-basis governme									× 8	
Income	25	Health savings account deduction. Attach Form 8889 .										
	26	Moving expenses. Attach Form 3903										
	27 28	Deductible part of self-employment tax. Attach Schedule SE . 27  Self-employed SEP, SIMPLE, and qualified plans 28										
	28	Self-employed health insurance deduction										
	30	Penalty on early withdrawal of savings										
11 and 12	31a	Alimony paid <b>b</b> Recipient's SSN ▶ 31a					1	8 8 8 8				
	32	IRA deduction										
	33	Student loan inter										
	34	Reserved for future use						48 - 21				
	35	Domestic producti					5					
	36	Add lines 23 thro								36	1, 2 2 8	
	37	Subtract line 36 f	rom line 2	2. This is your adj	usted	gross inc	ome		• , ▶	37	113,	196.

Form 1040 (2017	')			Page 2	
	38	Amount from line 37 (adjusted gross income)	38	113,196.	
Tax and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		an 2	
Credits		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a		· .	
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b			
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	22,938.	
Deduction for—	41	Subtract line 40 from line 38	41	90,258.	
<ul> <li>People who</li> </ul>	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.	
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	74,058.	
39a or 39b <b>or</b> who can be	44	Tax (see instructions). Check if any from: a  Form(s) 8814 b Form 4972 c	44	10,179.	
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
instructions.	47	Add lines 44, 45, and 46	47	10,179.	
<ul> <li>All others:</li> <li>Single or</li> </ul>	48	Foreign tax credit. Attach Form 1116 if required 48			
Married filing	49	Credit for child and dependent care expenses, Attach Form 2441 49			
separately, \$6,350	50	Education credits from Form 8863, line 19			
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51			
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52 1,800.			
widow(er), \$12,700	53	Residential energy credit. Attach Form 5695 53			
Head of	54	Other credits from Form: a 3800 b 8801 c 54			
household, \$9,350	55	Add lines 48 through 54. These are your total credits	55	1,800.	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0 ▶	56	8,379.	
	57	Self-employment tax. Attach Schedule SE	57		
Other	58	Unreported social security and Medicare tax from Form: a \( \bigcap 4137 \) b \( \bigcap 8919 \)	58		
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
Idacs	60a	Household employment taxes from Schedule H	60a	Δ	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions) Full-year coverage 🗵	61	2 7 7 4 19	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	- " " " " " " " " " " " " " " " " " " "	
-	63	Add lines 56 through 62. This is your total tax	63	8,379.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 10,102.			
If you have a	65	2017 estimated tax payments and amount applied from 2016 return 65			
qualifying	66a	Earned income credit (EIC)			
child, attach	b	Nontaxable combat pay election 66b			
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67			
	68	American opportunity credit from Form 8863, line 8 68			
	69	Net premium tax credit. Attach Form 8962 69			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136		S A	
	73	Credits from Form: a 2439 b Reserved c 8885 d 73		10.100	
Refund	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>		10,102.	
neiuliu	75 760		75	1,723.	
Direct decrease	76a ▶ b	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here . ▶ ☐ Routing number 0 7 2 0 0 0 3 2 6 ▶ c Type: ★ Checking ☐ Savings	76a	1,723.	
Direct deposit? See	⊳ d	Account number 9 1 0 5 3 0 7 0 3			
instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77			
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78		
You Owe	79	Estimated tax penalty (see instructions)	70		
Third Party	Do		. Com	olete below. X No	
Designee	Des	signee's Phone Personal iden			
		ne	dae end k	policif they are true correct and	
Sign		ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all informations of the second			
Here	You	ur signature Date Your occupation	Daytin	ne phone number	
Joint return? See instructions.	1	Dan Lan 2/27/2018 IT CONSULTANT	(636)515-5449		
Keep a copy for	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it		
your records.		227 200 HOMEMAKER	PIN, en here (se		
Paid	Prir	nt/Type preparer's name Preparer's signature Date	Check	e D if PTIN	
Preparer	MOH	MAD FAREED MOHIUDDIN 02/25/2018	self-er	mployed P01460202	
Use Only	Firm	n's name ▶ GLOBAL PRIME TAXATION, LLC	Firm's EIN ▶ 27-4700277		
	Firr	m's address ► 6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645	Phone no. (773) 273-7044		
	4			10.10	

2017 M	II-1040, Page 2 of 2	)				
	Filer's Full Social Security Number 777		85 <b>—</b> 0333			
21.	Enter amount of Income Tax from line 20.	21.	4131	00		
22.	Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.		00		
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.	0	00		
0.0						
24.	Total Tax Liability. Add lines 21, 22 and 23		4131	00		
REFL	INDABLE CREDITS AND PAYMENTS			_		
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	* * **	00		
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5	26.	MICHIGAN	00		
27.	Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.	27b.		00		
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00		
29.	Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	3438	00		
30.	Estimated tax, extension payments and 2016 credit forward	30.		00		
31.						
	31a. If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.					
	31b. If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00		
32.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c	,	3438	00		
	JND OR TAX DUE					
33.	If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.					
	Include interest 00 and penalty 00		693	00		
34.	Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32			00		
35.	Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return	35.		00		
36	Subtract line 35 from line 34			00		
	ECT DEPOSIT a. Routing Transit Number b. Account Number	T	c. Type of Account			
	it your refund directly to your financial tion! See instructions and complete a, b	1.	Checking 2. Savin	gs		
			I declare under penalty of perjury the			
ENTE	ER DATE OF DEATH ONLY. Example: 04-15-2017 (MM-DD-YYYY) this return is based on a Preparer's PTIN, FEIN		ration of which I have any knowledg	je.		
Filer	Spouse P01460202	P01460202				
	Preparer's Name (print tachments is true and complete to the best of my knowledge.	17.				
	p lam la global PRI	Preparer's Business Name, Address and Telephone Number GLOBAL PRIME TAXATION, LLC				
Spous		6418 N MAPLEWOOD AVE 2W				
		CHICAGO IL 60645 773-273-7044				

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929