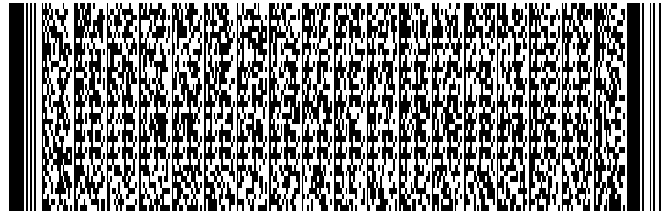




1800411518



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 39031893

STATE ISSUED TX

YOUR FIRST NAME
1. CHAITANYA KUMAR

MI YOUR SOCIAL SECURITY NUMBER
160-57-9863

LAST NAME
POPURI

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

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. 1011 SW TEMPLE RD

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

STATE ZIP CODE
UT 84101

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **4. 2**
1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/2017 TO 03/31/2017 3. NONRESIDENT

Residency Status

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. A**

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. 1



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YOUR SOCIAL SECURITY NUMBER
160-57-9863

7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a.

7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a)▶ 7b. 1

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

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. 31284

(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
 160-57-9863

- 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. 8022
- 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... ▶ 16. 293
- 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. 293
- 23. **Georgia Income Tax Withheld on Wages and 1099s** ▶ 23. 479
 (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



1800411548

YOUR SOCIAL SECURITY NUMBER
 160-57-9863

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)

1. WITHHOLDING TYPE:
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
 320438362
3. EMPLOYER/PAYER STATE WITHHOLDING ID
 3146333KU
4. GA WAGES / INCOME
 9548
5. GA TAX WITHHELD
 479

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP
2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3. EMPLOYER/PAYER STATE WITHHOLDING ID
4. GA WAGES / INCOME
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. | 479 |
| 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. | 186 |
| 29. Amount to be credited to 2018 ESTIMATED TAX | ▶ 29. | 0 |



YOUR SOCIAL SECURITY NUMBER
 160-57-9863

- 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.

186

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Routing Number 111000025

Account Number 488044543365

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



1807411518

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 31284	1. WAGES, SALARIES, TIPS, etc 21736	1. WAGES, SALARIES, TIPS, etc 9548
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)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 31284	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 21736	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 9548
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 31284	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 21736	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 9548
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶	9.	30.52 % Not to exceed 100%
10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> (See IT-511 Tax Booklet).....▶	10a.	2300
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 1 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a.	2700
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000..▶	11b.	
11c. Add Lines 11a. and 11b. Enter total.....▶	11c.	2700
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c.....▶	12.	5000
13. Multiply Line 12 by Ratio on Line 9 and enter result.....▶	13.	1526
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	8022

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

Part I – Personal Information

Taxpayer:

First Name CHAITANYA KUMAR
 Middle Initial _____ Suffix _____
 Last Name POPURI
 Social Security No. . . 160-57-9863
 Occupation SOFTWARE ENGINEER
 Date of Birth 08/28/1991
 Date of Death _____
 Daytime Phone _____
 Home Phone _____
 Print phone number on Form 500 Home

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. . . _____
 Occupation _____
 Date of Birth _____
 Date of Death _____
 Daytime Phone _____
 Taxpayer work Spouse work

Street Address . . . 1011 SW TEMPLE RD Apartment No. . . _____
 City SALT LAKE CITY State . UT ZIP Code . . 84101
 Country, if foreign . . _____
 Taxpayer email address Ck1a0245@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 01/01/2017 To 03/31/2017
- 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 500 UET 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
 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
 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) BANK OF AMERICA
Account type Checking Savings
Routing number 111000025
Account number. 488044543365
Payment date to withdraw from the account above . . . _____
State balance-due amount from this return _____

International ACH Transactions

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

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
 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 CHAITANYA KUMAR POPURI	Social Security Number 160-57-9863
--------------------------------	---------------------------------------

