

Form
1040EZ

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

2017

OMB No. 1545-0074

| | | |
|---|----------------------------------|---|
| Your first name and initial KARTHIK | Last name SATHYANARAYANASETTY | Your social security number 648 63 9325 |
| If a joint return, spouse's first name and initial JAGRUTHI | Last name BALAGATTE MOHANDAS | Spouse's social security number 961 98 7512 |
| Home address (number and street). If you have a P.O. box, see instructions. 20 PONCETTA DR | | Apt. no. ▲ Make sure the SSN(s) above are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DALY CITY CA 94015 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | |

| | | | |
|---|---|----------|----------|
| Income Attach Form(s) W-2 here. | 1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 103,789. |
| | 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | |
| | 3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | |
| | 4 Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 103,789. |
| | 5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation. | 5 | 20,800. |

| | | | |
|-----------------------------------|--|-----------|---------|
| Payments, Credits, and Tax | 6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 82,989. |
| | 7 Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 21,408. |
| | 8a Earned income credit (EIC) (see instructions) | 8a | |
| | b Nontaxable combat pay election. 8b | | |
| | 9 Add lines 7 and 8a. These are your total payments and credits . | 9 | 21,408. |

| | | |
|---|-----------|---------|
| 10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 12,221. |
| 11 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 11 | |
| 12 Add lines 10 and 11. This is your total tax . | 12 | 12,221. |

| | | |
|---|------------|--------|
| 13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 13a | 9,187. |
| b Routing number <u>1 2 1 0 0 0 3 5 8</u> c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings | | |
| d Account number <u>3 2 5 0 7 2 6 5 3 3 2 2</u> | | |

| | | |
|--|-----------|--|
| 14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions. | 14 | |
|--|-----------|--|

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, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation HOMEMAKER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|---|---|--------------------------|---|-------------------|
| Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date | Check <input type="checkbox"/> if self-employed | PTIN P02082703 |
| Firm's name ▶ GLOBAL TAXES LLC | Firm's EIN ▶ 30-1017196 | Phone no. (678) 965-9729 | | |
| Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 | | | | |

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS

| Five Year Tax History: | | | | | |
|--|------|------|------|------|----------|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Filing status | | | | | MFJ |
| Total income | | | | | 103,789. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 103,789. |
| Tax expense | | | | | 8,613. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions. | | | | | |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | | 12,700. |
| Exemption amount . . | | | | | 8,100. |
| Taxable income | | | | | 82,989. |
| Tax. | | | | | 12,221. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 21,408. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund. | | | | | 9,187. |
| Effective tax rate % . . | | | | | 11.77 |
| **Tax bracket % | | | | | 25.0 |

**Tax bracket % is based on Taxable income.

Federal Information Worksheet

2017

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Part I – Personal Information

Taxpayer:

Last name SATHYANARAYANASETTY
 First name KARTHIK
 Middle initial _____ Suffix _____
 Social security no. 648-63-9325
 Occupation SOFTWARE ENGINEER
 Date of birth 03/20/1989 (mm/dd/yyyy)
 Age as of 1-1-2018 28
 Date of death _____
 Legally blind
 E-mail address SV_KARTHIK@YMAIL.COM
 Work phone _____ Ext _____
 Cell phone (415)695-4422
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) BALAGATTE MOHANDAS
 First name JAGRUTHI
 Middle initial _____ Suffix _____
 Social security no. 961-98-7512
 Occupation HOMEMAKER
 Date of birth 10/17/1988 (mm/dd/yyyy)
 Age as of 1-1-2018 29
 Date of death _____
 Legally blind
 E-mail address SV_KARTHIK@YMAIL.COM
 Work phone _____ Ext _____
 Cell phone (415)695-4422
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (415)695-4422
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 20 PONCETTA DR Apt no. _____
 City DALY CITY State CA ZIP code 94015

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.*** |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* **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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

| | |
|---|---------------------------------------|
| Name(s) Shown on Return K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS | Social Security Number 648-63-9325 |
|---|---------------------------------------|

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 checked="" type="checkbox"/> Taxpayer | Note: Alabama does not allow this option |
| <input checked="" type="checkbox"/> Spouse | |

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

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Taxpayer | Note: Alabama, New Mexico, New York and Ohio do not allow this option |
| <input type="checkbox"/> Spouse | |

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 _____
 License number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 License number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

* 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:

- 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)

