

Form  
**1040EZ**

**Income Tax Return for Single and  
Joint Filers With No Dependents** (99)

**2017**

OMB No. 1545-0074

Your first name and initial <b>vinupa</b>	Last name <b>puppala</b>	Your social security number <b>874 52 6918</b>
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>600 folmar street</b>		Apt. no. <b>All</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Troy AL 36081</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

<b>Income</b>	<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	2,689.
	<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
	<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	2,689.
	<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if <b>single</b> ; \$20,800 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	10,400.
	<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	0.

<b>Payments, Credits, and Tax</b>	<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	170.
	<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions)	<b>8a</b>	
	<b>b</b>	Nontaxable combat pay election. <span style="float: right;">8b</span>		
	<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	170.
	<b>10</b>	<b>Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	0.
	<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>11</b>	0.
<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	0.	

<b>Refund</b>	<b>13a</b>	If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	170.
	<b>b</b>	Routing number <u>0 6 2 0 0 0 8 0</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <u>7 9 8 5 0 4 7 0 2 1</u>		

<b>Amount You Owe</b>	<b>14</b>	If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>	
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**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes**. Complete below.  **No**

Designee's name	Phone no.	Personal identification number (PIN)
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**Sign Here** Under penalties of perjury, I declare that I have examined this return 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. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation <b>student</b>	Daytime phone number <b>(949) 402-9720</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	<b>Self-Prepared</b>		Firm's EIN	
Firm's address	Phone no.			

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return  
vinupa puppala

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					2,689.
Adjustments to income					
Adjusted gross income					2,689.
Tax expense . . . . .					52.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					6,350.
Exemption amount . .					4,050.
Taxable income . . . .					0.
Tax . . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					0.
Payments . . . . .					170.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					170.
Effective tax rate % . .					0.00
**Tax bracket % . . . .					10.0

\*\*Tax bracket % is based on Taxable income.

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$ 39 . 99

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

Name(s) Shown on Return vinupa puppala	Your SSN 874-52-6918
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**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2016 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0 .
2	Capital loss carryover to next year . . . . .	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 20. . . . .	1	
2	Amounts reported on Form 8814, line 12 . . . . .	2	
3	Adjustment for distributions from estates and trusts . . . . .	3	
4	Schedules C and F income/loss included in net investment income. . . . .	4	
5	Substitute interest and dividend payments . . . . .	5	
6	Recovery of a prior year deduction . . . . .	6	
7		7	
8	Total other modifications to investment income . . . . .	8	

**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	State, local and foreign income taxes allocable to investment income . . . . .	5	

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	Tax preparations fees allocable to investment income . . . . .	5	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**

**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations:  _____		
2	Enter the total of all items listed on line 1 . . . . .	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____	x _____ = _____	_____
_____	x _____ = _____	_____
_____	x _____ = _____	_____
_____	x _____ = _____	_____

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II:  _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:  _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the lesser of line 7 or line 4 . . . . .	8	

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
<b>1</b> _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .		
<b>2</b> State, local, and foreign income taxes . . . . .	x _____ = _____	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Penalty on early withdrawal of savings . . . . .		
Other modifications:		
_____		
_____		
Total additional modifications to Form 8960, line 10 . . . . .		

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**

**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**Part I – Personal Information**

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

<p><b>Taxpayer:</b>                  First name . . . . . <u>vinupa</u>                  Middle initial . . . . . _____ Suffix . . . . . _____                  Last name . . . . . <u>puppala</u>                  Social security no. . . . . <u>874-52-6918</u>                  Occupation . . . . . <u>student</u>                  Date of birth . . . . . <u>11/03/1994</u> (mm/dd/yyyy)                  Age as of 1-1-2018 . . . . . <u>23</u>                  Daytime phone . . . . . <u>(949) 402-9720</u> Ext _____                  Legally blind . . . . . <input type="checkbox"/>                  Date of death . . . . . _____</p> <p><b>Dependent of Someone Else:</b>                  Can taxpayer be claimed as dependent of another person (such as parent)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, <b>was</b> taxpayer claimed as dependent on that person's return? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Credit for the Elderly or Disabled (Schedule R):</b>                  Is the taxpayer retired on total and permanent disability? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Presidential Election Campaign Fund:</b>                  Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Spouse:</b>                  First name . . . . . _____                  Middle initial . . . . . _____ Suffix . . . . . _____                  Last name . . . . . _____                  Social security no. . . . . _____                  Occupation . . . . . _____                  Date of birth . . . . . _____ (mm/dd/yyyy)                  Age as of 1-1-2018 . . . . . _____                  Daytime phone . . . . . _____ Ext _____                  Legally blind . . . . . <input type="checkbox"/>                  Date of death . . . . . _____</p> <p><b>Dependent of Someone Else:</b>                  Can spouse be claimed as dependent of another person (such as parent)? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, <b>was</b> spouse claimed as dependent on that person's return? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Credit for the Elderly or Disabled (Schedule R):</b>                  Is the spouse retired on total and permanent disability? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Presidential Election Campaign Fund:</b>                  Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Part II – Address and Federal Filing Status** (enter information in this section)

**US Address:**  
 Address . . . . . 600 folmar street Apt no. . . A11  
 City . . . . . Troy State . . . AL ZIP code . . . 36081

**Foreign Address:** Check this box to use foreign address . . ▶  Apt no. . . \_\_\_\_\_  
 Address . . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_

APO/FPO/DPO address, check if appropriate . . . . . APO  FPO  DPO

Home phone . . . . . \_\_\_\_\_  
 Check to print phone number on Form 1040 . . .  Home  Taxpayer daytime  Spouse daytime

**Federal filing status:**

**1** Single

**2** Married filing jointly

**3** Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year. . . . . ▶   
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ▶

**4** Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_

**5** Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2015 ▶  2016 ▶   
 Are you a dependent with a qualifying child . . . . . Yes ▶  No ▶   
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2017					
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-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent



Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2017? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2017 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2017 or if you are ineligible to claim the EIC in 2017 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ...
Check the appropriate box ... Checking Savings
Routing number ... 062000080 Account number ... 7985047021

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2017, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040. ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

IRS Disaster Tax Relief:

Check if you were affected by a natural disaster in 2017 ...

**Part VI – Additional Information for Your Federal Return - Continued**

**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information**

**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer’s state of residence as of December 31, 2017 . . . . . ▶ AL

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶

Taxpayer is a resident of the state above for only part of year . . . . . ▶

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse’s state of residence as of December 31, 2017 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶

Spouse is a resident of the state above for only part of year . . . . . ▶

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 09310

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number 9713604

Issued by what state AL

License or ID license . ▶  ID . ▶  neither . ▶  decline . ▶

**Spouse**

Drivers license or state ID number \_\_\_\_\_

Issued by what state \_\_\_\_\_

License or ID license . ▶  ID . ▶  neither . ▶  decline . ▶

Personal Information Worksheet  
For the Taxpayer

2017

Keep for your records

QuickZoom to another copy of Personal Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Taxpayer's Personal Information

First name vinupa Middle initial Last name puppala
Social security no. 874-52-6918 Member of U.S. Armed Forces in 2017? Yes No
Date of birth 11/03/1994 age as of 1-1-2018 23
Occupation student Daytime phone (949) 402-9720 Ext
Marital status Single
If widowed, check the appropriate box for the year your spouse died:
After 2017 2017 2016 2015 Before 2015
Are you retired on total and permanent disability? (for Schedule R, see Help) Yes No
Check if this person is legally blind Yes No
If deceased, enter the date of death (mm/dd/yyyy)

Part II - Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? Yes No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? Yes No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2017? Yes No
4 Did your earned income exceed one-half of your support? Yes No
5 Was at least one of your parents alive on December 31, 2017? Yes No

Part III - Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2017 AL
Check the appropriate box:
This person is a resident of the state above for the entire year X
This person is a resident of the state above for only part of year
Date this person established residence in state above
In which state (or foreign country) did this person reside before this change?

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2017
Unreimbursed medical expenses paid for qualifying person in 2017
Employment taxes paid for dependent care providers in 2017
Full-time student for 5 calendar months during 2017? Yes No
Disabled person who was not physically or mentally capable of self-care? Yes No
This person is a qualifying person for the child and dependent care credit Yes No

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. Yes No
Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.
Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December
Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.
12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															

Healthcare coverage information has been completed for this person.. . . . .

