

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/17/2018**

# 2018 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

867.

REV 11/13/17 PRO 1555

618-98-6794                      209-80-8750  
VENKATA KRISHNA CURAPATI MURALI  
KAVITHA THANDI PANDURANGAN  
45342 SEDRA CT  
NOVI MI 48375

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

618986794 RW CURA 30 0 201812 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/15/2018**

## 2018 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

867.

REV 11/13/17 PRO 1555

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/17/2018**

# 2018 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	867.
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REV 11/13/17 PRO 1555

618-98-6794                      209-80-8750  
VENKATA KRISHNA CURAPATI MURALI  
KAVITHA THANDI PANDURANGAN  
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INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

618986794 RW CURA 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 01/15/2019

# 2018 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	867.
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REV 11/13/17 PRO 1555

618-98-6794                      209-80-8750  
VENKATA KRISHNA CURAPATI MURALI  
KAVITHA THANDI PANDURANGAN  
45342 SEDRA CT  
NOVI MI 48375

INTERNAL REVENUE SERVICE  
PO BOX 802502  
CINCINNATI OH 45280-2502

618986794 RW CURA 30 0 201812 430

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>VENKATA KRISHNA CURAPATI MURALI</b>	Social security number <b>618-98-6794</b>
Spouse's name <b>KAVITHA THANDI PANDURANGAN</b>	Spouse's social security number <b>209-80-8750</b>

**Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>156,888.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>20,848.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<b>19,466.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	<b>1,382.</b>

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

8	6	7	9	4
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 as my signature on my tax year 2017 electronically filed income tax return.   
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

0	8	7	5	0
---	---	---	---	---

 as my signature on my tax year 2017 electronically filed income tax return.   
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8					
---	---	---	---	---	---	--	--	--	--	--

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, Missouri, New Hampshire, New York, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
Connecticut, District of Columbia, Maryland, Pennsylvania, Rhode Island, West Virginia	Internal Revenue Service P.O. Box 37910 Hartford, CT 06176-7910
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V (2017)

Department of the Treasury  
Internal Revenue Service (99)

**2017**

**Form 1040-V Payment Voucher**

- G Use this voucher when making a payment with Form 1040.
- G Do not staple this voucher or your payment to Form 1040.
- G Make your check or money order payable to the 'United States Treasury.'
- G Write your social security number (SSN) on your check or money order.

Enter the amount of your payment . . . . . G	<b>1,382.</b>
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REV 02/15/18 PRO 1555

VENKATA KRISHNA CURAPATI MURALI  
KAVITHA THANDI PANDURANGAN  
45342 SEDRA CT  
NOVI MI 48375

INTERNAL REVENUE SERVICE  
P.O. BOX 802501  
CINCINNATI, OH 45280-2501

618986794 RW CURA 30 0 201712 610

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and initial <b>VENKATA KRISHNA</b>	Last name <b>CURAPATI MURALI</b>	<b>Your social security number</b> 618-98-6794
If a joint return, spouse's first name and initial <b>KAVITHA</b>	Last name <b>THANDI PANDURANGAN</b>	<b>Spouse's social security number</b> 209-80-8750
Home address (number and street). If you have a P.O. box, see instructions. <b>45342 SEDRA CT</b>		Apt. no. <b>▲</b> Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>NOVI MI 48375</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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). (See instructions.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
Aditya	Curapati murali Venkata Krishna	755-70-2581	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**d** Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** 2

**No. of children on 6c who:**

- lived with you 1
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** **3**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	155,988.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	900.
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount . . . . .	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	156,888.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	156,888.

	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	156,888.
<b>Tax and Credits</b>	<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b>	<b>39a</b>	
		if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked</b> ▶		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	<b>39b</b>	<input type="checkbox"/>
<b>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	27,258.
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	129,630.
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150.
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	117,480.
	<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	20,848.
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	20,848.
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>		
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>		
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>		
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	20,848.	
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	20,848.	
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,466.
	<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>		
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,466.	
<b>Refund</b>	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	
	<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	
	<b>b</b>	Routing number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>		
<b>Amount You Owe</b>	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	1,382.
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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) ▶ \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately 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 has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		SOFTWARE ENGINEER	
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.)
		SOFTWARE ENGINEER	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	06/04/2018	<input type="checkbox"/>	P02090332
Firm's name ▶	Firm's EIN ▶		Phone no.	
GLOBAL TAXES LLC	30-1017196		(678)965-9729	
Firm's address ▶	2530 Pebble Creek Ln Cumming GA 30041			



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

V CURAPATI MURALI & K THANDI PANDURANGAN

618-98-6794

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)	<b>1</b>	
<b>2</b>	Enter amount from Form 1040, line 38	<b>2</b>	
<b>3</b>	Multiply line 2 by 7.5% (0.075)	<b>3</b>	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>	

**Taxes You Paid**

<b>5</b>	State and local (check only one box):	<b>5</b>	
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		10,328.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions)	<b>6</b>	
<b>7</b>	Personal property taxes	<b>7</b>	7,000.
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8	<b>9</b>	17,328.

**Interest You Paid**

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	9,930.
<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions)	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14	<b>15</b>	9,930.

**Note:**  
Your mortgage interest deduction may be limited (see instructions).

**Gifts to Charity**

If you made a gift and got a benefit for it, see instructions.

<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>16</b>	
<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	<b>17</b>	
<b>18</b>	Carryover from prior year	<b>18</b>	
<b>19</b>	Add lines 16 through 18	<b>19</b>	

**Casualty and Theft Losses**

<b>20</b>	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	<b>20</b>	
-----------	--	-----------	--

**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶	<b>21</b>	
<b>22</b>	Tax preparation fees	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23	<b>24</b>	
<b>25</b>	Enter amount from Form 1040, line 38	<b>25</b>	
<b>26</b>	Multiply line 25 by 2% (0.02)	<b>26</b>	
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>	

**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
-----------	---	-----------	--

**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		27,258.
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here		

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

V CURAPATI MURALI & K THANDI PANDURANGAN

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					156,888.
Adjustments to income					
Adjusted gross income					156,888.
Tax expense . . . . .					17,328.
Interest expense . . .					9,930.
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					27,258.
Exemption amount . .					12,150.
Taxable income . . . .					117,480.
Tax . . . . .					20,848.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					19,466.
Form 2210 penalty . .					
Amount owed . . . . .					1,382.
Applied to next year's estimated tax .					
Refund . . . . .					
Effective tax rate % . .					13.29
**Tax bracket % . . . .					25.0

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (V CURAPATI MURALI & K THANDI PANDURANGAN) and Social Security Number (618-98-6794)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 86794 Spouse's PIN (5 numbers) . . . . . 08750 Date . . . . . 03/24/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
  - ▶ Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Your Social Security No. 618-98-6794
---	---

**Ownership**

Owned by (check one):  
 Taxpayer     Spouse     Joint

**Statement Information**

RECIPIENT'S/LENDER'S Name FIFTH THIRD MORTGAGE COMPANY	<b>1</b> Mortgage interest received from payer(s) <div style="text-align: right;">9,930.</div>
Street address 5001 KINGSLEY DRIVE City State ZIP code CINCINNATI OH 45263 Telephone number	<b>2</b> Outstanding mortgage principal as of 1/1/2017 <div style="text-align: right;">276,833.00</div>
RECIPIENT'S federal identification number PAYER'S social security number 618-98-6794	<b>3</b> Mortgage origination date <div style="text-align: right;">04/19/2013</div>
PAYER'S/BORROWER'S name VENKATA KRISHNA CURAPATI MURALI Street address 45342 SEDRA CT City State ZIP code NOVI MI 48375	<b>4</b> Refund of overpaid interest <b>5</b> Mortgage insurance premiums <b>6</b> Points paid on purchase of principal residence
<b>7</b> The address above is the same as the address of the property securing the mortgage . . . <input checked="" type="checkbox"/> <b>(If not, enter the property address in box 8)</b>	<b>8</b> Address of the property securing this mortgage (if different than your mailing address shown) Street address City State ZIP code
<b>9</b> If the property securing the mortgage has no address, provide a description of the property below	<b>10</b> Property tax
Account number	

**Mortgage Use**

**Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.**

**1** Mortgage was used to finance (check one):

<b>a</b> <input checked="" type="checkbox"/> Main home	<b>b</b> <input type="checkbox"/> Second home	<b>c</b> <input type="checkbox"/> Business activity
<b>d</b> <input type="checkbox"/> Rental activity	<b>e</b> <input type="checkbox"/> Farm activity	<b>f</b> <input type="checkbox"/> Farm rental activity
<b>g</b> <input type="checkbox"/> Royalty activity	<b>h</b> <input type="checkbox"/> Other	

**2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity . . . . .

<b>a</b> Schedule C, Business . . . . .	_____
<b>b</b> Schedule F, Farm . . . . .	_____
<b>c</b> Schedule E, Rental or Royalty . . . . .	_____
<b>d</b> Form 4835, Farm Rental . . . . .	_____

**Rental of Owner-Occupied or Vacation Home**

**1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? . . . . .  Yes  No  NA

**2** If yes, complete lines 2a and 2b:

<b>a</b> Mortgage interest qualifying for main or second home treatment . . . . .	_____
<b>b</b> Mortgage interest <b>not</b> qualifying for main or second home treatment . . . . .	_____

**Mortgage Insurance Premiums Information**

**1** Did your home loan close after December 31, 2006? . . . . .  Yes  No

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . CURAPATI MURALI  
 First name . . . . . VENKATA KRISHNA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 618-98-6794  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 08/25/1968 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 49  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . VENKATKRISHNA.77@GMAIL.COM  
 Work phone . . . . . (510) 402-3605 Ext \_\_\_\_\_  
 Cell phone . . . . . (510) 402-3605  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . . . . . THANDI PANDURANGAN  
 First name . . . . . KAVITHA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 209-80-8750  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 08/28/1976 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 41  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . KAVITHATP@GMAIL.COM  
 Work phone . . . . . Ext \_\_\_\_\_  
 Cell phone . . . . . (248) 756-3045  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (510) 402-3605  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 45342 SEDRA CT Apt no. . . . .  
 City . . . . . NOVI State . . . . . MI ZIP code . . . . . 48375

**Foreign Address:** Check this box to use foreign address . . .

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .
- 5 Qualifying widow(er)
  - Year spouse died  2015  2016
  - 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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
Aditya Curapati murali Venkata Krishna		755-70-2581 Son	11/05/2011	6	12		L	

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

► Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
---	---------------------------------------

INCOME	Federal Amount	CA Amount
1 Wages, salaries, tips, etc. . . . . T	126,771.	50,062.
S	29,217.	
2 Taxable interest . . . . . T		
S		
3 Dividends . . . . . T		
S		
4 State/local tax refunds . . . . . T		
S		
5 Alimony received . . . . . T		
S		
6 Business income or loss . . . . . T		
S		
7 Capital gain or loss . . . . . T		
S		
8 Other gains and losses . . . . . T		
S		
9 Taxable IRA distribution . . . . . T		
S		
10 Taxable pension and annuities . . . . . T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
S		
12 Farm income or loss . . . . . T		
S		
13 Unemployment compensation . . . . . T	900.	
S		
14 a Taxable social security benefits . . . . . T		
S		
b Taxable railroad retirement benefits . . . . . T		
S		
15 Other income . . . . . T		
S		
16 Total income . . . . . T	127,671.	50,062.
S	29,217.	