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| | |
|---|---------------------------------------|
| Name(s) Shown on Return K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS | Social Security Number 648-63-9325 |
|---|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-----------------------------------|----|----------|-------------|-------------|-----------|
| TATA CONSULTANCY SERVICES LIMITED | | 103,789. | 21,408. | 103,789. | 7,679. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 103,789. | 21,408. | 103,789. | 7,679. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 103,789. | | 103,789. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 21,408. | | 21,408. |
| 3 & 7 | Total social security wages/tips | 103,789. | | 103,789. |
| 4 | Total social security tax withheld | 6,435. | | 6,435. |
| 5 | Total Medicare wages and tips | 103,789. | | 103,789. |
| 6 | Total Medicare tax withheld | 1,505. | | 1,505. |
| 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 | 2,041. | | 2,041. |
| 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 | 2,041. | | 2,041. |
| 14 a | Total deductible mandatory state tax | 934. | | 934. |
| 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 | 103,789. | | 103,789. |
| 17 | Total state tax withheld | 7,679. | | 7,679. |
| 19 | Total local tax withheld. | | | |

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| | |
|--|---------------------------------------|
| Name as shown on return KARTHIK SATHYANARAYANASETTY | Social Security Number 648-63-9325 |
|--|---------------------------------------|

Employer EIN 98-0429806
Employer Name TATA CONSULTANCY SERVICES LIMITED
 Name (cont.) _____
Street Address or P. O. Box 379 THORNALL STREET
City EDISON **State** NJ **ZIP** 08837
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.

| | | | |
|--|----------|--|---------|
| 1 Wages, tips, other comp | 103,789. | 2 Federal tax withheld | 21,408. |
| 3 Social security wages | 103,789. | 4 Social sec tax withheld | 6,435. |
| 5 Medicare wages and tips | 103,789. | 6 Medicare tax withheld | 1,505. |
| 7 Social security tips | _____ | 8 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 | 2,041. | 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 not 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 | 354-7670 4 | 103,789. | 7,679. |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 2e42-2301-7bc3-031e |
| 10 Dependent care benefits (Check if employer furnished care at work) | <input type="checkbox"/> | 10 _____ |
| Dependent care benefits - Amount forfeited from flexible spending account | _____ | 11 _____ |
| 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). |
|---|--------|---|
| SDI | 934. | California SDI tax |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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KARTHIK SATHYANARAYANASETTY

648-63-9325 Page 2

Employer Name TATA CONSULTANCY SERVICES LIMITED

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. 648-63-9325
First name M.I. Last name Suff.
KARTHIK SATHYANARAYANASETTY
Address City St ZIP code
20 PONCETTA DR DALY CITY CA 94015
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2017

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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. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|--|--|
| Name(s) Shown on Return K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS | Social Security Number 648-63-9325 |
|--|--|

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 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

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

| | Federal | State | Local |
|--|---------|--------|-------|
| Taxes Withheld From: | | | |
| 10 Forms W-2 | 21,408. | 7,679. | |
| 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 Total Withholding Lines 10 through 18d | | | |
| | 21,408. | 7,679. | |
| 20 Total Tax Payments for 2017 | 21,408. | 7,679. | |

| | State | ID | Local | ID |
|--|-------|----|-------|----|
| Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help) | | | | |
| 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) | | | | |

Earned Income Worksheet

2017

▶ Keep for your records

| | |
|--|--|
| Name(s) Shown on Return K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS | Social Security Number 648-63-9325 |
|--|--|

| Part I – Earned Income Credit Wks Computation | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | _____ | _____ | _____ |
| b Optional Method and Church Employee income | _____ | _____ | _____ |
| c Add lines 1a and 1b | _____ | _____ | _____ |
| d One-half of self-employment tax | _____ | _____ | _____ |
| e Subtract line 1d from line 1c | _____ | _____ | _____ |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | _____ | _____ | _____ |
| b Net nonfarm profit or (loss) | _____ | _____ | _____ |
| c Add lines 2a and 2b | _____ | _____ | _____ |
| 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 | _____ | _____ | _____ |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | _____ | _____ | _____ |

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 | 103,789. | _____ | 103,789. |
| 7 a Taxable employer-provided adoption benefits. | _____ | _____ | _____ |
| b Foreign earned income exclusion | _____ | _____ | _____ |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 103,789. | _____ | 103,789. |
| 9 a Taxable dependent care benefits. | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 103,789. | _____ | 103,789. |
| 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 | 103,789. | _____ | 103,789. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|----------|-------|----------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 103,789. | _____ | 103,789. |
| 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, In 2. | 103,789. | _____ | 103,789. |