► Keep for your records

Name(s) Shown on Return  
vinupa puppala

Social Security Number  
874-52-6918

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	2,689.		2,689.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	170.		170.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	33.		33.
<b>4</b>	Total social security tax withheld . . . . .	2.		2.
<b>5</b>	Total Medicare wages and tips . . . . .	33.		33.
<b>6</b>	Total Medicare tax withheld . . . . .	0.		0.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. . .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	2,690.		2,690.
<b>17</b>	Total state tax withheld . . . . .	52.		52.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name vinupa puppala Social Security Number 874-52-6918

**Spouse's W-2**  
 **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 874-52-6918  
**b** Employer's ID number . . . . . 63-6001102  
**c** Employer's name, address, and ZIP code  
TROY UNIVERSITY  
 Street UNIVERSITY AVE  
 City TROY  
 State AL ZIP Code 36082  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 2,656.39  
**3** Social security wages \_\_\_\_\_  
**5** Medicare wages and tips \_\_\_\_\_  
**7** Social security tips \_\_\_\_\_  
 ► Enter unreported tips in Part VII on Page 2 below.  
 Verification Code \_\_\_\_\_

**2** Federal income tax withheld 169.81  
**4** Social security tax withheld \_\_\_\_\_  
**6** Medicare tax withheld \_\_\_\_\_  
**8** Allocated tips \_\_\_\_\_  
**10** Dependent care benefits \_\_\_\_\_  
 Distributions from sect. 457 and nonqualified plans (Important, see Help) \_\_\_\_\_

**d** Control number \_\_\_\_\_

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First vinupa M.I. \_\_\_\_\_  
 Last puppala Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 600 folmar street, Apt. A11  
 City Troy  
 State AL ZIP Code 36081  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**11** Nonqualified plans \_\_\_\_\_  
**12** Enter box 12 below \_\_\_\_\_  
**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . _____
		R: Enter MSA contribution for Taxpayer . . . _____ Spouse . . . . . _____
		W: Enter HSA contribution for Taxpayer . . . _____ Spouse . . . . . _____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>AL</u>	<u>0000038525</u>	<u>2,656.63</u>	<u>51.71</u>

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Name vinupa puppala Social Security Number 874-52-6918

**Spouse's W-2**  
 **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 874-52-6918  
**b** Employer's ID number . . . . . 52-2208088  
**c** Employer's name, address, and ZIP code  
SODEXO OPERATIONS LLC  
 Street P.O. BOX 17033  
 City AUGUSTA  
 State GA ZIP Code 30903  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 33.08  
**3** Social security wages 33.08  
**5** Medicare wages and tips 33.08  
**7** Social security tips \_\_\_\_\_

**2** Federal income tax withheld \_\_\_\_\_  
**4** Social security tax withheld 2.05  
**6** Medicare tax withheld 0.48  
**8** Allocated tips \_\_\_\_\_

**d** Control number 010706NCN3/9C3

► Enter unreported tips in Part VII on Page 2 below.  
 Verification Code F243-D81E-43B6-33BD  
**11** Nonqualified plans \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First VINUPA M.I. \_\_\_\_\_  
 Last PUPPALA Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 116 UNIVERSITY AVE  
 City TROY  
 State AL ZIP Code 36081  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**12** Enter box 12 below \_\_\_\_\_  
**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . . . .	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse . . . . .	_____
_____	_____	G: <input type="checkbox"/> Employer is <b>not</b> a state or local government	_____

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>AL</u>	<u>R000792222</u>	<u>33.08</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____



# Healthcare Entry Sheet

**2017**

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet. Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

*Short Gap  
Eligible\**  
Yes No

	a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	vinupa puppala	874-52-6918	11/03/94	<input type="checkbox"/>	<i>Short gap:</i>				Yes	X	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T
2				<input type="checkbox"/>	<i>Short gap:</i>				Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<i>Short gap:</i>				Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<i>Short gap:</i>				Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<i>Short gap:</i>				Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<i>Short gap:</i>				Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ▶

**Completion checkbox:**

Check this box once you are finished with all the healthcare related entries.

# Wages, Salaries, & Tips Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>vinupa puppala</u>	Social Security Number <u>874-52-6918</u>
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The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	2,689.		2,689.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2017			
<b>b</b> _____			
_____			
<b>10 Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>	2,689.		2,689.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income:			
_____			
_____			
<b>15 Total of lines 10 through 14 . . . . .</b>	2,689.		2,689.

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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		Regular Tax	Alternative Minimum Tax
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>			
<b>1</b>	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.		
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1.		
<b>3</b>	Subtract line 2 from line 1.		
<b>4</b>	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year.		
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".		
<b>6</b>	Add lines 3 through 5.		
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7.		
<b>8</b>	Enter the amount, if any, from Form 4797, line 8.		
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-.		
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
<b>11</b>	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund.		
		<b>Regular</b>	<b>AMT</b>
<b>a</b>	On Form 1099-DIV		
<b>b</b>	On Form 2439		
<b>c</b>	On Schedule(s) K-1		
<b>d</b>	On Form 1099-R		
<b>e</b>	From Form 8814		
<b>f</b>	Other		
	Total		
<b>12</b>	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale.		
<b>13</b>	Add lines 9 through 12.		
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0-.	0.	0.
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-.	0.	0.
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C.		
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555.		0.
<b>17</b>	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-.	0.	0.
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.		

**Schedule D  
Line 18**

**28% Rate Gain Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
vinupa puppala

Social Security Number  
874-52-6918

				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .		<b>1</b>		
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		<b>50 % Exclusion</b>	<b>60 % Exclusion</b>	<b>75% Exclusion</b>	
<b>a</b>	Schedule D . . .	_____	_____	_____	
<b>b</b>	Form 8814 . . .	_____	_____	_____	
<b>c</b>	Schedule B . . .	_____	_____	_____	
<b>d</b>	Form 6252 . . .	_____	_____	_____	
<b>e</b>	Form 2439 . . .	_____	_____	_____	
<b>f</b>	Other . . . . .	_____	_____	_____	
	Total . . . . .	_____	_____	_____	<b>2</b>
<b>3</b>	Enter the total of all collectibles gain or (loss) from:		<b>Regular</b>	<b>AMT</b>	
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .	_____	_____	_____	
<b>b</b>	Form 6252 . . . . .	_____	_____	_____	
<b>c</b>	Form 6781, Part II . . . . .	_____	_____	_____	
<b>d</b>	Form 8824 . . . . .	_____	_____	_____	
	Total . . . . .	_____	_____	_____	<b>3</b>
<b>4</b>	Enter the total of any collectibles gain reported to you on:		<b>Regular</b>	<b>AMT</b>	
<b>a</b>	Form 1099-DIV, box 2d . . . . .	_____	_____	_____	
<b>b</b>	Form 2439, box 1d . . . . .	_____	_____	_____	
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .	_____	_____	_____	
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .	_____	_____	_____	
<b>e</b>	Other . . . . .	_____	_____	_____	
	Total . . . . .	_____	_____	_____	<b>4</b>
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .				<b>5</b>
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .				<b>6</b>
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .				<b>7</b>
<b>8</b>	Enter the amount of any capital gain excess . . . . .				<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. . . . .				<b>9</b>
	Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .				<b>9</b>
				0.	0.

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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1 a Enter your taxable income from Form 1040, line 43 . . . . . 1 a 0.  
b Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . . b  
c Add lines 1a and 1b . . . . . 1 c 0.

2 a Enter your qualified dividends from Form 1040, line 9b . . . . . 2 a  
b Enter any capital gain excess attributable to qualified dividends . . . . . b  
c Subtract line 2b from line 2a . . . . . 2 c

3 Amount from Form 4952, line 4g . . . . . 3

4 a Amount from Form 4952, line 4e . . . . . 4 a  
b Amount from the dotted line next to Form 4952, line 4e . . . . . b  
c Line 4b, if applicable, 4a, if not . . . . . c

5 Subtract line 4c from line 3. . . . . 5 0.

6 Subtract line 5 from line 2c. If zero or less, enter -0- . . . . . 6 0.

7 a Enter line 15 of Schedule D . . . . . 7 a  
b Enter line 16 of Schedule D . . . . . b  
c Enter the **smaller** of line 7a or line 7b . . . . . 7 c 0.

8 Enter the **smaller** of line 3 or line 4c . . . . . 8

9 a Subtract line 8 from line 7. . . . . 9 a 0.  
b Enter any capital gain excess attributable to capital gains . . . . . b  
c Subtract line 9b from line 9a. . . . . 9 c 0.

10 Add lines 6 and 9c . . . . . 10 0.

11 a Enter the amount from Schedule D, line 18 . . . . . 11 a 0.  
b Enter the amount from Schedule D, line 19 . . . . . b  
c Add lines 11a and 11b . . . . . 11 c 0.

12 Enter the **smaller** of line 9c or line 11c . . . . . 12 0.

13 Subtract line 12 from line 10. . . . . 13 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- . . . . . 14 0.

15 Enter:  
• \$37,950 if single or married filing separately;  
• \$75,900 if married filing jointly or qualifying widow(er); or  
• \$50,800 if head of household. } 15 37,950.

