1040		ent of the Treasury - Internal Revenue Individual Income		(99 Retur		17	OMB No	. 1545-0074	IRS U	se Only-Do not writ	te or staple in this spa	ace.
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning					, 2017, ending , 20				See separate instructions.			
Your first name and initial Last nam										Your social security number		
RAMANI VISWANA				WANAT	ΓΗΑΝ					477-63-9806		
If a joint return, spouse's first name and initial Last name										Spouse's social security number		
UMA A	THEES	WARAN				948-97-2380						
Home address (nur	nber and stre	et). If you have a P.O. box, see instru	ctions.					Ар	t. no.	▲ Make si	ure the SSN(s) a	above
_5211 CI	TRUS	BLVD						Q1	.19	and on	line 6c are corr	ect.
City, town or post o	ffice, state, ar	nd ZIP code. If you have a foreign ad	dress, also	complete spa	aces below (see in	structions).				Presidentia	al Election Campaig	n
New Orleans LA					70123						u, or your spouse if fil o go to this fund. Che	
Foreign country nar			Foreign p	rovince/state/coun	vince/state/county		Foreign postal code		a box below will not change your tax or			
						_				refund.	You S _l	pouse
Filing 1	Single			4					n). (See instructions our dependent, ent			
Status ²	X Marrie	d filing jointly (even if only o	our appendent, em	ior uno								
Check only one 3	Married	filing separately. Enter spouse's SSN										
box.	and full r	name here.			5			low(er) (see				
Exemptions	6a										Boxes checked on 6a and 6b	2
•	b	X Spouse			· · · · · · · · · · · ·				• • •	4) Chk if child unde	No. of children	
	c Dependents:				(2) Dependent's social security number		(3) Dependent's relationship to you			age 17 gualifying	on 6c who: ■ lived with you	. 2
	(1) First nam				,					for child tax credit (see instructions)	did not live w you due to divor	
If more than four	ACHYUT:				948-97-2		Son			x x	or separation (see instructions	
dependents, see	ASMITH.	A RAMANI	_		948-97-2	2429	Dau	ghter		<u> </u>	_ Dependents on 6	•
instructions and check here											_ not entered abov	ve
cneck nere	d	Total number of exemptions	claime	d							Add numbers on lines above	4
_	7	Wages, salaries, tips, etc. A						<u></u> 			97,6	579
Income	8a	Taxable interest. Attach So		` '						• • • •	2,7,0	<i></i>
	b	Tax-exempt interest. Do n		•		1	1					
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach								9a		
attach Forms	b	Qualified dividends										
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes 10										
1099-R if tax	11	Alimony received										
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ										
If you did not	13	Capital gain or (loss). Attac	h Sched	lule D if red	quired. If not r	equired,	check	here	• [13		
get a W-2,	14	Other gains or (losses). At	tach For	m 4797 .						14		
see instructions.	15a	IRA distributions	15a					e amount				
	16a	Pensions and annuities .						e amount				
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F									(1,6	590)
	18											
	19	Unemployment compensation	1 1			1						
	20a	Social security benefits .	20a			b	ıaxabı	e amount				
	21 22	Other income Combine the amounts in the fa	r right on	lumn for line	o 7 through 21	This is we	ur total	incomo		<u>21</u> 22	95,9	280
	23							income .	• • •	22	95,3	709
Adjusted	24	Certain business expenses of i					,					
Gross		fee-basis government officials.		2	1							
Income	25	Health savings account deduction. Attach For										
	26	•	oving expenses. Attach Form 3903				3					
	27		luctible part of self-employment tax. Attach s				7					
	28	Self-employed SEP, SIMPL			3							
	29	Self-employed health insura	luction .		29	9						
	30	Penalty on early withdrawa		-								
	31a	Alimony paid b Recipient's										
	32	IRA deduction				32	2					
	33	Student loan interest deduc										
	34	Tuition and fees. Attach For	m 8917			3	1					

Domestic production activities deduction. Attach Form 8903

Subtract line 36 from line 22. This is your adjusted gross income

36

37

35

36 37

Form 1040 (2017)RAN	MANI VISWANATHAN & UMA VAITHEESWARAN	477	-63-9806 Page 2				
Tax and	38	Amount from line 37 (adjusted gross income)	. 38	95,989				
	39a	Check f You were born before January 2, 1953, Blind. 1 Total boxes						
Credits		if: Spouse was born before January 2, 1953, Blind. Checked ▶ 39a						
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	7					
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	24,319				
Deduction for -	41	Subtract line 40 from line 38		71,670				
People who	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		16,200				
check any box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		55,470				
39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	7,389				
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251		7,307				
dependent,		,						
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962		7,389				
●All others:	47	Add lines 44, 45, and 46	47	1,309				
Single or	48	Foreign tax credit. Attach Form 1116 if required	-					
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49	-					
\$6,350	50	Education credits from Form 8863, line 19	4					
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51	_					
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if required	_					
widow(er), \$12,700	53	Residential energy credits. Attach Form 5695	4					
Head of	54	Other credits from Form: a 3800 b 8801 c 54	_					
household,	55	Add lines 48 through 54. These are your total credits	. 55	2,000				
\$9,350	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0 ▶	56	5,389				
	57	Self-employment tax. Attach Schedule SE	57					
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58					
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59					
	60 a	Household employment taxes from Schedule H	60a					
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b					
	61	Health care: individual responsibility (see instructions) Full-year coverage X	61					
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62					
	63	Add lines 56 through 62. This is your total tax	63	5,389				
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 9,108						
Taymonto	65	2017 estimated tax payments and amount applied from 2016 return 65						
If you have a qualifying	66a	Earned income credit (EIC) 66a		NO				
child, attach	b	Nontaxable combat pay election 66b						
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67						
	68	American opportunity credit from Form 8863, line 8 68						
	69	Net premium tax credit. Attach Form 8962 69	_					
	70	Amount paid with request for extension to file	_					
	71	Excess social security and tier 1 RRTA tax withheld 71	_					
	72	Credit for federal tax on fuels. Attach Form 4136						
	73	Credits from Form: a 2439 b Reserved c 8885 d 73						
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	9,108				
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,719				
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ►	76a	3,719				
Direct deposit?	► b	Routing number X X X X X X X X >c Type: Checking Savings	7.00	37713				
See	⊳ d	Account number X X X X X X X X X X X X X X X X X X X						
instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax > 77						
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78					
You Owe	79	Estimated tax penalty (see instructions)	70					
Third Party			es Con	nplete below. X No				
Designee	Design name			Inpicte below. ZI NO				
		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief,	hey are true	e, correct, and				
Sign		ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which	preparer ha					
Here	Tour S	ignature Date Your occupation SOFTWARE ENGINE	סיב	Daytime phone number 682-802-2334				
Joint return? See	Snous	١٢.	Identity Protection PIN (see inst.)					
instructions. Keep a copy for	Ороцо	e's signature. If a joint return, both must sign. Date Spouse's occupation		identity i fotection i iiv (see inst.)				
your records.	D	HOMEMAKER Pare's signature Date Charle		PTIN				
	riepai	one of signature of the control of t						
Paid	D=:+/*		mployed					
Preparer		Print/Type preparer's name MOULI Firm's name ► GLOBAL TAXES LLC Firm's EIN ►						
Use Only		m's name ► GLOBAL TAXES LLC Firm's EIN ► 30-101719 m's address ► 2530 Pebble Creek Ln						
	rırm's		2	12-920-4151				