## Nonresident State Allocation Worksheet

V CURAPATI MURALI & K THANDI PANDURANGAN

618-98-6794

	<b>ADJUSTMENTS</b>		Federal Amount	CA Amount
17	Educator expenses . . . . .	T		
		S		
18	Certain business expenses . . . . .	T		
		S		
19	Health savings account deduction . . . . .	T		
		S		
20	Moving expenses . . . . .	T		
		S		
21	Self-employment tax deduction . . . . .	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
		S		
23	Self-employed health insurance deduction . . . . .	T		
		S		
24	Penalty on early withdrawal of savings . . . . .	T		
		S		
25	Alimony paid . . . . .	T		
		S		
26	IRA deduction . . . . .	T		
		S		
27	Student loan interest deduction . . . . .	T		
		S		
28	Tuition/fees deduction . . . . .	T		
		S		
29	Domestic production activities deduction . . . . .	T		
		S		
30	Total other adjustments . . . . .	T		
		S		
31	<b>Total adjustments</b> . . . . .	T		
		S		
32	<b>Adjusted gross income</b> . . . . .	T	127,671.	50,062.
		S	29,217.	

► Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
---	---------------------------------------

INCOME	Federal Amount	GA Amount
1 Wages, salaries, tips, etc. . . . . T	126,771.	72,173.
S	29,217.	
2 Taxable interest . . . . . T		
S		
3 Dividends . . . . . T		
S		
4 State/local tax refunds . . . . . T		
S		
5 Alimony received . . . . . T		
S		
6 Business income or loss . . . . . T		
S		
7 Capital gain or loss . . . . . T		
S		
8 Other gains and losses . . . . . T		
S		
9 Taxable IRA distribution . . . . . T		
S		
10 Taxable pension and annuities . . . . . T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
S		
12 Farm income or loss . . . . . T		
S		
13 Unemployment compensation . . . . . T	900.	
S		
14 a Taxable social security benefits . . . . . T		
S		
b Taxable railroad retirement benefits . . . . . T		
S		
15 Other income . . . . . T		
S		
16 Total income . . . . . T	127,671.	72,173.
S	29,217.	



## Nonresident State Allocation Worksheet

V CURAPATI MURALI & K THANDI PANDURANGAN

618-98-6794

	<b>ADJUSTMENTS</b>		Federal Amount	GA Amount
17	Educator expenses . . . . .	T		
		S		
18	Certain business expenses . . . . .	T		
		S		
19	Health savings account deduction . . . . .	T		
		S		
20	Moving expenses . . . . .	T		
		S		
21	Self-employment tax deduction . . . . .	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
		S		
23	Self-employed health insurance deduction . . . . .	T		
		S		
24	Penalty on early withdrawal of savings . . . . .	T		
		S		
25	Alimony paid . . . . .	T		
		S		
26	IRA deduction . . . . .	T		
		S		
27	Student loan interest deduction . . . . .	T		
		S		
28	Tuition/fees deduction . . . . .	T		
		S		
29	Domestic production activities deduction . . . . .	T		
		S		
30	Total other adjustments . . . . .	T		
		S		
31	<b>Total adjustments</b> . . . . .	T		
		S		
32	<b>Adjusted gross income</b> . . . . .	T	127,671.	72,173.
		S	29,217.	

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: V CURAPATI MURALI & K THANDI PANDURANGAN, 618-98-6794

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Input boxes for Taxpayer and Spouse. Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Input boxes for Taxpayer and Spouse. Note: Alabama, New Mexico, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . . [ ]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: MI, License number: C613843014663, Issue date: 07/23/2014, Expiration date: 08/25/2018, Does not expire: [ ], NY Document number: \_\_\_\_\_

Spouse:

Issuing state: MI, License number: T531461022670, Issue date: 07/23/2014, Expiration date: 08/28/2018, Does not expire: [ ], NY Document number: \_\_\_\_\_

State Identification Card Detail

Taxpayer:

Issuing state: \_\_\_\_\_, Identification number: \_\_\_\_\_, Issue date: \_\_\_\_\_, Expiration date: \_\_\_\_\_, Does not expire: [ ], NY Document number: \_\_\_\_\_

Spouse:

Issuing state: \_\_\_\_\_, Identification number: \_\_\_\_\_, Issue date: \_\_\_\_\_, Expiration date: \_\_\_\_\_, Does not expire: [ ], NY Document number: \_\_\_\_\_

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- Input boxes for New client, Returning client to same preparer and firm, Returning client to same firm

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

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

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: V CURAPATI MURALI & K THANDI PANDURANGAN; Social Security Number: 618-98-6794

Payment by Check (Form 1040-V) - Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
\* Select the state and/or city amended return(s) to file electronically.

State/City \*
New York
Vermont

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .  \_\_\_\_\_

Name of personal representative for deceased returns . . .  \_\_\_\_\_

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom . . . . .
- Kosovo Operation . . . . .
- Afghanistan/Enduring Freedom . . . . .
- Desert Storm . . . . .
- Haiti . . . . .
- Former Yugoslavia . . . . .
- UN Operation . . . . .
- Joint Guard . . . . .
- Joint Forge . . . . .
- Northern Watch . . . . .
- Operation Allied Force . . . . .
- Northern Forge . . . . .
- Combat Zone . . . . .  Deployment Date . . . . .  \_\_\_\_\_

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
CONVERGENZ LLC		72,173.	10,918.	144,346.	6,670.
INFOSYS LIMITED		50,062.	6,544.	50,062.	1,986.
MILLENNIUM SOFTWARE INC		4,536.	343.	4,536.	150.
NOVA HOME HEALTH CARE LLC	X	29,217.	1,661.	29,217.	1,072.
<b>Totals</b> . . . . .		155,988.	19,466.	228,161.	9,878.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	126,771.	29,217.	155,988.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
2	Total federal tax withheld . . . . .	17,805.	1,661.	19,466.
3 & 7	Total social security wages/tips . . . . .	126,771.	29,217.	155,988.
4	Total social security tax withheld . . . . .	7,860.	1,811.	9,671.
5	Total Medicare wages and tips . . . . .	126,771.	29,217.	155,988.
6	Total Medicare tax withheld . . . . .	1,839.	424.	2,263.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .	12,898.		12,898.
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	12,898.		12,898.
14 a	Total deductible mandatory state tax . . . . .	450.		450.
b	Total deductible charitable contributions . . . .			
c	Total deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	198,944.	29,217.	228,161.
17	Total state tax withheld . . . . .	8,806.	1,072.	9,878.
19	Total local tax withheld. . . . .			

Name as shown on return VENKATA KRISHNA CURAPATI MURALI	Social Security Number 618-98-6794
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**Employer EIN** . . . . . 52-2254225  
**Employer Name** . . . . . CONVERGENZ LLC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 8260 GREENSBORO DR 200  
**City** MC LEAN **State** VA **ZIP** 22102  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	72,173.	<b>2</b> Federal tax withheld . . . . .	10,918.
<b>3</b> Social security wages . . . . .	72,173.	<b>4</b> Social sec tax withheld . . . . .	4,475.
<b>5</b> Medicare wages and tips . . . . .	72,173.	<b>6</b> Medicare tax withheld . . . . .	1,047.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	8,844.	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
MI	522254225	72,173.	2,803.
GA	2154923-ZC	72,173.	3,867.

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

<b>9</b> Verification Code . . . . .		<b>9</b> 7936-0976-C26E-9006
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . .	<input type="checkbox"/>	<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		_____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b> _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries 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

VENKATA KRISHNA CURAPATI MURALI	618-98-6794 Page 2
<b>Employer Name</b> . . . . CONVERGENZ LLC	

**Part I Statutory employees**

<b>A</b> <input type="checkbox"/> Box 13a. Statutory employee	<b>C</b>	
<b>B</b> <input type="checkbox"/> Deducting expenses in connection with this income		
<b>C</b> <i>If deducting expenses, double click to link to Schedule C . . . . .</i>		

**Part II Clergy, church employees, members of recognized religious sects**

<b>Clergy only:</b>	<b>D</b> <b>E</b>	
<b>D</b> Designated housing or parsonage allowance . . . . .		
<b>E</b> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .		
<b>F</b> <b>If no FICA was withheld</b> , check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only		
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only		
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance		
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361		
<b>Non-Clergy only:</b>		
<b>G</b> <b>If no FICA was withheld</b> , check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income		
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029		

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b> <b>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		
<b>6</b> <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

**Part IV Substitute Form W-2**

**a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

**d** **QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V Inmate In a Penal Institution**

**J a** Pay from work performed while an inmate in a penal institution . . . . .

**Part VI Additional Information for Electronic Filing and Certain States (See Help)**

**13 c**  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

**Employee information:** Correct to match employee information on W-2

Employee's SSN. . . . . 618-98-6794

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suff. \_\_\_\_\_

VENKATA KRISHNA \_\_\_\_\_ CURAPATI MURALI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP code \_\_\_\_\_

45342 SEDRA CT \_\_\_\_\_ NOVI \_\_\_\_\_ MI 48375

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_



► Keep for your records

Name as shown on return VENKATA KRISHNA CURAPATI MURALI	Social Security Number 618-98-6794
--	---------------------------------------

**Employer EIN** . . . . . 58-1760235  
**Employer Name** . . . . . INFOSYS LIMITED  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6100 TENNYSON PKWY  
**City** PLANO **State** TX **ZIP** 75024  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	50,062.	<b>2</b> Federal tax withheld . . . . .	6,544.
<b>3</b> Social security wages . . . . .	50,062.	<b>4</b> Social sec tax withheld . . . . .	3,104.
<b>5</b> Medicare wages and tips . . . . .	50,062.	<b>6</b> Medicare tax withheld . . . . .	726.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	16.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	4,038.	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
CA	39652813	50,062.	1,986.