	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
Income				
1 Wages	9,548.		21,736.	
2 Federal Interest				
- Georgia Adjustments to federal taxable Interest				
3 Dividends				
- Georgia Adjustments to federal taxable Dividends				
4 Capital/other gains or (losses)				
5 Income from federal Schedules C and F				
6 a Rental/K-1 etc. income				
b - income above subject to FICA or S.E. tax, or S corp income in which you materially participated				
7 a Pension/Annuity and IRA/SEP distributions				
b Lump-sum distributions				
c RRB-1099-R				
d Other Subtraction #2, withdrawals with GA/Fed tax difference				
e Other Subtraction #7, income exempt from state tax				
f Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8 Alimony received.				
9 Social security				
10 a State income tax refund				
b Unemployment compensation				
11 Other income				
- Gambling winnings				
- Home mortgage debt forgiveness relief				
- NOL Carryover				
- Other				
Federal Form 8814 income included in other income				
Adjustments				
12 IRA deductions.				
13 Educator expenses				
14 Tuition and fees deduction				
15 Other federal adjustments.				

Tax Payments Worksheet

2017

▶ Keep for your records

Name CHAITANYA KUMAR POPURI	Social Security Number 160-57-9863
--------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
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	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	479 .
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	Total income tax withheld	14	479 .
15	Date return will be filed and balance paid	15	

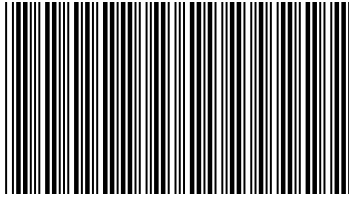
Smart Worksheets from your 2017 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

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

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

POPURI CHAITANYA KUMAR

1011 SW TEMPLE RD

SALT LAKE CITY UT 84101 1014

1555

160579863

P02090332 301017196

39031893



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> _____
Your Signature Date

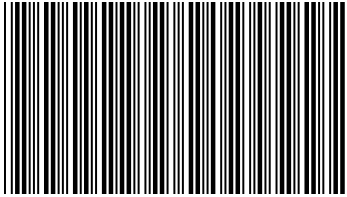
> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI K Federal Identification Number P02090332

Firm's Name GLOBAL TAXES LLC Federal Employer Identification Number 30-1017196



040MP02170

POPURI CHAITANYA KUMAR

160579863

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM 040117 TO 123117

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

1

1

CHECKBOXES FOR EXEMPTIONS

Table with 3 columns: REGULAR, SPOUSE/CU PARTNER, DOMESTIC PARTNER, AGE 65 OR OLDER, YOURSELF, SPOUSE/CU PARTNER, BLIND OR DISABLED, YOURSELF, SPOUSE/CU PARTNER, VETERAN EXEMPTION, YOURSELF, SPOUSE/CU PARTNER

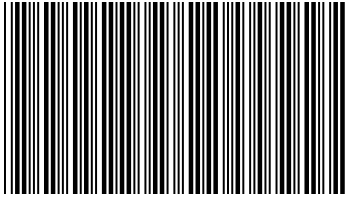
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 36 rows, including WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, NET PROFITS, PENSIONS, TOTAL INCOME, and TAXABLE INCOME.



040MP03170

POPURI CHAITANYA KUMAR

160579863

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	540 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	20986 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	297 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	297 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	297 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	297 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	640 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	38 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	678 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	381 .
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	381 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	111000025
dd5.	ACCOUNT NUMBER	dd5.	488044543365
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name POPURI, CHAITANYA KUMAR	Social security number 160-57-9863
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information—Tax Year Ending December 31, 2017 (Whole Dollars Only)

1	New Jersey Taxable income	1	20,986.
2	Total tax	2	297.
3	New Jersey income tax withheld	3	640.
4	Refund	4	381.
5	Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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 complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 _____ to enter my PIN [] [] [] [] [] [] as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.
- 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

(or Civil Union Prtnr's PIN)

- I authorize _____ to enter my PIN [] [] [] [] [] [] as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.
- 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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

[]	[]	[]	[]	[]	[]	5	8	7	2	7	8
-----	-----	-----	-----	-----	-----	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ 06/12/2018

