

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.**2018**

Submission Identification Number (SID) ►

Taxpayer's name

VENKATA SAI KARTHIK SURVEPALLI

Social security number

297-85-2222

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	59,857.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	1,924.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	4,592.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,668.
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

ERO firm name

to enter or generate my PIN

5 2 2 2 2

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 ►

Date ►

Spouse's PIN: check one box only☒ I authorize

ERO firm name

to enter or generate my PIN

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.

Don't enter all zeros

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

ERO's signature ►

Date ►

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

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

Your first name and initial: **VENKATA SAI KARTHIK** Last name: **SURVEPALLI** Your social security number: **297-85-2222**

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: Last name: Spouse's social security number:

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. **201 TONNELLE AVE APT E2** Apt. no. 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 check 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
AA	SURVEPALLI	123-35-6789	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.)

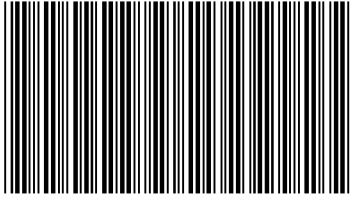
Preparer's name **Preparer's signature** **PTIN** **Firm's EIN** **Check if:** ☐ 3rd Party Designee ☐ Self-employed

Firm's name **GLOBAL TAXES LLC** **Phone no.**

Firm's address **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	59,857.
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	59,857.
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	59,857.
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	35,857.
11 a Tax (see inst.) 3,924. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	3,924.
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	1,924.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
14 Other taxes. Attach Schedule 4	15	1,924.
15 Total tax. Add lines 13 and 14	16	4,592.
16 Federal income tax withheld from Forms W-2 and 1099	17	
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	4,592.
Add any amount from Schedule 5	19	2,668.
18 Add lines 16 and 17. These are your total payments	20a	2,668.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		
b Routing number X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number X X X X X X X X X X X X X X X X		
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	



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2018 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1030

Your Social Security Number (required)
297852222

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.)
SURVEPALLI VENKATA SAI KARTHIK

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

County/Municipality Code (See Table page 50)
1207

Home Address (Number and Street, including apartment number)
201 TONNELLE AVE APT E2

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07306

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

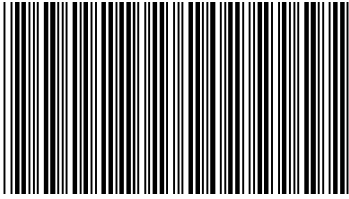
Federal extension filed.
The address above is a foreign address.
Your address has changed.
Death certificate is enclosed.
Do not want a paper form next year.
I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
NJ-1040-O is enclosed.
Presidential disaster relief.

Direct Deposit Information

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

dd1. 4
dd2.
dd3.
dd4.
dd5.





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Name(s) as shown on Form NJ-1040

SURVEPALLI VENKATA SAI KARTHIK

Your Social Security Number

297852222

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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 2 0 1 9

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
 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

Enter Spouse's/CU partner's SSN

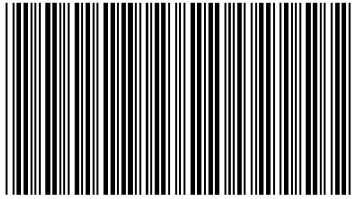
Exemptions

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 = | 2000 |
| 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 = | 1500 |
| 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. | 3500 . |

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.	SURVEPALLI, AA	123-35-6789	2018	
b.				
c.				
d.				



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Name(s) as shown on Form NJ-1040

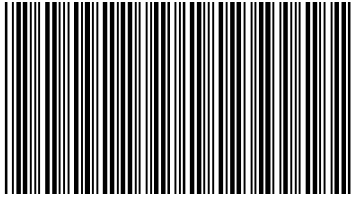
SURVEPALLI VENKATA SAI KARTHIK

Your Social Security Number

297852222

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	64317	.
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.	64317	.
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.	64317	.
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.	60817	.
38a.	Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	2520	.
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.	2520	.
40.	New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	58297	.
41.	Tax on Amount on Line 40 (Tax Table page 52)	41.	1008	.
42.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	.	.
	Enter Code	.	.	.
43.	Balance of Tax (Subtract Line 42 from Line 41)	43.	1008	.
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.	1008	.
46.	Sheltered Workshop Tax Credit	46.	.	.
47.	Balance of Tax (Subtract Line 46 from Line 45)	47.	1008	.
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.	1008	.
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.	1008	.



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Name(s) as shown on Form NJ-1040

SURVEPALLI VENKATA SAI KARTHIK

Your Social Security Number

297852222

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53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	53.	1638	.
54.	Property Tax Credit (See instructions page 25)	54.	.	.
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.	1638	.
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	62.	.	.
	If you owe tax, you can still make a donation on Lines 65 through 72.			
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.	630	.
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
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
68.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
70.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
71.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
72.	Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
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.	630	.

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 _____

Firm's Name _____ Federal Employer Identification Number _____

GLOBAL TAXES LLC

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