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

<b>9</b> Verification Code . . . . .		<b>9</b> 50eb-5f08-959c-1fcc
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>		<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		<b>11</b> _____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b> _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	450.	California SDI tax

Keep for your records

VENKATA KRISHNA CURAPATI MURALI	618-98-6794	Page 2
Employer Name . . . . . INFOSYS LIMITED		

Part I Statutory employees

A	<input type="checkbox"/> Box 13a. Statutory employee	
B	<input type="checkbox"/> Deducting expenses in connection with this income	
C	<input type="checkbox"/> If deducting expenses, double click to link to Schedule C . . . . .	C

Part II Clergy, church employees, members of recognized religious sects

<b>Clergy only:</b>		
D	<input type="checkbox"/> Designated housing or parsonage allowance . . . . .	D
E	<input type="checkbox"/> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	E
<b>F If no FICA was withheld, check the applicable box below</b>		
1	<input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only	
2	<input type="checkbox"/> Pay self-employment tax on W-2 income only	
3	<input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance	
4	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361	
<b>Non-Clergy only:</b>		
<b>G If no FICA was withheld, check the applicable box below</b>		
1	<input type="checkbox"/> Pay self-employment tax on this W-2 income	
2	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029	

Part III Unreported Tip Income

H 1	<input type="checkbox"/> Tips \$20 or more in a month which were not reported to employer . . . . .	H1
2	<input type="checkbox"/> Tips less than \$20 in a month which were not required to be reported . . . . .	H2
3	<input type="checkbox"/> Value of non-cash tips, such as tickets or passes, not reported . . . . .	H3
4	<input type="checkbox"/> Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4
5	<input type="checkbox"/> Tips paid out through a tip-sharing arrangement . . . . .	H5
6	<input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 618-98-6794

First name VENKATA KRISHNA M.I. Last name CURAPATI MURALI Suff. \_\_\_\_\_

Address 45342 SEDRA CT City NOVI St MI ZIP code 48375

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

Name as shown on return VENKATA KRISHNA CURAPATI MURALI	Social Security Number 618-98-6794
--	---------------------------------------

**Employer EIN** . . . . . 38-3316472  
**Employer Name** . . . . . MILLENNIUM SOFTWARE INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 2000 TOWN CENTER STE 300  
**City** SOUTHFIELD **State** MI **ZIP** 48075  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	4,536.	<b>2</b> Federal tax withheld . . . . .	343.
<b>3</b> Social security wages . . . . .	4,536.	<b>4</b> Social sec tax withheld . . . . .	281.
<b>5</b> Medicare wages and tips . . . . .	4,536.	<b>6</b> Medicare tax withheld . . . . .	66.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

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
MI	383316472	4,536.	150.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>9</b> Verification Code . . . . .		<b>9</b> ee54-ad9a-53e7-c35f
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . .	<input type="checkbox"/>	<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		<b>10</b> _____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b> _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries 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

VENKATA KRISHNA CURAPATI MURALI	618-98-6794 Page 2
<b>Employer Name</b> . . . . . MILLENNIUM SOFTWARE INC	

**Part I Statutory employees**

<b>A</b> <input type="checkbox"/> Box 13a. Statutory employee	<b>C</b>	
<b>B</b> <input type="checkbox"/> Deducting expenses in connection with this income		
<b>C</b> <input type="checkbox"/> If deducting expenses, double click to link to Schedule C . . . . .		

**Part II Clergy, church employees, members of recognized religious sects**

<b>Clergy only:</b>	<b>D</b> <b>E</b>	
<b>D</b> Designated housing or parsonage allowance . . . . .		
<b>E</b> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .		
<b>F</b> If no FICA was withheld, check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only		
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only		
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance		
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361		
<b>Non-Clergy only:</b>		
<b>G</b> If no FICA was withheld, check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income		
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029		

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b> <b>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		
<b>6</b> <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

**Part IV Substitute Form W-2**

**a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

**d** QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V Inmate In a Penal Institution**

**J a** Pay from work performed while an inmate in a penal institution . . . . .

**Part VI Additional Information for Electronic Filing and Certain States (See Help)**

**13 c**  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

**Employee information:** Correct to match employee information on W-2

Employee's SSN. . . . . 618-98-6794

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suff. \_\_\_\_\_

VENKATA KRISHNA \_\_\_\_\_ CURAPATI MURALI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP code \_\_\_\_\_

45342 SEDRA CT \_\_\_\_\_ NOVI \_\_\_\_\_ MI \_\_\_\_\_ 48375 \_\_\_\_\_

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

► Keep for your records

Name as shown on return KAVITHA THANDI PANDURANGAN	Social Security Number 209-80-8750
---	---------------------------------------

**Employer EIN** . . . . . 26-2510264  
**Employer Name** . . . . . NOVA HOME HEALTH CARE LLC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 24543 INDOPLEX CIRCLE STE 100  
**City** FARMINGTON **State** MI **ZIP** 48335  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	29,217.	<b>2</b> Federal tax withheld . . . . .	1,661.
<b>3</b> Social security wages . . . . .	29,217.	<b>4</b> Social sec tax withheld . . . . .	1,811.
<b>5</b> Medicare wages and tips . . . . .	29,217.	<b>6</b> Medicare tax withheld . . . . .	424.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

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
MI	262510264	29,217.	1,072.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**9** Verification Code . . . . . **9** \_\_\_\_\_  
**10** Dependent care benefits (Check if employer furnished care at work) . . . . .  **10** \_\_\_\_\_  
 Dependent care benefits - Amount forfeited from flexible spending account . . . . . \_\_\_\_\_  
**11** Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** \_\_\_\_\_

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries 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

KAVITHA THANDI PANDURANGAN

209-80-8750 Page 2

Employer Name . . . . . NOVA HOME HEALTH CARE LLC

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:
D [ ] Designated housing or parsonage allowance . . . . . D
E [ ] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . E
F If no FICA was withheld, check the applicable box below
1 [ ] Pay self-employment tax on housing or parsonage allowance only
2 [ ] Pay self-employment tax on W-2 income only
3 [ ] Pay self-employment tax on W-2 income and housing allowance
4 [ ] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [ ] Pay self-employment tax on this W-2 income
2 [ ] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [ ] Tips \$20 or more in a month which were not reported to employer . . . . . H1
2 [ ] Tips less than \$20 in a month which were not required to be reported . . . . . H2
3 [ ] Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
4 [ ] Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
5 [ ] Tips paid out through a tip-sharing arrangement . . . . . H5
6 [ ] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . .
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference . . . . .

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . . [ ]

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [ ] Third-party sick pay
[ ] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[ ] Corrected W-2
[ ] Income from Paid Family Leave
Control number (optional) . . . . .

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 209-80-8750
First name M.I. Last name Suff.
KAVITHA THANDI PANDURANGAN
Address City St ZIP code
45342 SEDRA CT NOVI MI 48375
Foreign Province/County Foreign Postal Code
Foreign Country

# 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

**Check this box** to populate the Name, SSN, and DOB for everyone listed on the return below. . . . . ▶

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A, 1095-B or 1095-C):

*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 _____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<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"/>	<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. . . . . ▶ \_\_\_\_\_

▶ Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security No. 618-98-6794
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**Worksheet Description** . . . . . COPY 1

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer):			
	Check if Taxpayer . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Spouse . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's Federal ID number . . . .			
	Enter the abbreviation of State or Locality issuing this payment:			
<b>10 a</b>	State abbreviation . . . . .	<u>CA</u>	_____	_____
	Locality abbreviation . . . . .	_____	_____	_____
	Payer's name . . . . .	State of CA		
<b>1</b>	Unemployment compensation . .	900.		
<b>a</b>	Amount repaid . . . . .	_____	_____	_____
<b>2</b>	State or local income tax refunds, credits, or offsets . . . . .	_____	_____	_____
<b>3</b>	Box 2 amount is for tax year . . .	_____	_____	_____
<b>4</b>	Federal income tax withheld . . .	_____	_____	_____
<b>5</b>	RTAA payments . . . . .	_____	_____	_____
<b>6</b>	Taxable grants . . . . .	_____	_____	_____
<b>7</b>	Agriculture payments . . . . .	_____	_____	_____
	(Double-click) to:			
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
<b>b</b>	Link to Schedule F Line 6a, 41 . ▶	_____	_____	_____
<b>c</b>	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
<b>d</b>	Link to Form 4835 Line 5a . . . ▶	_____	_____	_____
<b>8</b>	Check if the amount in box 2 applies to income from a trade or business. . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
<b>a</b>	Link to Schedule C line 6 . . . . ▶	_____	_____	_____
<b>b</b>	Link to Schedule F line 8b, 43b ▶	_____	_____	_____
	Enter the taxable portion of the amount in box 2 to be reported . .			
	on Schedule C or F . . . . .	_____	_____	_____
<b>9</b>	Market gain . . . . .	_____	_____	_____
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
<b>b</b>	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
<b>10 b</b>	State identification no . . . . .	_____	_____	_____
<b>11</b>	State income tax withheld . . . . .	_____	_____	_____
<b>12 a</b>	Locality name. . . . .	_____	_____	_____
<b>13</b>	Local Income Tax Withheld . . . .	_____	_____	_____



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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**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 . . . . .	19,466.	9,878.	
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 Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .	19,466.	9,878.	
20 <b>Total Tax Payments for 2017</b> . . . . .	19,466.	9,878.	

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) . . . . .				

**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
V CURAPATI MURALI & K THANDI PANDURANGAN

Social Security Number  
618-98-6794

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	1 9,878.
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	State mandatory taxes	17 450.
18	<b>Total</b> Add lines 1 through 17 . . . . .	18 10,328.
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 10,328.

**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

## Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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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 . . . .	126,771.	29,217.	155,988.
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 . . . . .	126,771.	29,217.	155,988.
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 . . . . .	126,771.	29,217.	155,988.
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 . . . . .	126,771.	29,217.	155,988.

### Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	126,771.	29,217.	155,988.
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. . . . .	126,771.	29,217.	155,988.

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

23 Self-employed, church and statutory employees . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	126,771.	29,217.	155,988.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	126,771.	29,217.	155,988.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		27,258.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		156,888.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		20,848.
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 . . . . .

# Tax Summary Report

2017

Name(s) Shown on Return

V CURAPATI MURALI & K THANDI PANDURANGAN

Filing status . . . . . Married Filing Jointly

Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	155,988.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	900.
<b>Total Gross Income</b> . . . . .	<b>156,888.</b>

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 156,888.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	17,328.
Interest . . . . .	9,930.
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>27,258.</b>
Standard deduction . . . . .	_____
Exemption amount . . . . .	12,150.

**Taxable Income** . . . . . 117,480.

Income tax . . . . .	20,848.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>20,848.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 20,848.

Withholding . . . . .	19,466.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>19,466.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 0.

**Refund** . . . . . 0.

**Amount Applied to Estimate** . . . . . 0.

**Amount Due** . . . . . 1,382.

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	13.29 %

► Keep for your records

Name(s) Shown on Return  
 V CURAPATI MURALI & K THANDI PANDURANGAN

Your Social Security Number  
 618-98-6794

**Part I 2018 Estimated Tax Amount Options**

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

- a 100% (110%) of **2017** taxes (default, see Tax Help) . . . . .  22,933.
- b 100% of tax on **2018** estimated taxable income . . . . .  20,398.
- c 90% of tax on **2018** estimated taxable income . . . . .  18,359.
- d 66-2/3% of tax on **2018** estimated taxable income (farmers and fishermen) . . . . .  13,599.
- e Equal to 100% of overpayment (no vouchers) . . . . .  0.
- 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 . . . . . 22,933.
- b Estimated amount of 2018 federal income tax withholding . . . . . 19,465.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 3,468.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$1,000 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 (Form 1040, line 75) . . . . . 0.