16 Enter the **smaller** of line 1c or line 15 . . . . . 16 0.

17 Enter the **smaller** of line 14 or line 16 . . . . . 17 0.

18 Subtr in 10 from ln 1c. If zero or less, enter -0- . . . . . 18 0.

19 Enter the **larger** of line 17 or line 18 . . . . . 19 0.

20 Subtract line 17 from line 16. This amount is taxed at 0% . . . . . 20 0.

**If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.**

21 Enter the **smaller** of line 1c or line 13 . . . . . 21  
22 Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . . 22  
23 Subtract line 22 from line 21. If zero or less, enter -0- . . . . . 23

24 Enter:  
• \$418,400 if single,  
• \$235,350 if married filing separately,  
• \$470,700 if married filing jointly or qualifying widow(er),  
• \$444,550 if head of household. } 24

25 Enter the smaller of line 1c or line 24 . . . . . 25  
26 Add lines 19 and 20 . . . . . 26  
27 Subtract line 26 from line 25. If zero or less, enter -0- . . . . . 27  
28 Enter the **smaller** of line 23 or line 27 . . . . . 28  
29 Multiply line 28 by 15% (.15) . . . . . 29  
30 Add lines 22 and 28 . . . . . 30  
31 Subtract line 30 from line 21 . . . . . 31  
32 Multiply line 31 by 20% (.20) . . . . . 32

**If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.**

33 Enter the **smaller** of line 9c above or Schedule D, line 19 . . . . . 33  
34 Add lines 10 and 19 . . . . . 34  
35 Enter the amount from line 1c above . . . . . 35  
36 Subtract line 35 from line 34. If zero or less, enter -0- . . . . . 36  
37 Subtract line 36 from line 33. If zero or less, enter -0- . . . . . 37  
38 Multiply line 37 by 25% (.25) . . . . . 38

**If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.**

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>42</b>	_____
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	_____ 0.
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	_____
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	_____

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**Form 1040**  
**Line 44**

**Qualified Dividends and Capital Gain Tax Worksheet**

**2017**

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Name(s) Shown on Return  
vinupa puppala

Social Security Number  
874-52-6918

<b>1</b>	Enter the amount from Form 1040, line 43 . . . . .	<b>1</b>	_____
<b>2</b>	Enter the amount from Form 1040, line 9b . . . . .	<b>2</b>	_____
<b>3</b>	Are you filing Schedule D? <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	_____
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	<b>5</b>	_____
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	_____
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	_____
<b>8</b>	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.	<b>8</b>	_____
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	_____
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	_____
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	_____
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	_____
<b>15</b>	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.	<b>15</b>	_____
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	_____
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	_____
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	_____
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	_____
<b>20</b>	Multiply line 19 by 15% (.15) . . . . .	<b>20</b>	_____
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	_____
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	_____
<b>23</b>	Multiply line 22 by 20% (.20) . . . . .	<b>23</b>	_____
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>24</b>	_____
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	_____
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>26</b>	_____
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .	<b>27</b>	_____



# Tax Payments Worksheet

**2017**

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Name(s) Shown on Return  
vinupa puppala

Social Security Number  
874-52-6918

**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/18/17		04/18/17			04/18/17		
2 06/15/17		06/15/17			06/15/17		
3 09/15/17		09/15/17			09/15/17		
4 01/16/18		01/16/18			01/16/18		
5							
<b>Tot Estimated Payments . . .</b>							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2017 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2017 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	170.	52.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Positive Adjustment . . . . .			
e Negative Adjustment . . . . .			
f Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18f . . . . .	170.	52.	
20 <b>Total Tax Payments for 2017</b> . . . . .	170.	52.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2016 extensions . . . . .				
22 2016 estimated tax paid after 12/31/2016 . . . . .				
23 Balance due paid with 2016 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38 . . . . .	2,689.
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2016 refundable credits in excess of tax . . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	2,689.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 52.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 52.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . .  Sales Taxes . . . .  Greater amount .

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . \_\_\_\_\_
- c Real estate taxes paid on additional homes or land . . . . . \_\_\_\_\_  
 Personal portion of real estate taxes from Schedule E Worksheet for:
  - d Principal residence . . . . . \_\_\_\_\_
  - e Vacation home . . . . . \_\_\_\_\_
  - f Less real estate taxes deducted on Form 8829 . . . . . \_\_\_\_\_
  - g Add lines 2a through 2f (to Schedule A, line 6) . . . . . \_\_\_\_\_
- 3 Personal property taxes:**
  - a Auto registration fees based on the value of the vehicle.  
 2016 Amount                      Enter 2017 description:  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_
  - b Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . . \_\_\_\_\_
  - c Other personal property taxes . . . . . \_\_\_\_\_
  - d Add lines 3a through 3c (to Schedule A, line 7) . . . . . \_\_\_\_\_
- 4 Other taxes:**
  - a Other taxes from Schedule(s) K-1 . . . . . \_\_\_\_\_
  - b Foreign taxes from interest and dividends . . . . . \_\_\_\_\_
  - c Foreign taxes from Schedule(s) K-1 . . . . . \_\_\_\_\_
  - d Other foreign taxes (not used to claim a foreign tax credit) . . . . . \_\_\_\_\_
  - e Other taxes.  
 2016 Amount                      Enter 2017 description:  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_
  - f Add lines 4a through 4e (to Schedule A, line 8) . . . . . \_\_\_\_\_

**Interest Deductions**

- 5 Home mortgage interest and points reported on Form 1098:**
  - a Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - b Qualified mortgage interest from Schedule E Worksheet . . . . . \_\_\_\_\_
  - c Less home mortgage interest/points deducted on Form 8829 . . . . . \_\_\_\_\_
  - d Less home mortgage interest from Form 8396, line 3 . . . . . \_\_\_\_\_
  - e Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . . \_\_\_\_\_
- 6 Home mortgage interest not reported on Form 1098:**
  - a Mortgage interest from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - b Less home mortgage interest deducted on Form 8829 . . . . . \_\_\_\_\_
  - c Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . . \_\_\_\_\_
- 7 Points not reported on Form 1098:**
  - a Amortizable points from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - c Less points deducted on Form 8829 . . . . . \_\_\_\_\_
  - d Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . . \_\_\_\_\_

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**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	1 52.
2	2017 state estimated taxes paid in 2017 . . . . .	2
3	2016 state estimated taxes paid in 2017 . . . . .	3
4	Amount paid with 2016 state application for extension . . . . .	4
5	Amount paid with 2016 state income tax return . . . . .	5
6	Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	6
7	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	7
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	9
10	2017 local estimated taxes paid in 2017 . . . . .	10
11	2016 local estimated taxes paid in 2017 . . . . .	11
12	Amount paid with 2016 local application for extension . . . . .	12
13	Amount paid with 2016 local income tax return . . . . .	13
14	Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	14
15	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16
<b>Other:</b>		
17		17
18	<b>Total</b> Add lines 1 through 17 . . . . .	18 52.
19	State and local refund allocated to 2017 . . . . .	19
20	Nondeductible state income tax from line 28 . . . . .	20
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	21
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22 52.

**Nondeductible State Income Tax (Hawaii Only)**

23	Nontaxable federal employee cost of living allowance . . . . .	23
24	Adjusted gross income . . . . .	24
25	Add lines 23 and 24 . . . . .	25
26	Nondeductible percent. Line 23 divided by line 25 . . . . .	26 %
27	Hawaii state income tax included in line 18 . . . . .	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28

# Charitable Deduction Limits Worksheet For Current Year Contributions

2017

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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**Step 1. List your qualified charitable contributions made during the year.**

1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2) . . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 2,689.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 1,345.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
10 Enter the smaller of line 2 or line 9 . . . . .					0.	
11 Subtract line 10 from line 2 . . . . .						0.
12 Subtract line 10 from line 9 . . . . .			1,345.			
<b>Contributions not to 50% limit organizations</b>						
13 Add lines 2 and 3 . . . . .						
14 Multiply line 8 by 0.3. This is your 30% limit. . . . .		807.	807.			
15 Subtract line 13 from line 9 . . . . .		1,345.				
16 Enter the smallest of line 6, 14, or 15 . . . . .					0.	
17 Subtract line 16 from line 6 . . . . .						0.
18 Subtract line 16 from line 14 . . . . .				807.		
<b>Capital gain property to 50% limit organizations</b>						
19 Enter the smallest of line 3, 12, or 14 . . . . .					0.	
20 Subtract line 19 from line 3 . . . . .						0.
21 Subtract line 16 from line 15 . . . . .			1,345.			
22 Subtract line 19 from line 14 . . . . .			807.			
<b>Capital gain property not to 50% limit organizations</b>						
23 Multiply line 8 by 0.2. This is your 20% limit. . . . .				538.		
24 Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
25 Subtract line 24 from line 7 . . . . .						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
27 Subtract line 26 from line 8 . . . . .	2,689.					
28 Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
29 Subtract line 28 from line 1 . . . . .						0.
30 Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

# Charitable Deduction Limits Worksheet For Carryover Contributions

2017

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Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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**Step 1. List your qualified charitable contributions made during the year.**

1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 2,689.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 1,345. less. . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
10 Enter the smaller of line 2 or line 9 . . . . .					0.	
11 Subtract line 10 from line 2 . . . . .						0.
12 Subtract line 10 from line 9 . . . . .			1,345.			
<b>Contributions not to 50% limit organizations</b>						
13 Add lines 2 and 3 . . . . .		0.				
14 Multiply line 8 by 0.3. This is your 30% limit. . . . .		807.	807.			
15 Subtract line 13 from line 9 . . . . .		1,345.				
16 Enter the smallest of line 6, 14, or 15 . . . . .					0.	
17 Subtract line 16 from line 6 . . . . .						0.
18 Subtract line 16 from line 14 . . . . .				807.		
<b>Capital gain property to 50% limit organizations</b>						
19 Enter the smallest of line 3, 12, or 14 . . . . .					0.	
20 Subtract line 19 from line 3 . . . . .						0.
21 Subtract line 16 from line 15 . . . . .			1,345.			
22 Subtract line 19 from line 14 . . . . .				807.		
<b>Capital gain property not to 50% limit organizations</b>						
23 Multiply line 8 by 0.2. This is your 20% limit. . . . .				538.		
24 Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
25 Subtract line 24 from line 7 . . . . .						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
27 Subtract line 26 from line 8 . . . . .	2,689.					
28 Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
29 Subtract line 28 from line 1 . . . . .						0.
30 Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

# Charitable Contributions Summary

2017

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Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

## Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions . . . . .						
2 2017 contributions allowed	0.	0.	0.	0.	0.	0.
3 <b>Carryovers from:</b>						
a 2016 tax year . . . . .						
b 2015 tax year . . . . .						
c 2014 tax year . . . . .						
d 2013 tax year . . . . .						
e 2012 tax year . . . . .						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 <b>Carryovers to 2018:</b>						
a From 2017 . . . . .	0.		0.	0.	0.	0.
b From 2016 . . . . .						
c From 2015 . . . . .						
d From 2014 . . . . .						
e From 2013 . . . . .						
f From 2012 . . . . .						

## Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? . . . . .  Yes  No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? . . . . . ▶  Yes  No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ▶  Yes  No
- 4 Was any charity other than a 50% charity? . . . . .  Yes  No

**Schedule A**  
**Line 29**

**Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
vinupa puppala

Social Security Number  
874-52-6918

<b>1</b> Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>		52.
<b>2</b> Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28. Also include in the total any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for the relief efforts in a Hurricane disaster area. . . . . <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>		0.
<b>3</b> Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>		52.
<b>4</b> Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	42.	
<b>5</b> Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	2,689.	
<b>6</b> Enter \$261,500 if single; \$313,800 if married filing jointly or qualifying widow(er); \$287,650 if head of household, \$156,900 if married filing separately . . . . .	<b>6</b>	261,500.	
<b>7</b> Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>		
<b>8</b> Multiply line 7 by 3% (.03) . . . . .	<b>8</b>		
<b>9</b> Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>		
<b>10 Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29, or line 15 if filing form 1040NR) . . . . .	<b>10</b>		



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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<b>1</b>	Is your <b>earned income*</b> more than \$700?			<b>1</b>	
	<input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total	} — ► . . .			
	<input type="checkbox"/> <b>No.</b> Enter \$1,050				
<b>2</b>	Enter the amount shown below for your filing status.				
	• Single or married filing separately — \$6,350	} — ► . . .		<b>2</b>	6,350.
	• Married filing jointly or Qualifying widow(er) — \$12,700				
	• Head of household — \$9,350				
<b>3</b>	<b>Standard deduction.</b>				
<b>3 a</b>	Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1953, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .			<b>3 a</b>	
<b>3 b</b>	If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) . . . . .			<b>3 b</b>	
<b>3 c</b>	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .			<b>3 c</b>	

\***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040**  
**Line 42**

**Deduction for Exemptions Worksheet**

**2017**

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Name(s) Shown on Return  
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<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	<u>4,050.</u>
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	<u>2,689.</u>
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$261,500</li> <li>• Married filing jointly or qualifying widow(er), enter \$313,800</li> <li>• Married filing separately, enter \$156,900</li> <li>• Head of household, enter \$287,650 . . . . .</li> </ul>	<b>3</b>	<u>261,500.</u>
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	<u>-258,811.</u>
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	_____
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	_____
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	_____
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	_____

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

## Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	2,689.	_____	2,689.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	2,689.	_____	2,689.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	2,689.	_____	2,689.
11 Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
12 SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	2,689.	_____	2,689.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	2,689.	_____	2,689.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received. . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	2,689.	_____	2,689.

## Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	2,689.	_____	2,689.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	2,689.	_____	2,689.

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**Investment Interest Expense** ( Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income . . . . .	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d	Total . . . . .	d	
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

**Net Capital Gain Income** (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	

**Allocation of Investment Interest Expense** (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8 . . . . .	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities . . . . .	a	
b	Deducted on Schedule E, page 1 for royalties . . . . .	b	
c	Other amounts deducted on other forms and schedules . . . . .	c	
d	Total amount deducted on other forms and schedules . . . . .	d	
21	<b>Investment interest expense.</b> . . . . .	21	

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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- QuickZoom** to Schedule EIC . . . . . ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► \_\_\_\_\_
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<b>1</b> Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .	<b>1</b>	2,689.
<b>2</b> Adjustments to line 1 amount:		
<b>a</b> Income reported as wages <b>and</b> as self-employment income. . . . .	<b>2 a</b>	_____
<b>b</b> Other income entered as wages that is not considered earned income . . . . .	<b>b</b>	_____
<b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .	<b>c</b>	_____
<b>3</b> Subtract lines 2a, 2b and 2c from line 1 . . . . .	<b>3</b>	2,689.
<b>4 a</b> Taxpayer's nontaxable combat pay election for EIC	<b>4 a</b>	_____
<b>b</b> Spouse's nontaxable combat pay election for EIC	<b>b</b>	_____
<b>c</b> Total nontaxable combat pay election . . . . .	<b>4 c</b>	_____
<b>5</b> If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	<b>5</b>	_____
<b>6</b> <b>Earned income.</b> Add lines 3, 4, and 5. . . . .	<b>6</b>	2,689.
<b>7</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .	<b>7</b>	_____
If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.		
<b>8</b> Enter your <b>AGI</b> from Form 1040, line 38 . . . . .	<b>8</b>	_____
<b>9</b> If you have:		
• No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?		
• 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?		
<input type="checkbox"/> <b>Yes.</b> Go to line 10 now.		
<input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .	<b>9</b>	_____
<b>10</b> <b>Earned income credit.</b>		
• If 'Yes' on line 9, enter the amount from line 7		
• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9	<b>10</b>	_____

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

---

**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- \$15,010 (\$20,600 if married filing jointly) without a qualifying child.
  - \$39,617 (\$45,207 if married filing jointly) with one qualifying child.
  - \$45,007 (\$50,597 if married filing jointly) with two qualifying children.
  - \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$15,010 (\$20,600 if married filing jointly) without a qualifying child.
  - \$39,617 (\$45,207 if married filing jointly) with one qualifying child.
  - \$45,007 (\$50,597 if married filing jointly) with two qualifying children.
  - \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children.
- 3  Investment income is more than \$3,450.  
(Investment Income Smart Worksheet, item H above)
- 4  The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5  Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6  Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7  Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8  Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9  Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a  qualifying children of another person, or
  - b  invalid social security numbers for EIC purposes.  
(Information Worksheet, Part III)
- 11  Disallowed by IRS to claim Earned Income Credit in 2017.  
(Information Worksheet, Part IV)
- 12  Filing Form 2555, Foreign Earned Income.
- 13  Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14  Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)
-

**Compliance and Due Diligence Information**

1 Is this how long your dependents lived with you in the U.S in 2017?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2017?

2  Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2017.

Compliance and Due Diligence Indicator . . . . .	<input checked="" type="checkbox"/>	No
Disqualified from Earned Income Credit. . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Potential qualifying child count . . . . .	▶	<u>0</u>
Non dependent potential qualifying child count . . . . .	▶	<u>0</u>
Qualifying child count (max 3) . . . . .	▶	<u>0</u>

**Schedule D Tax Worksheet  
as refigured for the  
Alternative Minimum Tax**

2017

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable . . . . .			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. . . . .			
b Adjustment from Schedules K-1 . . . . .			
c Other adjustments to qualified dividends . . . . .			
d Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g. . . . .			
4 Enter the amount from Form 4952 for AMT, line 4e. . . . .			
5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
c Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
8 Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
9 Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
10 Add lines 6 and 9 . . . . .	0.		0.
A Enter the amount from Form 6251, line 30. . . . .	0.		
B <b>Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
c Add lines 11a and 11b. . . . .			0.
12 Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.



► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	2,689.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	2,689.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	2,689.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
---	---	---	--

**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
<b>1</b> <b>Attributable to mortgage used to purchase, build, or improve:</b>			
<b>a</b> Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .			
<b>b</b> Second home that is transient mobile home or boat . . . . .			
<b>c</b> Total . . . . .			
<b>2</b> <b>Attributable to mortgage used to refinance:</b>			
<b>a</b> To pay off mortgage . . . . .			
<b>b</b> For other purposes . . . . .			
<b>c</b> Total . . . . .			
<b>3</b> <b>Attributable to other mortgage deductible for AMT:</b>			
<b>a</b> Pre-July 1, 1982 mortgage . . . . .			
<b>4</b> Total column (a) . . . . .			
<b>5</b> Total column (b). Enter result on Form 6251, line 4. . . . .			
<b>6</b> Total mortgage interest from Schedule A . . . . .			

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7 . . . . .	3	

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	2,689.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	2,689.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	2,420.
6	Enter ATNOL carried to 2016 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 14 . . . . .	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$249,450:		
1	Alternative minimum taxable income, Form 6251. . . . .	1
2	Threshold amount . . . . .	2
3	Subtract line 2 from line 1. . . . .	3
4	Multiply line 3 by 25% (.25). . . . .	4
5	<b>Smaller</b> of line 4 or \$41,900 . . . . .	5
6	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	6

**Exemption – Line 29**

1	Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately . . . . .	1	54,300.
2	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	2	2,689.
3	Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately . . . . .	3	120,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-. . . . .	4	0.
5	Multiply line 4 by 25% (.25). . . . .	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. . . . .	6	54,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24 . . . . .	7	
8 a	Enter the <b>child's earned income</b> , if any . . . . .	8 a	
b	Enter any adjustments. . . . .	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	10	

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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<b>1</b> Enter amount from Form 6251, line 30 . . . . .	<b>1</b>	_____
<b>2 a</b> Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	_____
<b>b</b> Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	_____
<b>c</b> Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	_____
<b>3</b> Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	_____
<b>4 Tax on amount on line 3.</b> . . . . .		
<ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here.</li> <li>• <b>All Others:</b> If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>	_____
<b>5 Tax on amount on line 2c.</b> If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>5</b>	_____
<b>6</b> Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>	_____

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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**2016 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2016 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2016 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

vinupa puppala

874-52-6918

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		52.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		2,689.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		0.
7	Alternative minimum tax. . . . .		
8	Federal overpayment applied to next year estimated tax. . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31. . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss. . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2017. . .
		b	2016. . .
		c	2015. . .
		d	2014. . .
		e	2013. . .
		f	2012. . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017. . .
		b	2016. . .
		c	2015. . .
		d	2014. . .
		e	2013. . .
		f	2012. . .

► Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security Number 874-52-6918
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Description	Amount
<b>Income</b>	
Wages . . . . .	2,689.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income . . . . .</b>	<b>2,689.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments . . . . .</b>	
<b>Modified adjusted gross income . . . . .</b>	<b>2,689.</b>

**Two-Year Comparison**

**2017**

Name(s) Shown on Return vinupa puppala	Social Security Number
---	------------------------

Income	2016	2017	Difference	%
Wages, salaries, tips, etc . . . . .		2,689.	2,689.	
Interest and dividend income . . . . .				
State tax refund . . . . .				
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .		2,689.	2,689.	
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .		2,689.	2,689.	
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .		52.	52.	
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .		52.	52.	
<b>Standard or Itemized Deduction</b> . . . . .		6,350.	6,350.	
<b>Exemption Amount</b> . . . . .		4,050.	4,050.	
<b>Taxable Income</b> . . . . .		0.	0.	
Income tax . . . . .		0.	0.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .		0.	0.	
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .		0.	0.	
<b>Total Tax After Credits</b> . . . . .		0.	0.	
Withholding . . . . .		170.	170.	
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .		170.	170.	
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .		170.	170.	
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 0.00 %

**Tax Summary**  
▶ Keep for your records

**2017**

Name (s)  
vinupa puppala

<b>Total income</b> .....	2,689.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	2,689.
<b>Itemized/standard deduction</b> .....	6,350.
<b>Exemption amount</b> .....	4,050.
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	0.
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	170.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	170.
<b>Refund</b> .....	170.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You have elected to file Form 1040EZ.



## Compare to U. S. Averages

**2017**

▶ Keep for your records

Name(s) Shown on Return vinupa puppala	Social Security No 874-52-6918
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Your 2017 adjusted gross income (AGI) . . . . . 2,689.  
 National adjusted gross income range used below . . . . . from 0. to 14,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

<b>Selected Income, Deductions, and Credits</b>	<b>Actual Per Return</b>	<b>National Average</b>
Salaries and wages . . . . .	2,689.	8,675.
Taxable interest . . . . .		975.
Tax-exempt interest . . . . .		5,906.
Dividends . . . . .		2,301.
Business net income . . . . .		7,887.
Business net loss . . . . .		22,101.
Net capital gain . . . . .		8,280.
Net capital loss . . . . .		2,368.
Taxable IRA . . . . .		5,755.
Taxable pensions and annuities . . . . .		7,055.
Rent and royalty net income . . . . .		6,514.
Rent and royalty net loss . . . . .		14,724.
Partnership and S corporation net income . . . . .		21,447.
Partnership and S corporation net loss . . . . .		87,174.
Taxable social security benefits . . . . .		2,670.
Medical and dental expenses deduction . . . . .		9,447.
Taxes paid deduction . . . . .	52.	3,761.
Interest paid deduction . . . . .		6,561.
Charitable contributions deduction . . . . .		1,572.
Total itemized deductions . . . . .	52.	16,026.
Child care credit . . . . .		126.
Education tax credits . . . . .		235.
Child tax credit . . . . .		231.
Retirement savings contributions credit . . . . .		165.
Earned income credit . . . . .		1,934.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	2,689.	2,548.
Taxable income . . . . .	0.	2,634.
Income tax . . . . .	0.	301.
Alternative minimum tax . . . . .		15,783.
Total tax liability . . . . .	0.	510.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** vinupa puppala

**Primary SSN:** 874-52-6918

**Federal Return Submitted:** May 16, 2018 03:33 PM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 05/16/2018

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### **1. THE INTUIT ELECTRONIC POSTMARK.**

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### **TIMELY FILING:**

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

### **2. THE ACCEPTANCE DATE.**

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>
-------------------------

First Name

Last Name

Please type the date below:

Date

---

F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov) .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228



Check this box if you are preparing this return as a PRO preparer . . . . .

**Preparer / Electronic Return Originator (ERO) Information**

Preparer Name \_\_\_\_\_ Print name in signature area?   
Preparer Tax ID # (PTIN) \_\_\_\_\_  
NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_  
For NM, OR Preparers Only: State ID# \_\_\_\_\_  
Preparer E-mail \_\_\_\_\_ Print date on return?   
Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_  
**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

**Electronic Filing and Printing of Tax Return Information**

**Electronic Filing:**

- File **federal** return electronically
- File **state** returns electronically

Select state returns to file electronically:

State(s)

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

**Print and Mail Selections (use only if e-file ineligible):**

- Federal return printed and mailed to IRS
- State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

**Practitioner PIN Program:**

- Sign return electronically using Practitioner PIN
- Choose one:**
- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
  - Taxpayer(s) entered own PIN(s)
  - Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_  
Spouse's PIN filing a joint return (enter any 5 numbers) . . . . \_\_\_\_\_  
Date PIN entered. . . . . \_\_\_\_\_

**Identity Verification Information**

**Driver's License and/or State Id:**

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license
  - State issued identification card
  - Passport
  - Account statement from financial institution
  - Utility billing statement
  - Credit card billing statement
- 

**Finish and File Info:**

- To indicate a client return download in FnF

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet

<b>TurboTax for the Web Filing Status Smart Worksheet</b>	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status . . . . .	_____
Filing Status Selected . . . . .	_____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

<b>Substitute Form W-2 Smart Worksheet</b>	
<b>A</b> Treat as substitute W-2 and generate a form 4852 . . . . .	<input type="checkbox"/>
<b>B</b> Linked substitute W-2 Form 4852 . . . . . ▶	_____
<b>C</b> Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"	
_____	
_____	
<b>D</b> Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	
_____	
_____	
<b>E QuickZoom</b> to completed Form 4852 for reference . . . . . ▶	_____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

<b>Substitute Form W-2 Smart Worksheet</b>	
<b>A</b> Treat as substitute W-2 and generate a form 4852 . . . . .	<input type="checkbox"/>
<b>B</b> Linked substitute W-2 Form 4852 . . . . . ▶	_____
<b>C</b> Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"	
_____	
_____	
<b>D</b> Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	
_____	
_____	
<b>E QuickZoom</b> to completed Form 4852 for reference . . . . . ▶	_____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

**Mortgage Interest Limited Smart Worksheet**

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ▶

**Does your mortgage interest need to be limited:** Yes . . .  No . . .

**A Home mortgage interest and points reported on Form 1098:**

1 Sum of lines 5a through 5d below \_\_\_\_\_

2 Limited amount to report on Sch A, line 10 \_\_\_\_\_

**B Home mortgage interest not reported on Form 1098:**

1 Sum of lines 6a and 6b below \_\_\_\_\_

2 Limited amount to report on Sch A, line 11 \_\_\_\_\_

**C Points not reported on Form 1098:**

1 Sum of lines 7a through 7c below \_\_\_\_\_

2 Limited amount to report on Sch A, line 12 \_\_\_\_\_

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

**QuickZoom** to enter nontaxable combat pay on Form W-2 . . . . . ▶

**A Taxpayer:**

1 Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_

1a Taxpayer, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_

2 **Election for earned income credit (EIC):**  
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ▶  Yes  No

3 **Election for dependent care benefits (DCB):**  
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ▶  Yes  No

4 **Election for child and dependent care credit:**  
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? . . . . ▶  Yes  No

**B Spouse:**

1 Spouse, nontaxable combat pay . . . . . \_\_\_\_\_

1a Spouse, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_

2 **Election for earned income credit (EIC):**  
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . ▶  Yes  No

3 **Election for dependent care benefits (DCB):**  
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . ▶  Yes  No

4 **Election for child and dependent care credit:**  
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? . . . . ▶  Yes  No

**C** You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment \_\_\_\_\_ 170 . Amount due \_\_\_\_\_

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Hurricane and Wildfire Victims Smart Worksheet**  
Election to use 2016 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used for EIC and Additional Child Tax Credit calculations.

**A Elect to use 2016 earned income for EIC and Additional Child Tax Credit.** . . . . .  Yes  No

**B Taxpayer is eligible to elect to use 2016 earned income** (see Publication 4492 for details) . . . . .  Yes  No

**C Earned income for EIC from your 2016 return** . . . . . \_\_\_\_\_

**D Current year earned income for EIC** . . . . . 2,689.

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2016 earned income for EIC and Additional Child Tax Credit calculations.