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name POPURI
 First Name CHAITANYA KUMAR
 Middle Initial _____ Suffix _____
 Social Security No. 160-57-9863
 Date of Birth 08/28/91
 Age as of 12/31/2017 26
 Date of Death _____
 Daytime Phone _____ *
 Home Phone _____ *

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____
 Age as of 12/31/2017 _____
 Date of Death _____
 Daytime Phone _____ *

* Check one of these boxes to designate daytime phone number.

c/o (care of) _____
 Street Address 1011 SW TEMPLE RD Apt. No _____
 City SALT LAKE CITY State UT ZIP Code 84101
 County/Municipality Code (residents only) 1014

- Check this box if taxpayer's name is different on last year's NJ tax return
 Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ► _____
 Form NJ-1040NR: Nonresident Tax Return ► _____
 Enter state of residency _____
 Form NJ-1040: Part-Year Resident Tax Return ► _____
 Enter dates of New Jersey residency. From 04/01/17 To 12/31/17
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ► _____

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did the taxpayer maintain the same residence as the spouse?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28 _____
 Head of household
 Qualifying widow(er)/Surviving Civil Union Partner

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of qualifying dependent children	_____		
Number of other dependents.	_____		
Number of dependents attending colleges (must be under age 22)	_____		

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – 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 tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled _____
 - 4 Date return was accepted by the state. _____
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

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

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number 111000025

Account number 488044543365

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes **No**

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes **No**

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ▶ _____

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Allocation Worksheet for Part-Year and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return POPURI, CHAITANYA KUMAR		Social Security No. 160-57-9863		
Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	31,284.	21,736.		
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)		Column A Total Amount	Column B Resident Period	Column C Nonresident Period
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
15 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
16 Sheltered workshop tax credit			
17 New Jersey tax withheld	640 .	0 .	640 .
18 New Jersey estimated tax payments/overpayment credit from previous year			
19 Tax paid on your behalf by partnership(s)			
20 Excess New Jersey UI/WF/SWF withheld			
21 Excess New Jersey disability insurance withheld			
22 Excess New Jersey family leave insurance withheld			

Total Wages Worksheet

2017

▶ Keep for your records

Name as Shown on Return
POPURI, CHAITANYA KUMAR

Social Security No.
160-57-9863

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
Suthra Technologies Inc.		21,736.		<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"/>
- State Wages	NJ		21,736.	
MOBILE APPS ENTERPRISES LLC		9,548.		
- State Wages	GA		9,548.	
Total federal wages from column C		31,284.		
Total state wages from column D			31,284.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			31,284.	

**Worksheet G
Property Tax Deduction/Credit Worksheet**

2017

▶ Keep for your records

Name(s) POPURI, CHAITANYA KUMAR	Social Security No. 160-57-9863
------------------------------------	------------------------------------

Worksheet G - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. **If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet J.**

1 Property tax. Enter the property tax you paid in 2017 from line 37a of Form NJ-1040.	1	540.
Senior Freeze (Property tax reimbursement) applicants do not enter the amount from Line 37a. See instructions.		
2 Property tax deduction. Is the amount on line 1 of this worksheet \$10,000 or more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)?		
<input type="checkbox"/> Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence).		
<input checked="" type="checkbox"/> No. Enter the amount from line 1. Also enter this amount on line 4, Column A below. See instructions.	2	540.

STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule A and Worksheet J. See instructions.

	Column A	Column B
3 Taxable income (copy from line 36 of your NJ-1040)	20,986.	20,986.
4 Property tax deduction (copy from line 2 of this worksheet)	540.	-0-
5 Taxable income after property tax deduction (subtract line 4 from line 3)	20,446.	20,986.
6 Tax you would pay on line 5 amount (From Tax Tables or Tax Rate Schedules)	287.	297.
7 Now, subtract line 6, column A, from line 6, column B and enter the result here	7	10.

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 4, Column A
Line 39	Line 5, Column A
Line 40	Line 6, Column A
Line 49	Make no entry

No. You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 5, Column B
Line 40	Line 6, Column B
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents , see instructions.