**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 . . . . . 3,468.
- d Apply to extent of first quarter amount and refund excess . . . . . 867.
- 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) . . . . . 0.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options** (see Tax Help for printing ES amounts on Client Letter)

**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 17, 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 the client has 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 . . . . .	867.	867.	867.	867.	3,468.
<b>4</b> Overpayment applied . . . . .	0.	0.	0.	0.	0.
<b>5</b> Net payment due . . . . .	867.	867.	867.	867.	3,468.
<b>6</b> Voucher amounts . . . . .	867.	867.	867.	867.	3,468.

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

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

**\*Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	<b>2017 Actual</b>	<b>2018 Estimated</b>
<b>1 a</b> Adjusted gross income . . . . .	156,888.	
<b>b</b> Foreign income or housing exclusions (info only) . . . . .		
<b>2</b> Net capital gains (losses) included in AGI (info only) . . . . .		
<b>3 a</b> Self-employment profit included in AGI for Taxpayer . . . . .		
<b>b</b> Self-employment profit included in AGI for Spouse . . . . .		
<b>c</b> Taxpayer's wages subject to Social Security tax included in AGI . .		
Medicare wages for taxpayer (W-2 box 5) included in AGI . . . . .	126,771.	
Add'l 0.9% Medicare tax withheld on taxpayer wages. . . . .		
<b>d</b> Spouse's wages subject to Social Security tax included in AGI . . .		
Medicare wages for spouse (W-2 box 5) included in AGI . . . . .	29,217.	
Add'l 0.9% Medicare tax withheld on spouse wages . . . . .		
<b>4 a</b> Total itemized deductions (after limits) . . . . .	27,258.	
<b>b</b> Net qualified disaster loss included on line 4a above (after limits)		
<b>5</b> Federal income tax withholding . . . . .	19,465.	
<b>6</b> Deduction for qualified business income . . . . .		



**Part VI Filing Status and Personal Exemptions for 2018**

- 1 Choose 2018 filing status:  
 Single                       Married filing jointly  
 Married filing separately     Head of Household                       Qualifying widow(er)
- 2 Check if required to itemize in 2018 . . . . .
- 3 Check the boxes that will apply in 2018:  
 Taxpayer:                       65 or Over                       Blind  
 Spouse:                       65 or Over                       Blind
- 4 a Check if dependent of another in 2018 . . . . .   
 b Enter 2018 expected earned income if dependent of another . . . . . \_\_\_\_\_
- 5 Enter the number of personal exemptions in 2018 . . . . . 3

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

1	Estimated 2018 adjusted gross income . . . . .	1	156,888.
2	Larger of itemized or standard deduction . . . . .	2	27,258.
3	Line 1 less line 2 . . . . .	3	129,630.
4	Deduction for qualified business income . . . . .	4	
5	Line 3 less line 4 . . . . .	5	129,630.
6	Income tax . . . . .	6	20,398.
7	Enter additional taxes . . . . . ▶	7	
8	Line 6 plus line 7 . . . . .	8	20,398.
9	Enter nonrefundable credits . . . . . ▶	9	
10	Line 8 less line 9 (but not less than zero) . . . . .	10	20,398.
11	Self-employment tax and additional 0.9% Medicare tax . . . . .	11	0.
12	Other taxes (not including taxes on lines 6, 7 or 11) . . . . . ▶	12	
13	Enter refundable credits (not withholding) . . . . . ▶	13	
14	Sum of lines 10 - 12, less line 13. <b>This is your 2018 tax based on your estimate of 2018 income</b> . . . . .	14	20,398.

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>20,848.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input checked="" type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>20,848.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**State and Local Taxes Smart Worksheet**

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38 . . . . . 156,888.
- B Nontaxable income entered elsewhere on return . . . . .
- C Available income: 2016 refundable credits in excess of tax . . . . . 0.
- D **Enter** any additional nontaxable income . . . . .
- E Total available income for sales taxes . . . . . 156,888.
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).  
If AZ, CO, LA, MS, NY or SC column (a):

**QuickZoom** to Misc Global Options to enter default locality . . . . . ►           

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

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) <b>Enter</b> Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MI	01/01/17	12/31/17	6.0000	6.0000	0.0000	1,155.	0.	1,155.

- Total general sales taxes from table . . . . . 1,155.
- H **Enter** additions to table amount (motor vehicle, boat) . . . . .
- I Total sales taxes from table plus additions to table amount . . . . . 1,155.
- J **Enter** actual sales taxes paid (in lieu of table amount) . . . . .
- K Total income taxes paid . . . . . 10,328.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**Mortgage Interest and Points Smart Worksheet**

**A** Enter a description and an amount for fully deductible mortgage interest and points. Check the box if the mortgage was sold to another lender, or the mortgage has been paid off; the lender's name will **not** transfer to next year's return.  
Check the box if the mortgage interest and/or points are **not** reported on Form 1098.  
**Note:** When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.  
If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.  
**QuickZoom** to Deductible Home Mortgage Interest Worksheet . . . . . ▶ \_\_\_\_\_

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
FIFTH THIRD MORTGAGE COMPANY	9,930.		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

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

**1** Total home mortgage interest and points from 1098's from detail. . . . . 9,930.

**2** Enter amount to deduct on Line 10 if different. . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 1)

<b>Form 1099-G Electronic Filing Information Smart Worksheet</b> <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
<b>Payer 1</b> If CORRECTED check here <input type="checkbox"/>	<b>Recipient 1</b>
<b>Payer Information:</b> State Identification Number . . . _____ Federal Identification Number . . . <u>94-2650401</u> Name, street address, city, state, ZIP code and telephone number. <u>State of CA</u> <u>EMPLOYMENT DEVELOPMENT DEPARTMENT</u> <u>DIVISION MIC 16A P.O.BOX 2408</u> <u>Rancho Cordova CA 95741-2408</u> Telephone number _____ Ext: _____	<b>Recipient Information:</b> Identification Number . . . . . <u>618-98-6794</u> Name <u>VENKATA KRISHNA CURAPATI MURALI</u> Street address _____ Apartment No. _____ <u>45342 SEDRA CT</u> City _____ State _____ Zip code _____ <u>NOVI MI 48375</u> Account No. (optional) _____
<b>Payer 2</b> If CORRECTED check here . . . . . <input type="checkbox"/>	<b>Recipient 2</b>
<b>Payer Information:</b> State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number _____ Ext: _____	<b>Recipient Information:</b> Identification Number . . . . . _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____
<b>Payer 3</b> If CORRECTED check here . . . . . <input type="checkbox"/>	<b>Recipient 3</b>
<b>Payer Information:</b> State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number _____ Ext: _____	<b>Recipient Information:</b> Identification Number . . . . . _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____

SMART WORKSHEET FOR: Estimated Tax Worksheet

**Electronic Funds Withdrawal of Estimated Tax Smart Worksheet (Electronic Filing Only)**

If the client would like to pay one or more installments of estimated tax by electronic funds withdrawal, check a box in the first column of the following table and enter bank information on the Federal Information Worksheet.

<b>X</b>	<b>Installment Number</b>	<b>Amount</b>	<b>Date</b>
<input type="checkbox"/>	1	867 .	April 17, 2018
<input type="checkbox"/>	2	867 .	June 15, 2018
<input type="checkbox"/>	3	867 .	September 17, 2018
<input type="checkbox"/>	4	867 .	January 15, 2019

**QuickZoom** to the Federal Information Worksheet to enter bank information . . . . . ► \_\_\_\_\_

**Additional information from your 2017 Federal Tax Return****Schedule A: Itemized Deductions**

Ln 7c, Oth pers prop tax

**Itemization Statement**

Description	Amount
SUMMER TAXES	5,426.
WINTER TAXES	1,574.
<b>Total</b>	<b>7,000.</b>

# 2017 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 17, 2018.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name <b>VENKATA KRISHNA</b>	M.I.	Last Name <b>CURAPATI MURALI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>618 — 98 — 6794</b>
If a Joint Return, Spouse's First Name <b>KAVITHA</b>	M.I.	Last Name <b>THANDI PANDURANGAN</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>209 — 80 — 8750</b>
Home Address (Number, Street, or P.O. Box) <b>45342 SEDRA CT</b>			4. School District Code (5 digits – see page 60) <b>63100</b>
City or Town <b>NOVI</b>	State <b>MI</b>	ZIP Code <b>48375</b>	

<p><b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input checked="" type="checkbox"/> Filer</p> <p>b. <input checked="" type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b></p> <p><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2017 FILING STATUS.</b> Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input checked="" type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> <p>* If you check box "c," complete line 3 and enter spouse's full name below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>8. 2017 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	<b>3</b>	x	\$4,000	9a.	<b>12000</b>	<b>00</b>
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$2,600	9b.		00
c. Number of qualified disabled veterans .....	9c.		x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above .....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....	9e.				9e.	<b>12000</b>	<b>00</b>
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					<b>156888</b>	<b>00</b>
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11.						<b>00</b>
<b>12. Total.</b> Add lines 10 and 11 .....	12.					<b>156888</b>	<b>00</b>
<b>13. Subtractions from Schedule 1, line 27. Include Schedule 1</b> .....	13.						<b>00</b>
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14.					<b>156888</b>	<b>00</b>
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.					<b>12000</b>	<b>00</b>
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.					<b>144888</b>	<b>00</b>
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17.					<b>6158</b>	<b>00</b>

**NON-REFUNDABLE CREDITS**

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a. <b>10411</b> 00	18b. <b>4798</b> 00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a. <b>00</b> 00	19b. <b>00</b> 00
<b>20. Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....		20. <b>1360</b> 00



Filer's Full Social Security Number

618 — 98 — 6794

21. Enter amount of Income Tax from line 20.....	21.	1360	00
22. Voluntary Contributions from Form 4642, line 7. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.	1360	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2 .....	25.		00
26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5 .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 7. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	4025	00
30. Estimated tax, extension payments and 2016 credit forward .....	30.		00
31. <b>2017 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include <b>Schedule AMD (see instructions)</b> .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
<b>32. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c .....	32.	4025	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions.			
Include interest <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> .....	<b>YOU OWE</b>		
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32 .....	34.	2665	00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00
36. Subtract line 35 from line 34 .....	<b>REFUND</b>	2665	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
072405455	7915213081	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2016, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02090332

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)  
APPANA RUPA VENKATA SATYA SAI

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
646-727-7157

By checking this box, I authorize Treasury to discuss my return with my preparer.