**E You may compare the tax benefit of electing to use 2016 Earned Income** by checking the boxes on line A and B

Overpayment 170. Amount due \_\_\_\_\_

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

**A** Taxable and tax exempt interest . . . . . \_\_\_\_\_

**B** Dividend income . . . . . \_\_\_\_\_

**C** Capital gain net **income** . . . . . \_\_\_\_\_

**D** Royalty and rental of personal property net **income** . . . . . \_\_\_\_\_

**E** Passive activity net **income**:

**1** Rental real estate net income or loss . . . . . \_\_\_\_\_

**2** Farm rental net income or loss . . . . . \_\_\_\_\_

**3** Partnerships and S corporations net income or loss . . . . . \_\_\_\_\_

**4** Estates and trusts net income or loss . . . . . \_\_\_\_\_

**5** Total of lines 1 through 4 . . . . . \_\_\_\_\_

**6** Total passive activity net **income**, line 5 if greater than zero . . . . . \_\_\_\_\_

**F** Interest and dividends from Forms 8814 . . . . . \_\_\_\_\_

**G** Adjustments . . . . . \_\_\_\_\_

**H Total investment income**, add lines A through G . . . . . 0.

Is line H, **total investment income** over \$3,450?

**No.** You may take the credit.

**Yes. Stop.** You cannot take the credit.

Your first name and initial: VINUPA  
Last name: PUPPALA

If a joint return, spouse's first name and initial: \_\_\_\_\_  
Last name: \_\_\_\_\_

Your social security number: 8 7 4 : 5 2 : 6 9 1 8  
Spouse's soc. sec. no. if joint return: \_\_\_\_\_  
Telephone number (optional): (949) 402-9720

Home address (number and street). If a P.O. Box, see instructions: 600 FOLMAR STREET  
Apt. no.: A11

City, town or post office, state, and ZIP code: TROY AL 36081

Part I	
1 Alabama taxable income (Form 40, line 16 or Form 40NR, line 18)	1 -1,310.
2 Total tax liability (Form 40, line 21) or Net tax due (Form 40NR, line 20)	2 0.
3 Total payments (Form 40, line 27 or Form 40NR, line 27)	3 52.
4 Refund (Form 40, line 35 or Form 40NR, line 34)	4 52.
5 Amount you owe (Form 40, line 30 or Form 40NR, line 30)	5

**Part II**  
Refund and Payment Information

1 Routing number: 0 6 2 0 0 0 8 0

2 Account number: 7 9 8 5 0 4 7 0 2 1

3 Type of account:  Checking  Savings

4 Type of transaction:  Direct Deposit  Direct Debit

5  Paper Check (Check this box to have your refund issued by a paper check.)

**Part III**  
Declaration of Taxpayer

Under penalties of perjury, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator and that the amounts described in Part 1 above agree with the amounts shown on the corresponding lines of my 2017 Alabama individual income tax return. To the best of my knowledge and belief this return, including any accompanying schedules and statements, is true, correct, and complete. Also, I hereby authorize the Alabama Department of Revenue to disclose to my ERO described below, any information concerning the disbursement of the refund requested or any problems encountered in the processing of my return.

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Sign Here**

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature. If a joint return, BOTH must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part IV**  
Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's Alabama individual income tax return and that the entries on this form are complete and correctly represented based on all information of which I have any knowledge. I also declare that I have followed all other requirements described in IRS PUB. 1345, Revenue Procedures for Electronic Filing of Individual Income Tax Returns (Tax Year 2017), and the Alabama Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017). By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the **Alabama Department of Revenue**, as applicable by law. **If I am also the paid preparer, 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.**

**ERO's Use Only**

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if also paid preparer  Preparer's PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_  
ZIP Code \_\_\_\_\_

**Paid Preparer's Use Only**

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.

Preparer's signature **SELF-PREPARED** \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address \_\_\_\_\_ E.I. No. \_\_\_\_\_  
ZIP Code \_\_\_\_\_

FORM 40 Alabama 2017 Individual Income Tax Return RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2017, or other tax year:

Beginning: Ending: ●

Your social security number

● 874-52-6918

●  Check if primary is deceased  
Primary's deceased date (mm/dd/yy) ●

Spouse's SSN if joint return

●

●  Check if spouse is deceased  
Spouse's deceased date (mm/dd/yy) ●

Your first name Initial Last name

● VINUPA PUPPALA

Spouse's first name Initial Last name

●

Present home address (number and street or P.O. Box number)

● 600 FOLMAR STREET A11

City, town or post office

● TROY

State ZIP code

AL 36081

●  Check if address is outside U.S. Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

**Filing Status/Exemptions**  
 1 ●  \$1,500 Single  
 2 ●  \$3,000 Married filing joint  
 3 ●  \$1,500 Married filing separate. Complete Spouse SSN \_\_\_\_\_  
 4 ●  \$3,000 Head of Family (with qualifying person).

	A - Alabama tax withheld		B - Income	
	5a	52	5b	
<b>Income and Adjustments</b>				
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G) .....	●		●	
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J): .....	●	52.	●	2,690.
6 Interest and dividend income (also attach Schedule B if over \$1,500) .....			6	●
7 Other income (from page 2, Part I, line 9) .....			7	●
8 <b>Total income.</b> Add amounts in the income column for line 5b through line 7 .....			8	● 2,690.
9 Total adjustments to income (from page 2, Part II, line 12) .....			9	●
10 <b>Adjusted gross income.</b> Subtract line 9 from line 8 .....			10	● 2,690.

**Deductions**

You Must Attach page 2 of Federal Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR if claiming a deduction on line 12.

11	Box a or b <b>MUST</b> be checked. Check box a, if you <b>itemize deductions</b> , and enter amount from Schedule A, line 27. Check box b, if you <b>do not</b> itemize deductions, and enter <b>standard deduction</b> (see instructions) ● a <input type="checkbox"/> <b>Itemized Deductions</b> ● b <input checked="" type="checkbox"/> <b>Standard Deduction</b> .....	11	●	2,500.
12	Federal tax deduction (see instructions) <b>DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)</b>	12	●	0.
13	Personal exemption (from line 1, 2, 3, or 4) .....	13	●	1,500.
14	Dependent exemption (from page 2, Part III, line 2) .....	14	●	
15	<b>Total deductions.</b> Add lines 11, 12, 13, and 14 .....	15	●	4,000.

**Tax**

Staple Form(s) W-2, W-2G, and/or 1099 here.

16	<b>Taxable income.</b> Subtract line 15 from line 10 .....	16	●	-1,310.
17	<b>Income Tax due.</b> Enter amount from tax table or check if from ● <input type="checkbox"/> Form NOL-85A .....	17	●	0.
18	<b>Net tax due Alabama.</b> Check box if computing tax using Schedule NTC ● <input type="checkbox"/> , otherwise enter amount from line 17 ...	18	●	0.
19	Consumer Use Tax (see instructions). If you certify that no use tax is due, check box <input checked="" type="checkbox"/> .....	19	●	0.
20	<b>Alabama Election Campaign Fund.</b> You may make a voluntary contribution to the following: a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none .....	20a	●	
	b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none .....	20b	●	
21	<b>Total tax liability and voluntary contribution.</b> Add lines 18, 19, 20a, and 20b .....	21	●	0.

**Payments**

22	<b>Alabama income tax withheld</b> (from column A, line 5a) .....	22	●	52.
23	2017 estimated tax payments/Automatic Extension Payment .....	23	●	
24	Amended Returns Only — Previous payments (see instructions) .....	24	●	
25	Refundable portion of Alabama Accountability Act of 2013 Credit .....	25	●	
26	Refundable portion of Adoption Credit .....	26	●	
27	<b>Total payments.</b> Add lines 22, 23, 24, 25, and 26 .....	27	●	52.
28	Amended Returns Only — Previous refund (see instructions) .....	28	●	
29	<b>Adjusted Total Payments.</b> Subtract line 28 from line 27 .....	29	●	52.

**AMOUNT YOU OWE**

30	If line 21 is larger than line 29, subtract line 29 from line 21, and enter <b>AMOUNT YOU OWE.</b> Place payment, along with Form 40V, loose in the mailing envelope. ( <b>FORM 40V MUST ACCOMPANY PAYMENT.</b> )	30	●	
31	Estimated tax penalty. Also include on line 30 (see instructions page 12) .....	31	●	

**OVERPAID**

32	If line 29 is larger than line 21, subtract line 21 from line 29, and enter amount <b>OVERPAID</b> .....	32	●	52.
33	Amount of line 32 to be applied to your <b>2018 estimated tax</b> .....	33	●	

**Donations**

34	<b>Total Donation Check-offs</b> from Schedule DC, line 2 .....	34	●	
----	---	----	---	--

**REFUND**

35	<b>REFUNDED TO YOU.</b> (CAUTION: You must <b>sign</b> this return on the reverse side.) Subtract lines 33 and 34 from line 32. .... For Direct Deposit, check here ● <input checked="" type="checkbox"/> and complete Part V, Page 2.	35	●	52.
----	--	----	---	-----



**PART I**

1 Alimony received ..... 1 ●

2 Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions) ..... 2 ●

3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) ..... 3 ●

4a Total IRA distributions 4a ● 4b Taxable amount (see instructions) ..... 4b ●

5a Total pensions and annuities 5a ● 5b Taxable amount (see instructions) ..... 5b ●