Tax Payments Worksheet

2017

▶ Keep for your records

Name POPURI, CHAITANYA KUMAR	Social Security Number 160-57-9863
---------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
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	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	640.
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	Total income tax withheld	14	640.
15	Date return will be filed and balance paid	15	04/17/2018

Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet F

1 Did you live in more than one qualifying New Jersey residence during 2017? Yes No

2 Did you share ownership of a principal residence during 2017 with anyone other than your spouse? Yes No

3 Did a principal residence you owned during 2017 consist of multiple units? Yes No

4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No

5 Were you both a homeowner and a tenant during 2017? Yes No

If the answer to any of the above questions is Yes, complete Schedule G-1.
QuickZoom to Schedule G-1 _____

A Total property tax paid in 2017 _____
Part-year residents: Enter the amount while a resident of New Jersey _____

B Total rent paid in 2017 _____
Part-year residents: Enter the amount while a resident of New Jersey 3,000

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?
 Answer this question on NJ Information Wks (if Yes, reduce by 50%). Yes No

D You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit Yes No

40701

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All State Income Tax Dollars Fund Education

**2017
TC-40**

INTUIT

• Amended Return - enter code: (code 1 - 5 from instructions)

Full-yr Resident?

Your Social Security No.	Your first name	Your last name	Y/N
160579863	CHAITANYA KUMAR	POPURI	N
Spouse's Soc. Sec. No.	Spouse's first name	Spouse's last name	

O

Address

Telephone number

If deceased, complete page 3, Part 1

1011 SW TEMPLE RD
 City
 SALT LAKE CITY

State ZIP+4
 UT 84101

Foreign country (if not U.S.)

1 Filing Status - enter code	2 Exemptions - enter number	3 Election Campaign Fund
1 = Single • 1 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er)	a 1 Yourself* b Spouse* c Dependents* d Dependents with a disability e 1 Total exemptions (add a through d) * from federal return	Does not increase your tax or reduce your refund. Enter the code for the Yourself Spouse party of your choice. • • See instructions for code letters or go to incometax.utah.gov/elect . If no contribution, enter N .
<small>If using code 2 or 3, enter spouse's name and SSN above</small>		

4 Federal adjusted gross income from federal return	• 4	31284
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5	
6 Total income - add line 4 and line 5	6	31284
7 State tax refund included on federal form 1040, line 10, if any	• 7	
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9 Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6	• 9	31284
10 Utah tax - multiply line 9 by 5% (.05) (not less than zero)	• 10	1564
11 Exemption amount - multiply line 2e by \$3,038 (if line 4 over \$156,900, see instr.)	• 11	3038
12 Federal standard or itemized deductions	• 12	6350
13 Add line 11 and line 12	13	9388
14 State income tax deducted on federal Schedule A, line 5, if any	• 14	
15 Subtract line 14 from line 13	15	9388
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	563
17 Enter: \$13,978 (if single or married filing separately); \$20,968 (if head of household); or \$27,956 (if married filing jointly or qualifying widower)	• 17	13978
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	17306
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	225
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	338
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	
22 Utah income tax - subtract line 20 from line 10 (not less than zero)	• 22	1226

**Electronic filing
is quick, easy and
free, and will
speed up your refund.**

**To learn more,
go to
tap.utah.gov**

Utah Individual Income Tax Return (continued)

INTUIT

**TC-40
2017**

Pg. 2

40702 SSN 160579863

Last name POPURI

23	Enter tax from TC-40, page 1, line 22	23	1226
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, enter the tax from TC-40B, line 38	• 25	0
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27	Subtract line 26 from line 25 (not less than zero)	27	0
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	0
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	
34	Credit for Utah income taxes prepaid from TC-546 and 2016 refund applied to 2017	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40	0
41	Penalty and interest (see instructions)	41	
42	TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42	0
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts)	checking	savings
	• Routing number	• Account number	Account type: • •

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN Your signature _____ Date _____ Spouse's signature (if filing jointly) _____ Date _____
HERE