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

**Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 33 (see instructions).** Mail your check and return to:

**Michigan Department of Treasury, Lansing, MI 48929**

**2017 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name <b>VENKATA KRISHNA</b>	M.I.	Last Name <b>CURAPATI MURALI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>618 — 98 — 6794</b>
If a Joint Return, Spouse's First Name <b>KAVITHA</b>	M.I.	Last Name <b>THANDI PANDURANGAN</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>209 — 80 — 8750</b>

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E		
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld		
X		52-2254225	CONVERGENZ LLC	72173	00	2803	00	
X		38-3316472	MILLENNIUM SOFTW	4536	00	150	00	
	X	26-2510264	NOVA HOME HEALTH	29217	00	1072	00	
					00		00	
					00		00	
					00		00	
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00	00
<b>4. SUBTOTAL.</b> Enter total of Table 1, column E. ....							<b>4025</b>	<b>00</b>

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS**

A		B	C	D	E			
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld			
					00	00		
					00	00		
					00	00		
					00	00		
					00	00		
					00	00		
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00	00
<b>5. SUBTOTAL.</b> Enter total of Table 2, column E. ....							<b>00</b>	<b>00</b>

Name as Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
---	---------------------------------------

- **QuickZoom** to another copy of this worksheet . . . . . ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code . . . . . ▶ CA  
Jurisdiction name . . . . . California

<b>1</b> Income earned in another state or locality subject to Michigan tax . . . . .	<b>1</b>	<u>50,062.</u>
<b>2</b> Enter the amount from Form MI-1040, line 14. . . . .	<b>2</b>	<u>156,888.</u>
<b>3</b> Divide line 1 by line 2 . . . . .	<b>3</b>	<u>0.3191</u>
<b>4</b> Enter the amount from Form MI-1040, line 17. . . . .	<b>4</b>	<u>6,158.</u>
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	<u>1,965.</u>
<b>6</b> Enter the amount of tax imposed by another state or locality . . . . .	<b>6</b>	<u>6,544.</u>
<b>7</b> Credit. Enter line 6 or the smaller of line 5 or line 6 . . . . .	<b>7</b>	<u>1,965.</u>

Name as Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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- **QuickZoom** to another copy of this worksheet . . . . . ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code . . . . . ▶ GA  
Jurisdiction name . . . . . Georgia

1	Income earned in another state or locality subject to Michigan tax . . . . .	1	<u>72,173.</u>
2	Enter the amount from Form MI-1040, line 14. . . . .	2	<u>156,888.</u>
3	Divide line 1 by line 2 . . . . .	3	<u>0.4600</u>
4	Enter the amount from Form MI-1040, line 17. . . . .	4	<u>6,158.</u>
5	Multiply line 4 by line 3 . . . . .	5	<u>2,833.</u>
6	Enter the amount of tax imposed by another state or locality . . . . .	6	<u>3,867.</u>
7	Credit. Enter line 6 or the smaller of line 5 or line 6 . . . . .	7	<u>2,833.</u>

# Michigan Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name . . . . . CURAPATI MURALI  
 First Name . . . . . VENKATA KRISHNA  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 618-98-6794  
 Date of Birth . . . . . 08/25/1968 (mm/dd/yyyy)  
 Age as of 12/31/2017 49  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . SOFTWARE ENGINEER  
 Work Phone . . . . . (510)402-3605  
 Home Phone . . . . . \_\_\_\_\_

### Spouse:

Last Name . . . . . THANDI PANDURANGAN  
 First Name . . . . . KAVITHA  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 209-80-8750  
 Date of Birth . . . . . 08/28/1976 (mm/dd/yyyy)  
 Age as of 12/31/2017 41  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . SOFTWARE ENGINEER  
 Work Phone . . . . . \_\_\_\_\_

Print phone number on city returns  Home  TP work  Spouse work

c/o Name . . . . . \_\_\_\_\_  
 Address . . . . . 45342 SEDRA CT Apt No. \_\_\_\_\_  
 City . . . . . NOVI State . . . . . MI ZIP Code . . . . . 48375  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_  
 School District Code . . . . . ▶ 63100

## Part II – Main Form

<b>Taxpayer</b> <input checked="" type="checkbox"/>	<b>Spouse (if different)</b> <input checked="" type="checkbox"/>	Form MI-1040: Full-Year Resident . . . . . ▶ _____ Form MI-1040: Nonresident . . . . . ▶ _____ Form MI-1040: Part-Year Resident . . . . . ▶ _____ Enter Nonresident and Part-Year Resident allocations on Schedule NR. . . . . ▶ _____ Taxpayer residency dates . . . . . From _____ To _____ Spouse residency dates . . . . . From _____ To _____
--	---	---

### City Resident Status (complete if filing a city income tax return):

<b>Detroit</b>	Full-year resident <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Part-year resident <input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

### Other cities:

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

**Important:** Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion      • Battle Creek      • Big Rapids      • Flint      • Grand Rapids      • Grayling
- Hamtramck      • Highland Park      • Ionia      • Jackson      • Lansing      • Lapeer
- Muskegon      • Muskegon Heights      • Pontiac      • Portland      • Saginaw      • Springfield
- Walker

City name _____	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<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"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2017 Michigan tax return
Aditya Curapati murali Venkata Krishna	Son	6	<input type="checkbox"/>	—	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	—	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	—	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	—	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet . . . . . ▶ \_\_\_\_\_

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to state e-file return are listed below.

Description	Filename

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

EF Status Dates:

Date return was EFiled . . . . . \_\_\_\_\_

Date return was accepted by state . . . . . \_\_\_\_\_

Date Form MI-1040-V was given to client . . . . . \_\_\_\_\_

QuickZoom to Form MI-8453 Additional Information Smart Worksheet . . . . . ▶ \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund on an amended return.

State Information:

- Yes No
- Use direct deposit for any state tax refund
  - Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

State balance-due amount from this return . . . . . \_\_\_\_\_

Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

Bank Information (State and City):

For any of the above options, fill out information below:

For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . . 53 BANK \_\_\_\_\_

Account type . . . Checking  Savings

Routing number . . . . . 072405455

Account number . . . . . 791521308I

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 VIII – Additional Return Information

Exemptions:

Taxpayer

Spouse

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

- Use federal Form 1310 in place of Form MI-1310
- Personal Representative
- Claimant

First Name . . . \_\_\_\_\_ Middle Initial . . . \_\_\_\_ Last Name . . . \_\_\_\_\_  
Address . . . . . \_\_\_\_\_  
City . . . . . \_\_\_\_\_ State . . . \_\_\_\_ ZIP Code . \_\_\_\_\_

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No

- Does TP want \$3 to go to State Campaign Fund?
- Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1 \_\_\_\_\_

QuickZoom to Firm/Preparer Info . . . . . ► \_\_\_\_\_

If not signing as preparer, have following printed instead of firm information:

- self-prepared or
- prepared by a non-paid preparer

Third Party Designee (See Help):

Yes No

- TP authorizes Michigan Department of Treasury to discuss return with preparer (MI-1040 and Detroit returns only)?
- TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
- Preparer is third party designee (CF-1040 only)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) . . . . . \_\_\_\_\_  
Designee's phone number (other than preparer) . . . . . \_\_\_\_\_  
Personal identification number . . . . . \_\_\_\_\_

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 4: Application for extension to file tax returns . . . . . ► \_\_\_\_\_

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns . . . . . ► \_\_\_\_\_

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns . . . . . ► \_\_\_\_\_

Detroit City Extensions:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 5209: Application for extension to file Detroit city tax return . . . . . ► \_\_\_\_\_

Spouse, if Yes No

different   Tax return due date extended?

residency Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form 5209: Application for extension to file spouse's **Detroit city** tax return . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form MI-1040: Individual Income Tax Return . . . . . ▶ \_\_\_\_\_

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# Total Household Resources Worksheet

2017

▶ Keep for your records

Name as Shown on Return V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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## Household Income Computation (for full year and part-year residents)

<b>Full year residents:</b> Complete column A only. <b>Part-year residents:</b> Complete columns A and B. <b>QuickZoom</b> to Schedule NR before completing column B . . . ▶ _____	Column A  Total Amount	Column B Received during Michigan residency
<b>1</b> Wages, salaries, tips, sick, strike and SUB pay . . . . . ▶ <b>1</b>	155,988.	
<b>Interest and dividends:</b> <b>2 a</b> Taxable interest and dividend income . . . . . less: interest and dividend income from Schedules K-1 . . . . . <b>b</b> Nontaxable interest . . . . . Interest and dividends (including nontaxable interest) . . . . . ▶ <b>2</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Net business and farm income:</b> <b>3 a</b> U.S. Schedule C income or loss . . . . . <b>b</b> Net farm income or loss . . . . . <b>c</b> Other gains or losses . . . . . <b>d</b> Income from Schedules K-1 . . . . . Net business and farm income . . . . . ▶ <b>3</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Net royalty and rent income:</b> <b>4</b> U.S. Schedule E income (if negative, enter 0). . . . . ▶ <b>4</b>	<hr/> <hr/>	<hr/> <hr/>
<b>Retirement pension and annuity benefits:</b> <b>5 a</b> Pension and IRA distributions . . . . . <b>b</b> Lump-sum distribution . . . . . Name of payer: _____ Retirement pension and annuity benefits . . . . . ▶ <b>5</b>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<b>Capital gains or (losses):</b> <b>6 a</b> Capital gains less capital losses . . . . . <b>b</b> Excluded gain on sale of residence . . . . . Combine lines 6a and 6b . . . . . ▶ <b>6</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>Alimony and other taxable income:</b> <b>7 a</b> Gambling/lottery winnings. . . . . <b>b</b> Prizes and awards from Form 1099-MISC . . . . . <b>c</b> Combine lines 7a and 7b . . . . . <b>d</b> Line 7c minus \$300 . . . . . <b>e</b> Other income from Form 1099-MISC . . . . . <b>f</b> Alimony received. . . . . <b>g</b> Other taxable income . . . . . <b>h</b> Combine lines 7d through 7g . . . . . less: prior year Michigan Property Tax Credit (see tax help) . . . . . Total. Describe: _____ . . . . . ▶ <b>7</b>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Social security, SSI and railroad retirement benefits:</b> <b>8 a</b> Social security or railroad retirement benefits . . . . . <b>b</b> Less deductions for medicare premiums. . . . . <b>c</b> Supplemental security income . . . . . <b>d</b> Death benefits and amounts received for minor children or other dependent adults who live with you . . . . . Combine lines 8a through 8d . . . . . ▶ <b>8</b>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<b>9</b> Child support and foster parent payments . . . . . ▶ <b>9</b>	<hr/> <hr/>	<hr/> <hr/>
<b>10</b> Unemployment compensation . . . . . ▶ <b>10</b>	900.	<hr/> <hr/>
<b>11</b> Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 . . . . . ▶ <b>11</b>	<hr/> <hr/>	<hr/> <hr/>