6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) ..... 6 ●

7 Farm income or (loss) (attach Federal Schedule F) ..... 7 ●

8 Other income (state nature and source — see instructions) ..... 8 ●

9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7. .... 9 ●

**PART II**

1a Your IRA deduction ..... 1a ●

b Spouse's IRA deduction ..... 1b ●

2 Payments to a Keogh retirement plan and self-employment SEP deduction ..... 2 ●

3 Penalty on early withdrawal of savings ..... 3 ●

4 Alimony paid. Recipient's last name \_\_\_\_\_ SSN ● ..... 4 ●

5 Adoption expenses ..... 5 ●

6 Moving Expenses (Attach Federal Form 3903) to:  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ ..... 6 ●

7 Self-employed health insurance deduction ..... 7 ●

8 Payments to Alabama College Counts 529 Fund or Alabama PACT Program ..... 8 ●

9 Health insurance deduction for small employer employee (see instructions) ..... 9 ●

10 Costs to retrofit or upgrade home to resist wind or flood damage ..... 10 ●

11 Deposits to a catastrophe savings account ..... 11 ●

12 Total adjustments. Add lines 1 through 11. Enter here and also on page 1, line 9 ..... 12 ●

**PART III**

1a Dependents: (1) First name	Last name	(2) Dependent's Social Security Number	(3) Dependent's Relationship to You	(4) Did you provide more than one-half dependent's support?
Dependents		●		
Do not include yourself or your spouse		●		
		●		
		●		

b Total number of dependents claimed above ..... 1b ●

2 Amount allowed. (Multiply the total number of dependents claimed on line 1b by the amount from the dependent chart on page 10.)  
Enter amount here and on page 1, line 14 ..... 2 ●

**PART IV**

1 Residency Check only one box  Full Year  Part Year From 2017 through 2017.

2 Did you file an Alabama income tax return for the year 2016?  Yes  No If no, state reason WAS 'NT WORKING

3 Give name and address of present employer(s). Yours TROY UNIVERSITY UNIVERSITY AVE TROY AL 36082  
Your Spouse's \_\_\_\_\_

4 Enter the Federal Adjusted Gross Income ● \$ 2,689. and Federal Taxable Income ● \$ 0. as reported on your 2017 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)?  Yes  No  
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source \_\_\_\_\_ Amount ● \_\_\_\_\_

Source \_\_\_\_\_ Amount ● \_\_\_\_\_

**PART V** For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

Direct Deposit 1 Routing Number: 062000080 2 Type:  Checking  Savings 3 Account Number: 7985047021

4 Is this refund going to or through an account that is located outside of the United States?  Yes  No

Drivers License Info

DOB (mm/dd/yyyy) ● \_\_\_\_\_ Your state ● \_\_\_\_\_ DL# ● \_\_\_\_\_ Iss date (mm/dd/yyyy) ● \_\_\_\_\_ Exp date (mm/dd/yyyy) ● \_\_\_\_\_

DOB (mm/dd/yyyy) ● \_\_\_\_\_ Spouse state ● \_\_\_\_\_ DL# ● \_\_\_\_\_ Iss date (mm/dd/yyyy) ● \_\_\_\_\_ Exp date (mm/dd/yyyy) ● \_\_\_\_\_

●  I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.  
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.

**Sign Here In Black Ink** Keep a copy of this return for your records.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number (949) 402-9720 Your Occupation STUDENT

Spouse's Signature (if joint return, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Check if Self-employed  Preparer's SSN or PTIN ● \_\_\_\_\_ E.I. Number \_\_\_\_\_

**Paid Preparer's Use Only** SELF PREPARED

Firm's Name (or yours if self employed) \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_ ZIP Code \_\_\_\_\_

Address \_\_\_\_\_





**SCHEDULE**  
**W-2**  
(FORM 40, 40A, or 40NR)



**2017**  
1555



Alabama Department of Revenue  
**Wages, Salaries, Tips, etc.**

*Form must be completed fully in order to receive proper credit for your Alabama income tax withheld.*

*Attach a copy of all withholding statements to your return*

NAME(S) AS SHOWN ON TAX RETURN

PRIMARY SOCIAL SECURITY NO.

SPOUSE SOCIAL SECURITY NO.

VINUPA PUPPALA

874-52-6918

A	B	C	D	E	F	G	H	I	J
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States
1 • 874-52-6918	• 636001102	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 0000038525	• 52.	• 2,656.	• 2,657.	•
2 • 874-52-6918	• 522208088	• <input type="checkbox"/>	• <input type="checkbox"/>	• AL	• 000792222	•	• 33.	• 33.	•
3 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
4 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
5 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
6 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
7 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
8 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
9 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
10 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
11 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
12 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
13 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
14 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
15 •	•	• <input type="checkbox"/>	• <input type="checkbox"/>	•	•	•	•	•	•
16	<b>TOTAL ALABAMA TAX WITHHELD FROM W-2S.</b> Total lines 1-15, Column G and enter the amount here.....					• 52.			
17	<b>ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs.</b> Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements .....					• 0.			
18	<b>TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2S, 1099S, AND W-2GS.</b> See instructions.....					• 52.	• 2,689.	• 2,690.	•

## Income Worksheet

**2017**

Name as Shown on Return VINUPA PUPPALA	Social Security Number 874-52-6918
---	---------------------------------------

**Wages, Salaries, Tips, Etc for Line 5 of Form 40/40NR**

Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Check this box if you are excluding income and plan to attempt to electronically file your return.

**NOTE: Part-year** residents may use this worksheet to remove non Alabama source income. Resident and Non-Resident returns may be rejected during electronic filing if you exclude income by marking boxes in the # column.

Payer's name	#	State name	Gross earnings	Alabama wages	Alabama tax withheld
TROY UNIVERSITY	<input type="checkbox"/>	AL	2,657.	2,657.	52.
SODEXO OPERATIONS LLC	<input type="checkbox"/>	AL	33.	33.	
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
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	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>Total . . . . .</b>			2,690.	2,690.	52.

**Other Income for Form 40/40NR**

# Special Type Indicator (X = Income will not be included in your return)  
Check this box to exclude income from your Alabama return.

Description	#	Total amount	Alabama amount
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
<b>Total . . . . .</b>			

Name(s) Shown on Return  
vinupa puppala

Your Social Security Number  
874-52-6918

**Part I 2018 Estimated Tax Amount Options**

**1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:**

- a 100% of **2017** taxes or  0.  
110% of **2017** taxes on higher income (default, see Tax Help) . . . . .
- b 100% of tax on **2018** estimated taxable income . . . . .
- c 90% of tax on **2018** estimated taxable income . . . . .
- d 66-2/3% of tax on **2018** estimated taxable income (farmers and fishermen) . . . . .
- e Equal to 100% of overpayment (no vouchers) . . . . .  52.
- f Enter total amount you want to use for estimates and check box

**2 Selected estimated tax amount:**

- a 2018 Required Annual Payment based on your choice above . . . . . 0.
- b Estimated amount of 2018 state income tax withholding . . . . . 52.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$500 or more (default) . . . . .
- b Calculate estimates if                      (specify amount) or more . . . . .
- c Calculate estimates regardless of amount . . . . .
- d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

**1** Amount of overpayment available . . . . . 52.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . .
- b Apply all (increase estimate if required) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . .
- d Apply to extent of first quarter amount and refund excess . . . . .
- e Enter amount you want to apply
- f Amount applied to 2018 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 52.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options**

**1 Select Rounding Option:**

- a  ◀ Round up to next \$1    b  ◀ Round up to next \$10    c  ◀ Round up to next \$100    d  ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a  ◀ Print (per Part I, lines 3a - c)    b  ◀ Print only name, etc.    c  ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 16, 2018	<b>2</b> Jun 15, 2018	<b>3</b> Sep 17, 2018	<b>4</b> Jan 15, 2019	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, 2018, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .					
<b>4</b> Overpayment applied . . . . .					
<b>5</b> Net payment due . . . . .					
<b>6</b> Voucher amounts . . . . .					

**Part V Changes to Income, Deductions and Withholding for 2018**

2017 income and deductions are entered in the '2017 Actual' column below.

\*For each line in the '2018 Estimated' column, enter estimated 2018 amount if you expect 2018 amount to be **Different**; otherwise, the '2018 Actual' amount will be used for that line. If you expect zero, you must enter zero.

	2017 Actual	2018 Estimated
A Adjusted gross income . . . . .	2,690.	
B Standard or itemized deductions . . . . .	2,500.	
C Federal income tax liability . . . . .	0.	
D Personal and dependent exemption(s) . . . . .	1,500.	
E Income tax withheld . . . . .	52.	

**Part VI 2018 Estimated Taxable Income and Tax**

1	Enter amount of adjusted gross income expected in taxable year . . . . .	1	2,690.
2	If deductions are itemized, enter total of such deductions expected. If deductions will not be itemized, enter the amount from the standard deduction table. . . . .	2	2,500.
3	Enter amount of federal income tax liability for taxable year . . . . .	3	0.
4	Total of lines 2 and 3 . . . . .	4	2,500.
5	Subtract line 4 from line 1. Enter balance here . . . . .	5	190.
6	Personal exemption and dependent exemption(s) (see instructions for Forms 40 and 40NR for amounts) . . . . .	6	1,500.
7	Subtract line 6 from line 5. This is your estimated taxable income. . . . .	7	-1,310.
8	Compute tax on amount on line 7 at the following rates: <input checked="" type="checkbox"/> <b>Single or Married and Filing Separately</b> a 1st \$500 2% b Next \$2,500 4% c Over \$3,000 5% <input type="checkbox"/> <b>Married and Filing Jointly</b> a 1st \$1,000 2% b Next \$5,000 4% c Over \$6,000 5%	8a 8b 8c	
9	Add lines 8a, 8b, and 8c. . . . .	9	

**Part VII Record of State of Alabama Estimated Tax Payments and Credit**

1	Amount	Date Paid	Check Number, etc
Overpayment credit from last year credited to estimated tax for this year. (Make sure this credit is shown in the proper space on your Alabama income tax return for last year and on line 2 of Form 40-ES) . . . . .	0.		
2 First payment . . . . .		04/17/18	
3 Second payment . . . . .		06/15/18	
4 Third payment . . . . .		09/17/18	
5 Fourth payment . . . . .		01/15/19	
6 Total (Enter this amount on the proper line of your 2018 <b>Alabama Individual Income Tax Return, Form 40 or Form 40NR</b> ). . . . .	0.		