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature APPANA RUPA VENKATA SA Date 06/12/18 Firm's name and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's telephone number 6789659729	Preparer's PTIN • P02090332 Preparer's EIN • 301017196

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a UESP account, want to apply all/part of your refund to next year's taxes, want to send a direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Non and Part-year Resident Schedule

40706 SSN 160-57-9863

Last name POPURI

INTUIT

**TC-40B
2017**

Residency Status: • Nonresident: Home state abbreviation: NJ • Part-year resident from: mm/dd/yy to mm/dd/yy

Income		Col. A - UTAH	Col. B - TOTAL
1	Wages, salaries, tips, etc. (1040/1040A line 7, 1040EZ line 1)	0	31284
2	Taxable interest income (1040/1040A line 8a, 1040EZ line 2)		
3	Ordinary dividends (1040/1040A line 9a)		
4	Taxable refunds, credits, or offsets of state and local income taxes (1040 line 10)		
5	Alimony received (1040 line 11)		
6	Business income or (loss) (1040 line 12)		
7	Capital gain or (loss) (1040 line 13, 1040A line 10)		
8	Other gains or (losses) (1040 line 14)		
9	IRA distributions - taxable amount (1040 line 15b, 1040A line 11b)		
10	Pensions and annuities - taxable amount (1040 line 16b, 1040A line 12b)		
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (1040 line 17)		
12	Farm income or (loss) (1040 line 18)		
13	Unemployment compensation (1040 line 19, 1040A line 13, 1040EZ line 3)		
14	Social Security benefits - taxable amount (1040 line 20b, 1040A line 14b)		
15	Other income (1040 line 21)		
16	Additions to income from TC-40A, Part 1 (Utah portion only in Utah column)		
17	Total income (loss) - add lines 1 through 16 for both columns A and B	0	31284

Adjustments		Col. A - UTAH	Col. B - TOTAL
18	Educator expenses (1040 line 23, 1040A line 16)		
19	Certain business expenses of reservists, performing artists, etc. (1040 line 24)		
20	Health savings account deduction (1040 line 25)		
21	Moving expenses (1040 line 26) - enter in col. A only expenses moving into Utah		
22	Deductible part of self-employment tax (1040 line 27)		
23	Self-employed SEP, SIMPLE and qualified plans (1040 line 28)		
24	Self-employed health insurance deduction (1040 line 29)		
25	Penalty on early withdrawal of savings (1040 line 30)		
26	Alimony paid (1040 line 31a)		
27	IRA deduction (1040 line 32, 1040A line 17)		
28	Student loan interest deduction (1040 line 33, 1040A line 18)		
29	Tuition and fees (1040 line 34, 1040A line 19)		
30	Domestic production activities deduction (1040 line 35)		
31	Taxable refunds, credits, or offsets of state and local income taxes (1040 line 10)		
32	Subtractions from income from TC-40A, Part 2 (Utah portion only in Utah column)		
33	(see instructions):		
34	Total adjustments - add lines 18 through 33 for both columns A and B		

35	Subtract line 34 from line 17 for both columns A and B Line 35, column B must equal TC-40, line 9	• 0	• 31284
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Non or Part-year Resident Utah Tax			
36	Divide line 35 column A by line 35 column B (to 4 decimal places) Do not enter a number greater than 1.0000 or less than 0.0000	36	0.0000
37	Subtract TC-40, line 24 from TC-40, line 23 and enter the result (not less than zero) here	37	1226
38	Multiply line 37 by the decimal on line 36. This is your Utah tax. Enter on TC-40, page 2, line 25	• 38	0

**Submit this page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Part I – Personal Information

Taxpayer:

First Name CHAITANYA KUMAR
 Middle Initial _____ Suffix _____
 Last Name POPURI
 Social Security No. 160-57-9863
 Occupation SOFTWARE ENGINEER
 Daytime Phone No. _____
 Date of Birth 08/28/1991 (mm/dd/yyyy)
 Date of Death _____ (mm/dd/yyyy)
 Home Phone _____

Spouse:

First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Occupation _____
 Daytime Phone No. _____
 Date of Birth _____ (mm/dd/yyyy)
 Date of Death _____ (mm/dd/yyyy)

Check to print phone number on Form TC-40 . . . Home Taxpayer daytime Spouse daytime
 Address . . . 1011 SW TEMPLE RD Apt Number _____
 City SALT LAKE CITY State . UT ZIP Code . . . 84101
 Foreign Country _____ Evening Phone Number . . . _____

Part II – Resident Status

Indicate Utah Residency Status

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse		
<input type="checkbox"/>	<input type="checkbox"/>	Full-year resident	Form TC-40 . . . ►
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonresident	Form TC-40B . . . ►
		Taxpayer home state ID. . . <u>NJ</u>	Form TC-40S . . . ►
		Spouse home state ID. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Part-year resident	from _____ to _____

QuickZoom here to Allocation Worksheet for Part-year resident or Nonresident ►

Part III – Filing Status

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

Part IV – Worksheet for Computing Utah Use Tax (Line 31 of Form TC-40)

1	Amount of purchases subject to use tax (except grocery food)	1	
	NOTE: If line 8 exceeds \$400 see government instructions for Form TC-40		
2	County/City for use tax rate Use tax rate	2	
3	Use tax (line 1 multiplied by line 2)	3	
4	Amount of purchases for food and food ingredients	4	
5	Multiply line 4 by .03	5	
6	Add line 3 and line 5	6	
7	Credit for any tax paid	7	
8	Amount of use tax due (line 6 less line 7). Enter on Form TC-40, line 31	8	

Part V – Election Campaign Fund

(Checking a party does not increase your tax or reduce your refund. You must have Utah tax liability of at least \$2, or \$4 if married filing joint return, to contribute.)

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse		
<input type="checkbox"/>	<input type="checkbox"/>	C Constitution	C Constitution
<input type="checkbox"/>	<input type="checkbox"/>	D Democratic	D Democratic
<input type="checkbox"/>	<input type="checkbox"/>	M Independent American	M Independent American
<input type="checkbox"/>	<input type="checkbox"/>	L Libertarian	L Libertarian
<input type="checkbox"/>	<input type="checkbox"/>	R Republican	R Republican
<input type="checkbox"/>	<input type="checkbox"/>	G Green	G Green
<input type="checkbox"/>	<input type="checkbox"/>	N No Contribution	N No Contribution
<input type="checkbox"/>	<input type="checkbox"/>	U United Utah	U United Utah

Part VI – Direct Deposit Information or Electronic Funds Withdrawal

Yes No

Do you want to elect **direct deposit** of state tax refund?
 Do you want Electronic Funds Withdrawal of state tax payment?

Bank Information

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

Name of Bank Account Owner ▶ _____
Check to use taxpayer as Owner Taxpayer Spouse

Name of Financial Institution (optional) ▶ BANK OF AMERICA

Check the appropriate box:

Checking ▶ Routing number ▶ 111000025
Savings ▶ Account number ▶ 488044543365

Form TC-547 will be filed electronically
 Form TC-547 accepted by the state of Utah

Date the Return Payment was transmitted _____
Date the Return Payment was accepted _____
Payment date to withdraw from the account above _____
Balance due from return _____
Amount to withdraw from the account above _____
If partial payment is made, 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.?
_____ Bank name for International ACH Transaction

Part VII – 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 tax return to the Utah State Tax Commission, as applicable by law.

File **state** return electronically

Enter the date return was EFiled ▶ _____
Date return was accepted by the state ▶ _____
Enter the date Form TC-547 was given to client ▶ _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Extension Status

Yes No

Has the tax return due date been extended?
Extended due date _____

Part IX – Paid Preparer Information

Enter the preparer's assigned initials from Preparer's Information Worksheet ▶ 1

Part X – Amended Return

QuickZoom to Explanation of Changes Worksheet ▶ _____

QuickZoom here to Form TC-40 ▶

QuickZoom here to Form TC-40S ▶

QuickZoom here to Form TC-40B ▶