<b>Other nontaxable income:</b>			
<b>12 a</b>	Compensation for damages to character or for personal injury or sickness . . . . .		
<b>b</b>	An inheritance or life insurance proceeds (from other than spouse) . . . . .		
<b>c</b>	Death benefits paid by or on behalf of an employer . . . . .		
<b>d</b>	Minister's housing allowance . . . . .		
<b>e</b>	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification . . . . .		
<b>f</b>	Adoption subsidies . . . . .		
<b>g</b>	Combat pay from W-2, box 12 code Q . . . . .		
<b>h</b>	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution . . . . .		
<b>i</b>	Reimbursement from dependent care and/or medical care spending accounts . . . . .		
<b>j</b>	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 . . . . .		
<b>k</b>	Other (see <i>Tax Help</i> ). Enter description: . . . . .		
	Total. Describe: . . . . . <b>▶ 12</b>		
<b>13</b>	Workers' compensation, veterans' disability compensation . . . . . <b>▶ 13</b>		
<b>14</b>	FIP and other MDHHS benefits . . . . . <b>▶ 14</b>		
<b>15</b>	<b>Subtotal.</b> Add lines 1 through 14. . . . . <b>▶ 15</b>	156,888.	
<b>Adjustments:</b>			
<b>16 a</b>	IRA deduction . . . . .		
<b>b</b>	Moving expenses . . . . .		
<b>c</b>	One half of self-employment tax . . . . .		
<b>d</b>	Self-employment health insurance deduction . . . . .		
<b>e</b>	SEP, SIMPLE or qualified plans . . . . .		
<b>f</b>	Penalty for early withdrawal . . . . .		
<b>g</b>	Alimony paid . . . . .		
<b>h</b>	Student loan interest deduction . . . . .		
<b>i</b>	Health savings account deduction . . . . .		
<b>j</b>	Net operating loss deduction: (1) Federal net operating loss deduction . . . . . (2) Federal modified taxable income (see <i>Help</i> ). . . . . (3) Enter the smaller of (1) or (2). If less than zero, enter -0- . . . . .		
<b>k</b>	Educator expenses . . . . .		
<b>l</b>	Tuition and fees deduction . . . . .		
<b>m</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .		
<b>n</b>	Domestic production activities deduction . . . . .		
<b>o</b>	Archer MSA deduction . . . . .		
<b>p</b>	Jury duty pay given to employer . . . . .		
<b>q</b>	Other adjustments . . . . .		
<b>16</b>	Total adjustments. Describe: . . . . . <b>▶ 16</b>		
<b>17 a</b>	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only) . . . . .		
<b>b</b>	Automobile insurance premiums (medical care portion only) . . . . .		
<b>17</b>	Total medical insurance (line 17a plus line 17b) . . . . . <b>▶ 17</b>		
<b>18</b>	Add lines 16 and 17 . . . . . <b>▶ 18</b>		
<b>19</b>	<b>Total Household Resources.</b> Subtract line 18 from line 15. . . . . <b>▶ 19</b>	156,888.	

**QuickZoom** to Form MI-1040CR (Homestead Property Tax Credit) . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form MI-1040CR7 (Home Heating Credit) . . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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## 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	4,025.
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	4,025.
15	Date return will be filed and balance paid . . . . .	15	

## Smart Worksheets from your 2017 Michigan Tax Return

SMART WORKSHEET FOR: Other State Tax Credit (CA)

<b>Other State/Locality Income and Tax Smart Worksheet</b>								
<p>If you are claiming a credit for taxes paid to a <b>local government unit</b> outside Michigan, do <b>not</b> enter amounts on line A.</p>								
<p>Carefully review transferred nonresident state amounts in Column 1 and verify that the income is from wages, salaries or tips. These are the types of income that Michigan requires to calculate the out-of-state tax credit.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><b>Column 1</b> Amount reported in the other state return</th> <th style="width: 50%;"><b>Column 2 *</b> Amount if different</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">44,629.</td> <td style="text-align: right;">50,062.</td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">2,269.</td> <td style="text-align: right; border-top: 1px solid black;">6,544.</td> </tr> </tbody> </table>	<b>Column 1</b> Amount reported in the other state return	<b>Column 2 *</b> Amount if different	44,629.	50,062.	2,269.	6,544.	
<b>Column 1</b> Amount reported in the other state return	<b>Column 2 *</b> Amount if different							
44,629.	50,062.							
2,269.	6,544.							
<p><b>A</b> Income earned in another state or locality subject to Michigan tax . . . . .</p>	44,629.	50,062.						
<p><b>B</b> Amount of tax imposed by another state or locality . . . . .</p>	2,269.	6,544.						
<p>* Use this column only to modify an entry made by the program in column 1.</p>								

SMART WORKSHEET FOR: Other State Tax Credit (GA)

<b>Other State/Locality Income and Tax Smart Worksheet</b>								
<p>If you are claiming a credit for taxes paid to a <b>local government unit</b> outside Michigan, do <b>not</b> enter amounts on line A.</p>								
<p>Carefully review transferred nonresident state amounts in Column 1 and verify that the income is from wages, salaries or tips. These are the types of income that Michigan requires to calculate the out-of-state tax credit.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><b>Column 1</b> Amount reported in the other state return</th> <th style="width: 50%;"><b>Column 2 *</b> Amount if different</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">57,615.</td> <td style="text-align: right;">72,173.</td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">3,199.</td> <td style="text-align: right; border-top: 1px solid black;">3,867.</td> </tr> </tbody> </table>	<b>Column 1</b> Amount reported in the other state return	<b>Column 2 *</b> Amount if different	57,615.	72,173.	3,199.	3,867.	
<b>Column 1</b> Amount reported in the other state return	<b>Column 2 *</b> Amount if different							
57,615.	72,173.							
3,199.	3,867.							
<p><b>A</b> Income earned in another state or locality subject to Michigan tax . . . . .</p>	57,615.	72,173.						
<p><b>B</b> Amount of tax imposed by another state or locality . . . . .</p>	3,199.	3,867.						
<p>* Use this column only to modify an entry made by the program in column 1.</p>								

APE

618-98-6794 CURA 209-80-8750 17
VENKATAKRIS CURAPATI MURALI
KAVITHA THANDI PANDURANGAN

A
R
RP

45342 SEDRA CT
NOVI MI 48375

08-25-1968 08-28-1976

Filing Status
1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 Head of household (with qualifying person). See instructions.
5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died
If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 2 X \$114 = \$ 228

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$114 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$114 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 1 X \$353 = \$ 353

11 Exemption amount: Add line 7 through line 10 11 \$ 581

12 Total California wages from your Form(s) W-2, box 16 12 50062 00

Total Taxable Income

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 156888 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 900 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 155988 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 155988 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions 18 16930 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 139058 00

CA Taxable Income	<b>31</b> Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . . ● <b>31</b> <u>7645</u>   <u>00</u>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . . ● <b>32</b> <u>50062</u>   <u>00</u>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . . . ● <b>35</b> <u>44629</u>   <u>00</u>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19 . . . . . ● <b>36</b> <u>0</u> <u>0</u> <u>5</u> <u>5</u> <u>0</u>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. . . . . ● <b>37</b> <u>2455</u>   <u>00</u>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● <b>38</b> <u>0</u> <u>3</u> <u>2</u> <u>0</u> <u>9</u>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions. . . . . ● <b>39</b> <u>186</u>   <u>00</u>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . . ● <b>40</b> <u>2269</u>   <u>00</u>
	<b>41</b> Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A . . . . . ● <b>41</b> <u>00</u>
	<b>42</b> Add line 40 and line 41. . . . . ● <b>42</b> <u>2269</u>   <u>00</u>
Special Credits	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 . . . . . ● <b>50</b> <u>00</u>
	<b>51</b> Credit for joint custody head of household. See instructions. . . . . ● <b>51</b> <u>00</u>
	<b>52</b> Credit for dependent parent. See instructions. . . . . ● <b>52</b> <u>00</u>
	<b>53</b> Credit for senior head of household. See instructions. . . . . ● <b>53</b> <u>00</u>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. . . . . ● <b>54</b> <u>00</u>
	<b>55</b> Credit amount. See instructions. . . . . ● <b>55</b> <u>00</u>
	<b>58</b> Enter credit name _____ code ● _____ and amount. . . . . ● <b>58</b> <u>00</u>
	<b>59</b> Enter credit name _____ code ● _____ and amount. . . . . ● <b>59</b> <u>00</u>
	<b>60</b> To claim more than two credits. See instructions. . . . . ● <b>60</b> <u>00</u>
	<b>61</b> Nonrefundable renter's credit. See instructions. . . . . ● <b>61</b> <u>00</u>
<b>62</b> Add line 50 and line 55 through 61. These are your total credits. . . . . ● <b>62</b> <u>00</u>	
<b>63</b> Subtract line 62 from line 42. If less than zero, enter -0- . . . . . ● <b>63</b> <u>2269</u>   <u>00</u>	
Other Taxes	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR). . . . . ● <b>71</b> <u>00</u>
	<b>72</b> Mental Health Services Tax. See instructions. . . . . ● <b>72</b> <u>00</u>
	<b>73</b> Other taxes and credit recapture. See instructions. . . . . ● <b>73</b> <u>00</u>
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax. . . . . ● <b>74</b> <u>2269</u>   <u>00</u>
Payments	<b>81</b> California income tax withheld. See instructions. . . . . ● <b>81</b> <u>1986</u>   <u>00</u>
	<b>82</b> 2017 CA estimated tax and other payments. See instructions. . . . . ● <b>82</b> <u>00</u>
	<b>83</b> Withholding (Form 592-B and/or 593). See instructions. . . . . ● <b>83</b> <u>00</u>
	<b>84</b> Excess SDI (or VPD) withheld. See instructions. . . . . ● <b>84</b> <u>00</u>
	<b>85</b> Earned Income Tax Credit (EITC) . . . . . ● <b>85</b> <u>00</u>
	<b>86</b> Add lines 81 through 85. These are your total payments. See instructions. . . . . ● <b>86</b> <u>1986</u>   <u>00</u>
Overpaid Tax/Tax Due	<b>101</b> Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 . . . . . ● <b>101</b> <u>00</u>
	<b>102</b> Amount of line 101 you want applied to your <b>2018</b> estimated tax. . . . . ● <b>102</b> <u>00</u>
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101. . . . . ● <b>103</b> <u>00</u>
	<b>104</b> Tax due. If line 86 is less than line 74, subtract line 86 from line 74. . . . . ● <b>104</b> <u>283</u>   <u>00</u>