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

| | | | |
|--|----------|-------|----------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 103,789. | _____ | 103,789. |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 103,789. | _____ | 103,789. |

Federal Carryover Worksheet

2017

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS | Social Security Number 648-63-9325 |
|---|---------------------------------------|

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 |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

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 | | 8,613. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 103,789. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 12,221. |
| 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

K SATHYANARAYANASETTY & J BALAGATTE MOHANDAS

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

| | |
|---|-----------------|
| Wages and salaries | 103,789. |
| 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 | _____ |
| Total Gross Income | 103,789. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ **103,789.**

Itemized/Standard Deductions

| | |
|--|---------------|
| Medical and dental | _____ |
| Taxes | 8,613. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | _____ |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 8,613. |
| Standard deduction | 12,700. |
| Exemption amount | 8,100. |

Taxable Income **82,989.**

| | |
|---|----------------|
| Income tax | 12,221. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 12,221. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax **12,221.**

| | |
|---|----------------|
| Withholding | 21,408. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 21,408. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid **9,187.**

Refund **9,187.**

Amount Applied to Estimate _____

Amount Due **0.**

| | |
|------------------------------|---------|
| Tax bracket | 25.0 % |
| Effective tax rate | 11.77 % |

TAXABLE YEAR

FORM

2017 California e-file Return Authorization for Individuals

8453

Form fields for taxpayer and spouse information including names, SSN, address, and contact details.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount. Rows include California adjusted gross income, refund, and amount owed.

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

Form fields for electronic settlement including direct deposit and withdrawal options.

Part III Make Estimated Tax Payments for Taxable Year 2018 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Description, First Payment Due 4/17/2018, Second Payment Due 6/15/2018, Third Payment Due 9/17/2018, Fourth Payment Due 1/15/2019.

Part IV Banking Information (Have you verified your banking information?)

Form fields for banking information including account numbers, routing numbers, and account types.

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return.

Sign Here section with signature lines and dates for taxpayer and spouse.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return.)

Form fields for ERO information including signature, date, FEIN, and address.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Form fields for Paid Preparer information including signature, date, FEIN, and address.

2017 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

A
R
RP

648-63-9325 SATH 961-98-7512
KARTHIK SATHYANARAYANASETTY
JAGRUTHI BALAGATTE MOHANDAS

17

20 PONCETTA DR
DALY CITY CA 94015

03-20-1989 10-17-1988

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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 ● 6

► 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, in the box. If you checked the box on line 6, see instructions. ● 7 X \$114 = ● \$

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 = ● \$

Exemptions

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

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ● 11 \$

Your name: Your SSN or ITIN:

| | | | | | |
|-----------------------|----|---|------|-------------------------------------|---------------------------------|
| Taxable Income | 12 | State wages from your Form(s) W-2, box 16..... | ● 12 | <input type="text" value="103789"/> | <input type="text" value="00"/> |
| | 13 | Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4..... | ● 13 | <input type="text" value="103789"/> | <input type="text" value="00"/> |
| | 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B..... | ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| | 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions..... | ● 15 | <input type="text" value="103789"/> | <input type="text" value="00"/> |
| | 16 | California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C..... | ● 16 | <input type="text"/> | <input type="text" value="00"/> |
| | 17 | California adjusted gross income. Combine line 15 and line 16..... | ● 17 | <input type="text" value="103789"/> | <input type="text" value="00"/> |
| | 18 | Enter the larger of { <ul style="list-style-type: none"> Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: <ul style="list-style-type: none"> • Single or Married/RDP filing separately..... \$4,236 • Married/RDP filing jointly, Head of household, or Qualifying widow(er)..... \$8,472 | ● 18 | <input type="text" value="8472"/> | <input type="text" value="00"/> |
| | 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-..... | ● 19 | <input type="text" value="95317"/> | <input type="text" value="00"/> |

| | | | | | |
|------------|----|--|------|-----------------------------------|---------------------------------|
| Tax | 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803..... | ● 31 | <input type="text" value="3741"/> | <input type="text" value="00"/> |
| | 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions..... | ● 32 | <input type="text" value="228"/> | <input type="text" value="00"/> |
| | 33 | Subtract line 32 from line 31. If less than zero, enter -0-..... | ● 33 | <input type="text" value="3513"/> | <input type="text" value="00"/> |
| | 34 | Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A..... | ● 34 | <input type="text"/> | <input type="text" value="00"/> |
| | 35 | Add line 33 and line 34..... | ● 35 | <input type="text" value="3513"/> | <input type="text" value="00"/> |