**Note:** The Alabama Department of Revenue does not send notices of amounts paid on estimated tax. Therefore, it is important that you retain this record.

## Computation of Net Operating Loss Worksheet

Name(s) as Shown on Form 40, or 40NR  
vinupa puppala

Your Social Security No.  
874-52-6918

### NOL-85 Lines 1b and 7b

Description	Total Gain/Loss	Business Gain/Loss	Nonbusiness Gain/Loss	L S
<b>Total</b>				

### NOL-85 Line 3b-Miscellaneous Deductions Subject to 2%

Description	AL Schedule A	Business	Nonbusiness
Unreimbursed employee expenses			
Other expenses			
Total deductions subject to 2%			
2% of AGI			
Miscellaneous deductions less 2% of AGI			

Alabama Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name vinupa
Middle Initial
Last Name puppala
Social Security No. 874-52-6918
Occupation student
Date of Birth 11/03/1994
Date of Death
Resident State AL
Work Phone (949) 402-9720
Home Phone

Spouse:

First Name
Middle Initial
Last Name
Social Security No.
Occupation
Date of Birth
Date of Death
Resident State
Work Phone

Print taxpayer phone number on the main form

Home checkbox

Taxpayer work checkbox

Print spouse phone number on the main form

Home checkbox

Spouse work checkbox

Address 600 folmar street Apt A11
City Troy State AL ZIP Code 36081
Country, if foreign

Part II - Main Forms

- Form 40: Resident Tax Return (Long form)
Form 40NR: Nonresident Tax Return
Form 40: Part-Year Resident Tax Return
Part-Year residents must complete the Part-Year Worksheet
From 2017 to 2017. Number of months

Alabama special rules for part-year resident with Alabama source income while nonresident:

Yes No
Did you receive Alabama source income while a nonresident of Alabama?

Part III - Filing Status

- Single
Married filing joint return
Married filing separate return.
Spouse name. Social security number
Last First
Enter 'X' if you did not live with your spouse during the year.
Enter 'X' if married filing separate and you cannot itemize deductions
Unmarried head of family (with qualifying person). Qualifying person's name, social security number and relationship. Name. Social security number Relationship

Part IV - Form 2210 Information

Enter tax liability from 2016 return Form 40, line 19a or Form 40NR line 20
Do not file Alabama Form 2210AL
Enter adjusted gross income from 2016 return Form 40, line 10 or Form 40NR, line 12

**Part V – General Information**

**Yes No**  
  Did you file an Alabama income tax return for the year 2016?

If no, state reason why . . . . . was 'nt working

Name and address of your present employer:

Taxpayer:

	Employer Name	Address	City	ST	Zip
X	TROY UNIVERSITY	UNIVERSITY AVE	TROY	AL	36082
	SODEXO OPERATIONS LLC	P.O. BOX 17033	AUGUSTA	GA	30903
	Retired				
	None				

Spouse:

	Employer Name	Address	City	ST	Zip

**Full and Part Year Residents only:**

**Yes No**  
  Do you have income that is reported in your federal return but not reported in your Alabama return?

If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source . . . . .	_____	Amount . . . . .	_____
Source . . . . .	_____	Amount . . . . .	_____
Source . . . . .	_____	Amount . . . . .	_____
Source . . . . .	_____	Amount . . . . .	_____

**Yes No** Do you have any income earned in the year that your spouse was killed in action in a designated combat zone?

If yes, enter the total amount of income not taxable in Alabama . . . . . \_\_\_\_\_

**Driver's License for Electronic Filing**

	Taxpayer	Spouse
State Issued Driver's License . . . . .	Alabama	_____
Driver's License Number . . . . .	9713604	_____
Date Driver's License Issued	10/27/2017	_____
Date Driver's License Expires	01/01/2019	_____

**State ID for Electronic Filing**

	Taxpayer	Spouse
Issuing State . . . . .	_____	_____
State Identification number . . . . .	_____	_____
State ID Issue Date . . . . .	_____	_____
State ID Expiration Date . . . . .	_____	_____

Part VI – Direct Deposit Information or Direct Debit Information

**Yes**     **No**  
 Use **direct deposit** for **state tax refund**?  
 Use **paper check** for **state tax refund**?  
 Use **direct debit** for **state tax payment** (Electronic Filing Only)?

Bank Information

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . \_\_\_\_\_  
 Account type . . . . . Checking  Savings   
 Routing number . . . . . 062000080  
 Account number . . . . . 7985047021  
 Enter the payment date to withdraw from the account above \_\_\_\_\_  
 State balance-due amount from this return \_\_\_\_\_

International ACH Transactions

**Yes**     **No**  
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Taxes deductible on Line 6 of Schedule A that were paid in prior years

1	Prior Year(s) Self-employment tax paid in 2016 and prior years . . . . .	1	_____
2	Social security/Medicare tax on tips paid in 2016 and prior years . . . . .	2	_____
3	Household employment taxes paid in 2016 and prior years . . . . .	3	_____

Part VIII – Extension Status

**Yes**     **No**  
 Tax return due date extended?  
 Extended due date . . . \_\_\_\_\_  
**QuickZoom** to Form 40V . . . . . ► \_\_\_\_\_

Part IX– Amended Return

Filing an Alabama amended return  
 Enter the tax year you are amending . . . . . \_\_\_\_\_  
 Previous Alabama payment made \_\_\_\_\_  
 Previous Alabama refund received \_\_\_\_\_  
**QuickZoom** here to Form 40 . . . . . ► \_\_\_\_\_  
**QuickZoom** here to Form 40NR . . . . . ► \_\_\_\_\_





# Dividend Income Statement

**2017**  
**Statement** \_\_\_\_\_

Name(s) shown on return  
vinupa puppala

Social Security Number  
874-52-6918

## Dividend Income and Adjustments

Payer's Name	Federally Exempt Interest Dividends		Ordinary Dividends	Capital Gain Distributions	Nontax Distributions	Type of Adj & Adj Amt (enter as positive)	U.S. Interest Amount included in Dividends
	*	Amount					
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

\* Enter 'X' if tax-exempt for Alabama purposes

## Summary of Dividends

<b>1</b>	Total Gross Dividends . . . . .	
<b>2</b>	Nominee and Other Adjustments . . . . .	
<b>3</b>	Exempt-Interest Dividends . . . . .	
<b>4</b>	US Interest Amount Included in Dividends (net) . . . . .	
<b>5</b>	Total Adjustment Amount . . . . .	
<b>6</b>	Subtotal (Line 1 less Line 5) . . . . .	
<b>7</b>	Capital Gains (net) . . . . .	
<b>8</b>	Nontaxable Distributions (net) . . . . .	
<b>9</b>	Total of Line 7 and Line 8 . . . . .	
<b>10</b>	Net Dividend Income (Line 6 less Line 9) . . . . .	

Report 2017 purchases for use in Alabama from out-of-state sellers on which tax was not collected by the seller.

Name  
vinupa puppala

Social Security Number  
874-52-6918

check here if no purchases were made requiring Use Tax

1. a. All purchases EXCEPT automotive vehicles and farm machinery . . . . .	
b. Tax Rate (Note: If under \$2,500 the lesser of Table or Worksheet amount)	.04
c. Tax Due . . . . .	
2. a. ATVs, off-road motorcycles, riding lawnmowers, self propelled construction equipment and other automotive vehicles that are <b>not</b> titled or registered by the county licensing official . . . . .	
b. Tax Rate	.02
c. Tax Due	
3. a. Farm machinery or equipment and replacement parts thereof . . . . .	
b. Tax Rate	.015
c. Tax Due	
4. TOTAL TAX DUE (Total of line 1c, 2c, and 3c). Carry this amount to Form 40 line 19 . . . . .	0.



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name vinupa puppala	Social Security Number 874-52-6918
------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	52.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	52.
15	Date return will be filed and balance paid . . . . .	15	

**Tax Summary**  
 ► Keep for your records

**2017**

Name(s) vinupa puppala	
<b>Total income</b> .....	2,690.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	2,690.
<b>Itemized/standard deduction</b> .....	2,500.
<b>Exemptions and deductions</b> .....	1,500.
<b>Taxable income</b> .....	-1,310.
<b>Tax due</b> .....	0.
<b>Consumer use tax</b> .....	0.
<b>Voluntary contributions</b> .....	
<b>Penalty</b> .....	
<b>Credits</b> .....	
<b>Total tax liability</b> .....	0.
<b>Withholding</b> .....	52.
<b>Total payments</b> .....	52.
<b>Balance due</b> .....	
<b>Overpayment applied to next year's tax</b> .....	
<b>Amount of overpayment to be donated</b> .....	
<b>Refund</b> .....	52.