Contributions

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions .....	● 400	00
Alzheimer's Disease/Related Disorders Fund .....	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund .....	● 405	00
California Firefighters' Memorial Fund .....	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund .....	● 407	00
California Peace Officer Memorial Foundation Fund .....	● 408	00
California Sea Otter Fund .....	● 410	00
California Cancer Research Voluntary Tax Contribution Fund .....	● 413	00
School Supplies for Homeless Children Fund .....	● 422	00
State Parks Protection Fund/Parks Pass Purchase .....	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund .....	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse .....	● 430	00
Prevention of Animal Homelessness and Cruelty Fund .....	● 431	00
Revive the Salton Sea Fund .....	● 432	00
California Domestic Violence Victims Fund .....	● 433	00
Special Olympics Fund .....	● 434	00
Type 1 Diabetes Research Fund .....	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund .....	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund .....	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund .....	● 440	00
<b>120</b> Add code 400 through code 440. This is your total contribution .....	<b>● 120</b>	00

Your name: CURAPATI MURALI Your SSN or ITIN: 618-98-6794

**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **121** ..... 2 8 3 . 00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**122** Interest, late return penalties, and late payment penalties. .... **122** ..... 00  
**123** Underpayment of estimated tax. Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . ● **123** ..... 00  
**124** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **124** ..... 283 00

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **125** ..... 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking  
 Savings ..... 00  
● Routing number ● Type ● Account number ● **126** Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking  
 Savings ..... 00  
● Routing number ● Type ● Account number ● **127** Direct deposit amount

**IMPORTANT:** Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/RDP's signature (if a joint tax return, both must sign) \_\_\_\_\_  
X \_\_\_\_\_ X \_\_\_\_\_

Your email address. Enter only one email address.  Preferred phone number

# Sign Here

It is unlawful to forge a spouse's/RDP's signature.  
Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)  
APPANA RUPA VENKATA SATYA SAI MANI KUMAR  
Firm's name (or yours, if self-employed) ● PTIN  
GLOBAL TAXES LLC P 0 2 0 9 0 3 3 2  
Firm's address ● FEIN  
2530 PEBBLE CREEK LN CUMMING GA 30041 3 0 1 0 1 7 1 9 6  
Do you want to allow another person to discuss this tax return with us? See instructions. . . . ●  Yes  No  
Print Third Party Designee's Name Telephone Number  
( )



# California Adjustments — 2017 Nonresidents or Part-Year Residents

## CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: V. C U R A P A T I, M U R A L I, & K. T H A N D I, P A N D U R SSN or ITIN: 6 1 8 9 8 6 7 9 4

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.**

During 2017:

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> MI	<input checked="" type="radio"/> MI
b I was in the military and stationed in (enter two letter code) . . . . .	<input type="radio"/> --	<input type="radio"/> --
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> --	<input type="radio"/> --
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/> --	<input type="radio"/> --
5 I was a CA nonresident the entire year (enter state of residence) . . . . .	<input checked="" type="radio"/> MI	<input type="radio"/> --
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> --	<input type="radio"/> --
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N
8 Before 2017: I was a CA resident for the period of . . . . .	<input type="radio"/> --	<input type="radio"/> --

**Part II Income Adjustment Schedule**

Section A — Income	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 7	<input checked="" type="radio"/> 155,988.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 155,988.	<input checked="" type="radio"/> 50,062.
8 Taxable interest. (b) . . . . . 8(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> . . . . . 9(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Alimony received. See instructions. . . . . 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) . . . . . 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) . . . . . 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> . . . . . 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> . . . . . 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Farm income or (loss) . . . . . 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation . . . . . 19	<input checked="" type="radio"/> 900.	<input checked="" type="radio"/> 900.			
20 Social security benefits. (a) <input checked="" type="radio"/> . . . . . 20(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input checked="" type="radio"/>	{ a <input checked="" type="radio"/> b <input checked="" type="radio"/> c _____ d <input checked="" type="radio"/> e <input checked="" type="radio"/> f <input checked="" type="radio"/> }	a _____ b _____ c <input checked="" type="radio"/> d _____ e _____ f <input checked="" type="radio"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 . . . . . 22a	<input checked="" type="radio"/> 156,888.	<input checked="" type="radio"/> 900.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 155,988.	<input checked="" type="radio"/> 50,062.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	<b>b</b> Enter totals from Side 1, line 22a, col. A through col. E. . . . . <b>22b</b>	<input checked="" type="radio"/> 156,888.	<input checked="" type="radio"/> 900.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 155,988.	<input checked="" type="radio"/> 50,062.
23	Educator expenses. . . . . <b>23</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>24</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . <b>26</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . <b>27</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>28</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction <b>29</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . <b>30</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . <b>31a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . <b>32</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . <b>33</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Tuition and fees . . . . . <b>34</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
35	Domestic production activities deduction . <b>35</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . <b>36</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	<b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . <b>37</b>	<input checked="" type="radio"/> 156,888.	<input checked="" type="radio"/> 900.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 155,988.	<input checked="" type="radio"/> 50,062.

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . <input checked="" type="radio"/> <b>38</b>	27,258.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . <input checked="" type="radio"/> <b>39</b>	10,328.
40	Subtract line 39 from line 38 . . . . . <input checked="" type="radio"/> <b>40</b>	16,930.
41	Other adjustments including California lottery losses. See instructions. Specify _____ . . . . . <input checked="" type="radio"/> <b>41</b>	
42	Combine line 40 and line 41 . . . . . <input checked="" type="radio"/> <b>42</b>	16,930.
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b> Single or married/RDP filing separately . . . . . <b>\$187,203</b> Head of household . . . . . <b>\$280,808</b> Married/RDP filing jointly or qualifying widow(er) . . . . . <b>\$374,411</b> <b>No.</b> Transfer the amount on line 42 to line 43. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . <input checked="" type="radio"/> <b>43</b>	16,930.
44	<b>Enter the larger of the amount on line 43 or your standard deduction. See instructions.</b> . . . . . <input checked="" type="radio"/> <b>44</b>	16,930.

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E . . . . . <input checked="" type="radio"/> <b>45</b>	50,062.
46	Enter your deductions from line 44 . . . . . <input checked="" type="radio"/> <b>46</b>	16,930.
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> <b>47</b> <u>0.3209</u>	
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . . <input checked="" type="radio"/> <b>48</b>	5,433.
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> <b>49</b>	44,629.

# California Information Worksheet

2017

▶ Keep for your records

## Part I — Personal Information

**Taxpayer:**

Last Name . . . . . CURAPATI MURALI  
 First Name . . . . . VENKATA KRISHNA  
 Middle Initial . . . . . Suffix . . . . . \_\_\_\_\_  
 Social Security No. . 618-98-6794  
 Date of Birth . . . . . 08/25/1968 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 49  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . (510)402-3605 Ext \_\_\_\_\_  
 Home phone . . . . . \_\_\_\_\_

**Spouse/RDP:**

Last name (if different) . THANDI PANDURANGAN  
 First Name . . . . . KAVITHA  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . 209-80-8750  
 Date of Birth . . . . . 08/28/1976 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 41  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_

Check to print phone number on Form 540. . . .  Home  Taxpayer work  Spouse/RDP work  
 Check to print email address on Form 540, 540NR or 540X . . . .  Taxpayer  Spouse

c/o Address . . . . . \_\_\_\_\_  
 Street Address . . 45342 SEDRA CT  
 Unit Description . . \_\_\_\_\_ Unit Number \_\_\_\_\_ Private Mailbox (PMB) . \_\_\_\_\_  
 City . . . . . NOVI State . . . . . MI ZIP Code . . . . . 48375  
 Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . \_\_\_\_\_

**Military Filers:**

APO  FPO  
 For Military Extension:  
 Military indicator . ▶ Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II — Main Form

Form 540: Resident Income Tax Return . . . . . ▶  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ▶  
 Enter the state of residence as of December 31, 2017 . . . . . MI  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . . \_\_\_\_\_  
 In which state (or foreign country) did taxpayer reside before this change? . . . . . \_\_\_\_\_  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ \_\_\_\_\_

## Part III — Filing Status

Single  
 Married/RDP filing joint return  
 Married/RDP filing separate return  
 Taxpayer **did not** live with spouse at any time during the year  
**Yes No**  
  If filing electronically, is spouse a CA Nonresident?  
  If filing electronically, is spouse Active Duty Military?  
 Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is child but **not** dependent:  
 Child's name . . . . . \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_  
 Qualifying widow(er)  
 Year spouse/RDP died . .  2015  2016  
 Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
Aditya Curapati murali	1	Venkata Krishna	755-70-2581	Son

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Direct deposit your client's state tax refund?
Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) 53 BANK
Account type Checking [X] Savings
Routing number 072405455
Account number 7915213081

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional) 53 BANK
Account type Checking [X] Savings
Routing number 072405455
Account number 7915213081
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

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 IX – California Contributions

Table with 25 rows listing California Contributions such as California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, etc., with corresponding line numbers 1 through 25.

**Part X – Preparer Information**

Enter preparer Code from Firm/Preparer Info . . . 1

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

**Part XI – Extension Status**

**Yes No**  
  Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶ \_\_\_\_\_

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes No** \*Note Payment is required for electronic filing  
  Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 State balance-due amount paid with this extension (Form 3519) . . . . . \_\_\_\_\_

**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA . . . . .	_____	_____
Date returned from overseas or entered combat zone/QHDA. . . . .	_____	_____
Combat zone/QHDA Operation or Area Served . . . . .	_____	_____

**QuickZoom** to Form 540 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

► Keep for your records

Name V CURAPATI MURALI & K THANDI PANDUR	Social Security Number 618-98-6794
---	---------------------------------------

## 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	1,986.
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	1,986.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>1,986.</u>
<b>B</b>	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 81. Subtract line B from line A . . . . . <u>1,986.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

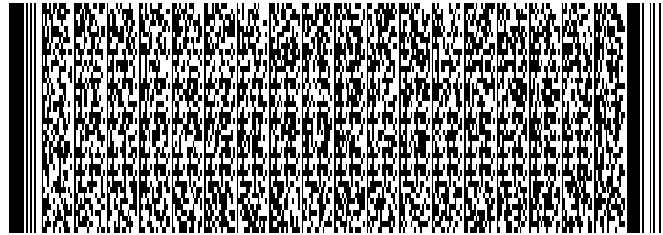
Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
<b>1</b>	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>50,062.</u>







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Georgia Form **500** (Rev. 06/22/17) Page 1

Individual Income Tax Return  
Georgia Department of Revenue  
**2017** (Approved software version)

Fiscal Year  
Beginning

Fiscal Year  
Ending

YOUR DRIVER'S LICENSE/STATE ID 843014663

STATE ISSUED MI

YOUR FIRST NAME  
1. VENKATA KRISHNA

MI YOUR SOCIAL SECURITY NUMBER  
618-98-6794

LAST NAME  
CURAPATI MURALI

SUFFIX

SPOUSE'S FIRST NAME  
KAVITHA

MI SPOUSE'S SOCIAL SECURITY NUMBER  
209-80-8750

LAST NAME  
THANDI PANDURANGAN

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDRESS HAS CHANGED  
2. 45342 SEDRA CT

CITY (Please insert a space if the city has multiple names)  
3. NOVI

STATE ZIP CODE  
MI 48375

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **4. 3**

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. B**

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 2



YOUR SOCIAL SECURITY NUMBER  
618-98-6794

- 7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a. 1
- 7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a) .....▶ 7b. 3
- 7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

<b>First Name, MI.</b> ADITYA CURAPATI	<b>Last Name</b> VENKATA KRISHNA
<b>Social Security Number</b> 755-70-2581	<b>Relationship to You</b> SON

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 156888  
(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1 and 2.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet ).....▶ 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10.