| | | | | | |
|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Special Credits | 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions..... | ● 40 | <input type="text"/> | <input type="text" value="00"/> |
| | 43 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount..... | ● 43 | <input type="text"/> | <input type="text" value="00"/> |
| | 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount..... | ● 44 | <input type="text"/> | <input type="text" value="00"/> |
| | 45 | To claim more than two credits, see instructions. Attach Schedule P (540)..... | ● 45 | <input type="text"/> | <input type="text" value="00"/> |
| | 46 | Nonrefundable renter's credit. See instructions..... | ● 46 | <input type="text"/> | <input type="text" value="00"/> |
| | 47 | Add line 40 through line 46. These are your total credits..... | ● 47 | <input type="text"/> | <input type="text" value="00"/> |
| 48 | Subtract line 47 from line 35. If less than zero, enter -0-..... | ● 48 | <input type="text" value="3513"/> | <input type="text" value="00"/> | |

| | | | | | |
|--------------------|----|---|------|-----------------------------------|---------------------------------|
| Other Taxes | 61 | Alternative minimum tax. Attach Schedule P (540)..... | ● 61 | <input type="text"/> | <input type="text" value="00"/> |
| | 62 | Mental Health Services Tax. See instructions..... | ● 62 | <input type="text"/> | <input type="text" value="00"/> |
| | 63 | Other taxes and credit recapture. See instructions..... | ● 63 | <input type="text"/> | <input type="text" value="00"/> |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax..... | ● 64 | <input type="text" value="3513"/> | <input type="text" value="00"/> |

Your name: S A T H Y A N A R A Y A N A S

Your SSN or ITIN: 648-63-9325

| | | | | | |
|----------|----|--|------|------|-----|
| Payments | 71 | California income tax withheld. See instructions | ● 71 | 7679 | .00 |
| | 72 | 2017 CA estimated tax and other payments. See instructions | ● 72 | | .00 |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 | | .00 |
| | 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 | | .00 |
| | 75 | Earned Income Tax Credit (EITC) | ● 75 | | .00 |
| | 76 | Add lines 71 through 75. These are your total payments. See instructions | ⊙ 76 | 7679 | .00 |

| | | | | | |
|---------|-------------------------------------|---|------|---|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | ● 91 | 0 | .00 |
| | If line 91 is zero, check if: | | | | |
| | <input checked="" type="checkbox"/> | No use tax is owed. | | | |
| | <input type="checkbox"/> | You paid your use tax obligation directly to CDTFA. | | | |

| | | | | | |
|----------------------|---|--|------|------|-----|
| Overpaid Tax/Tax Due | 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ⊙ 92 | 7679 | .00 |
| | 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ⊙ 93 | | .00 |
| | 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ⊙ 94 | 4166 | .00 |
| | 95 | Amount of line 94 you want applied to your 2018 estimated tax | ● 95 | 0 | .00 |
| | 96 | Overpaid tax available this year. Subtract line 95 from line 94 | ● 96 | 4166 | .00 |
| 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ⊙ 97 | | .00 | |

Your name: S A T H Y A N A R A Y A N A S

Your SSN or ITIN: 648-63-9325

Contributions

| | Code | Amount |
|---|-------|--------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| Alzheimer's Disease/Related Disorders Fund | ● 401 | <input type="text"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> .00 |
| California Firefighters' Memorial Fund | ● 406 | <input type="text"/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| California Peace Officer Memorial Foundation Fund | ● 408 | <input type="text"/> .00 |
| California Sea Otter Fund | ● 410 | <input type="text"/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| School Supplies for Homeless Children Fund | ● 422 | <input type="text"/> .00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> .00 |
| State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | <input type="text"/> .00 |
| Prevention of Animal Homelessness and Cruelty Fund | ● 431 | <input type="text"/> .00 |
| Revive the Salton Sea Fund | ● 432 | <input type="text"/> .00 |
| California Domestic Violence Victims Fund | ● 433 | <input type="text"/> .00 |
| Special Olympics Fund | ● 434 | <input type="text"/> .00 |
| Type 1 Diabetes Research Fund | ● 435 | <input type="text"/> .00 |
| California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | <input type="text"/> .00 |
| Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | <input type="text"/> .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> .00 |
| Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| 110 Add code 400 through code 440. This is your total contribution | ● 110 | <input type="text"/> .00 |

Your name: Your SSN or ITIN:

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**
Amount You Owe
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 ● **111** .00
Pay online – Go to **ftb.ca.gov/pay** for more information.