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**YOUR SOCIAL SECURITY NUMBER**  
 618-98-6794

- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... ▶ 11a.  
**(See IT-511 Tax Booklet)**
- b. Self: 65 or over?  Blind?  Total x 1,300=..... ▶ 11b.
- Spouse: 65 or over?  Blind?
- c. Total Standard Deduction (Line 11a + Line 11b)..... ▶ 11c.  
**Use EITHER Line 11c OR Line 12c (Do not write on both lines)**
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A**
- a. Federal Itemized Deductions (Schedule A-Form 1040) ..... ▶ 12a.
- b. Less adjustments: (See IT-511 Tax Booklet) ..... ▶ 12b.
- c. Georgia Total Itemized Deductions..... ▶ 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... ▶ 13.
- 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A ▶ 14a.  
 or D **OR** multiply by \$3,700 for filing status B or C
- 14b. Enter the number from Line 7a. Multiply by \$3,000..... ▶ 14b.
- 14c. Add Lines 14a. and 14b. Enter total..... ▶ 14c.
- 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. 57615
- 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... ▶ 16. 3199
- 17. Low Income Credit 17a. 17b. .... ▶ 17c.
- 18. Other State(s) Tax Credit (Include a copy of the other state(s) return)..... ▶ 18.
- 19. Credits used from IND-CR Summary Worksheet ..... ▶ 19.
- 20. Total Credits Used from Schedule 2 Georgia Tax Credits ..... ▶ 20.
- 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 ..... ▶ 21. 0
- 22. Balance (Line 16 less Line 21) if zero or less than zero ..... ▶ 22. 3199
- 23. **Georgia Income Tax Withheld on Wages and 1099s** ..... ▶ 23. 3867  
 (Enter Tax Withheld Only and include W-2s and/or 1099s)
- 24. **Other Georgia Income Tax Withheld**..... ▶ 24.
- (Must include G2-A, G2-FL, G2-LP and/or G2-RP)

**PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.**

REV 11/13/17 PRO

**Pages (1-5) are Required for Processing**



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**YOUR SOCIAL SECURITY NUMBER**  
 618-98-6794

**INCOME STATEMENT DETAILS** Only enter income on which Georgia Tax was withheld. Enter W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> 522254225	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID 2154923ZC	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME 72173	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD 3867	5. GA TAX WITHHELD	5. GA TAX WITHHELD
(INCOME STATEMENT D)	(INCOME STATEMENT E)	(INCOME STATEMENT F)
1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP	1. WITHHOLDING TYPE: <input type="checkbox"/> W-2s <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099s <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>	2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/>
3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5. GA TAX WITHHELD	5. GA TAX WITHHELD	5. GA TAX WITHHELD

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated Tax paid for 2017 and Form IT-560 .....	▶ 25.	
26. Total prepayment credits (Add Lines 23, 24 and 25).....	▶ 26.	3867
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.....	▶ 27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment .....	▶ 28.	668
29. Amount to be credited to 2018 ESTIMATED TAX .....	▶ 29.	0



YOUR SOCIAL SECURITY NUMBER  
618-98-6794

- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... ▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... ▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00) ..... ▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00)..... ▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00) ..... ▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ..... ▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00)..... ▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program ..... ▶ 37.  
(No gift of less than \$1.00)
- 38. Public Safety Memorial Grant (No gift of less than \$1.00)..... ▶ 38.
- 39. Form 500 UET (Estimated tax penalty)  500 UET exception attached.... ▶ 39.
- 40. (If you owe) Add Lines 27, 30 thru 39  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. ▶ 40.
- 41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28  
THIS IS YOUR REFUND..... ▶ 41.

668

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking  Savings  Routing Number 072405455

Account Number 7915213081

If you do not enter Direct Deposit information or if you are a first time filer a paper check will be issued.

(PAYMENT) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740399  
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number

REV 11/13/17 PRO

I authorize DOR to discuss this return with the named preparer.

APPANA RUPA VENKATA SATYA SAI MANI  
Signature of Preparer

Preparer's Phone Number  
678-965-9729

Name of Preparer Other Than Taxpayer  
APPANA RUPA VENKATA SATYA

Preparer's FEIN  
30-1017196

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02090332



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**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 155988	1. WAGES, SALARIES, TIPS, etc 83815	1. WAGES, SALARIES, TIPS, etc 72173
2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS) 900	4. OTHER INCOME OR (LOSS) 900	4. OTHER INCOME OR (LOSS) 0
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 156888	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 84715	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 72173
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 156888	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 84715	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 72173
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶	9.	46 % Not to exceed 100%
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See IT-511 Tax Booklet).....▶	10a.	21247
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	10b.	
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a.	7400
11b. Enter the number on Line 7a. from Form 500 or 500X 1 multiply by \$3,000..▶	11b.	3000
11c. Add Lines 11a. and 11b. Enter total.....▶	11c.	10400
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c.....▶	12.	31647
13. Multiply Line 12 by Ratio on Line 9 and enter result.....▶	13.	14558
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500 or Form 500X.....▶	14	57615

List the state(s) in which the income in Column B was earned and/or to which it was reported.

► Keep for your records

**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . VENKATA KRISHNA  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . CURAPATI MURALI  
 Social Security No. . . 618-98-6794  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of Birth . . . . . 08/25/1968  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . (510) 402-3605  
 Home Phone . . . . . \_\_\_\_\_  
 Print phone number on Form 500  Home

**Spouse:**

First Name . . . . . KAVITHA  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . THANDI PANDURANGAN  
 Social Security No. . . 209-80-8750  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of Birth . . . . . 08/28/1976  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Taxpayer work  Spouse work

Street Address . . . 45342 SEDRA CT Apartment No. . . \_\_\_\_\_  
 City . . . . . NOVI State . MI ZIP Code . . 48375  
 Country, if foreign . . \_\_\_\_\_  
 Taxpayer email address VENKATKRISHNA.77@GMAIL.COM

**Part II – Main Form**

- Form 500: Resident Tax Return (Long form) . . . . . ► \_\_\_\_\_
- Form 500: Nonresident Tax Return . . . . . ► \_\_\_\_\_
- Form 500: Part-Year Resident Tax Return . . . From \_\_\_\_\_ To \_\_\_\_\_
- Schedule 3: Enter Nonresident and Part-year resident allocations . . . . . ► \_\_\_\_\_

**Part III – Filing Status**

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

**Part IV – Other Information**

- The address above is different than last year
- Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
- Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

**Form 500UET calculations (Underpayment of Estimated Tax Penalty):**

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

**Part V – Electronic Filing Information**

**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 Georgia Department of Revenue, as applicable by law.

- Filed the Georgia return electronically

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**EF Status Dates:**

Enter the date return was EFiled . . . . . \_\_\_\_\_  
 Enter the date return was accepted by the state . . . . . \_\_\_\_\_  
 Enter the date Form 525-TV was given to client . . . . . \_\_\_\_\_

**QuickZoom** to Form GA-8453: Additional Information Smart Worksheet . . . . . ► \_\_\_\_\_



Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

\*\*Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.

Yes No
[X] [ ] Is this your first time filing a Georgia income tax return?

\*\* Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No
[X] [ ] Elect direct deposit of state tax refund

[ ] [ ] Use electronic funds withdrawal for state tax payments (EF Only)

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . . . 53 BANK
Account type . . . . . Checking [X] Savings [ ]
Routing number . . . . . 072405455
Account number. . . . . 7915213081
Payment date to withdraw from the account above . . .
State balance-due amount from this return . . . . .

International ACH Transactions

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

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead. For refund information see https://dor.georgia.gov/wheres-my-refund.

Part VII – Paid Preparer Information

Enter Preparer Code from Firm/Preparer Info . . 1

QuickZoom to Firm/Preparer Info . . . . .

Part VIII – Extension Status

Yes No
[ ] [X] Tax return due date extended?
Extended due date . . .

QuickZoom to Form IT-303: Application for Extension of Time for Filing . . . . .

QuickZoom to Form IT-560: Extension Payment Voucher . . . . .

QuickZoom to Form 500: Income Tax Return (Long form) . . . . .

# Income and Retirement Worksheets

**2017**

▶ Keep for your records

Name V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
<b>Income</b>				
<b>1</b> Wages . . . . .	72,173.	0.	54,598.	29,217.
<b>2</b> Federal Interest . . . . .				
- Georgia Adjustments to federal taxable Interest				
<b>3</b> Dividends . . . . .				
- Georgia Adjustments to federal taxable Dividends				
<b>4</b> Capital/other gains or (losses) . . . . .				
<b>5</b> Income from federal Schedules C and F . . . . .				
<b>6 a</b> Rental/K-1 etc. income . . . . .				
<b>b</b> - income above subject to FICA or S.E. tax, or S corp income in which you materially participated . . . . .				
<b>7 a</b> Pension/Annuity and IRA/SEP distributions . . . . .				
<b>b</b> Lump-sum distributions . . . . .				
<b>c</b> RRB-1099-R				
<b>d</b> Other Subtraction #2, withdrawals with GA/Fed tax difference				
<b>e</b> Other Subtraction #7, income exempt from state tax				
<b>f</b> Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
<b>8</b> Alimony received . . . . .				
<b>9</b> Social security . . . . .				
<b>10 a</b> State income tax refund . . . . .				
<b>b</b> Unemployment compensation . . . . .	0.		900.	
<b>11</b> Other income				
- Gambling winnings . . . . .				
- Home mortgage debt forgiveness relief				
- NOL Carryover				
- Other . . . . .				
Federal Form 8814 income included in other income . . . . .				
<b>Adjustments</b>				
<b>12</b> IRA deductions . . . . .				
<b>13</b> Educator expenses . . . . .				
<b>14</b> Tuition and fees deduction . . . . .				
<b>15</b> Other federal adjustments . . . . .				

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name V CURAPATI MURALI & K THANDI PANDURANGAN	Social Security Number 618-98-6794
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## 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	3,867.
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	3,867.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form GA-8453: <i>Form W-2 (Georgia Copy)</i> _____ _____ _____
<b>D</b>	Documents to attach to the BACK of Form GA-8453: _____ _____ _____ _____
<b>E</b>	<b>Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES</b>