112 Interest, late return penalties, and late payment penalties **112** .00
Interest and Penalties
113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.
Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 ● **115** .00

Refund and Direct Deposit
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 115) is authorized for direct deposit into the account shown below:

● Type
● Routing number Checking ● Account number ● **116** Direct deposit amount
 Savings .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number Checking ● Account number ● **117** Direct deposit amount
 Savings .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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)

Sign Here
● Your email address. Enter only one email address.
● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● FEIN

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 Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer:

Last Name SATHYANARAYANASETTY
 First Name KARTHIK
 Middle Initial _____ Suffix _____
 Social Security No. 648-63-9325
 Date of Birth 03/20/1989 (mm/dd/yyyy)
 or age as of 1-1-2018 28
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____
 Home phone _____

Spouse/RDP:

Last name (if different) . BALAGATTE MOHANDAS
 First Name JAGRUTHI
 Middle Initial _____ Suffix _____
 Social Security No. 961-98-7512
 Date of Birth 10/17/1988 (mm/dd/yyyy)
 or age as of 1-1-2018 29
 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 . . 20 PONCETTA DR
 Unit Description . . _____ Unit Number _____ Private Mailbox (PMB) . _____
 City DALY CITY State CA ZIP Code 94015
 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 CA
 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 |
|------------|---|-----------|------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 05/21/2018
Date return was accepted by the state 05/21/2018
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) Bank of America
Account type Checking Savings
Routing number 121000358
Account number 325072653322

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

Total refund available 4,166.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking Savings
Routing number
Account number
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
[X] 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 3 columns: Number (1-25), Fund Name, and Amount. Funds include California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, Rare and Endangered Species Preservation Program, etc.

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 K SATHYANARAYANASETTY & J BALAGATT | Social Security Number 648-63-9325 |
|--|---------------------------------------|

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 | 7,679. |
| 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 | 7,679. |
| 15 | Date return will be filed and balance paid | 15 | |

California Electronic Filing Information Worksheet

2017

▶ Keep for your records

| | |
|--|--|
| Name as Shown on Return <u>K SATHYANARAYANASETTY & J BALAGATT</u> | Social Security Number <u>648-63-9325</u> |
|--|--|

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

| | | |
|--|---|--------------------------|
| Firm Name <u>GLOBAL TAXES LLC</u> | Social Security Number/Preparer Tax ID Number | |
| Name <u>GLOBAL TAXES LLC</u> | Phone Number <u>(678)965-9729</u> | Fax Number |
| Address <u>2530 Pebble Creek Ln</u> | Employer Identification Number <u>30-1017196</u> | |
| City <u>Cumming</u> | State <u>GA</u> | Zip Code <u>30041</u> |
| Country | E-mail Address <u>kumar@gtaxfile.com</u> | |

Paid Preparer Information

| | | |
|--|---|--------------------------|
| Firm Name <u>GLOBAL TAXES LLC</u> | Social Security Number/Preparer Tax ID Number <u>P02082703</u> | |
| Name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u> | Employer Identification Number <u>30-1017196</u> | Fax Number |
| Address <u>2530 Pebble Creek Ln</u> | Phone Number <u>(678)965-9729</u> | |
| City <u>Cumming</u> | State <u>GA</u> | Zip Code <u>30041</u> |
| Country | E-mail Address <u>syam@gtaxfile.com</u> | |

Electronic Filing Review Check

| | | Yes | No |
|--|----------------------------|-----|-------------------------------------|
| 1 If any of the questions below are checked yes, the return may not be filed electronically | | | |
| 1 Are there more than fifty W-2s, or twenty 1099-Rs? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 3 Are there more than twenty five copies of Schedule S? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 4 Is this an amended return, or is there an amended Form 3805P attached? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 7 Are any invalid entries made on Form 3805V page 3, part III? (See help) | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 8 Are there more than 97 detail lines on forms to be filed? (See help) | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 9 Is this a fiscal year filer? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 11 Is the Federal filing status married filing joint and the California filing status married filing separate? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 12 Is Federal Form 4852 (substitute W2) being used? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 13 Check that you have the correct selections for the RDP return? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 14 On the 3506, are there any foreign care providers? | ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 15 Is Direct Debit selected and no balance due on the return? | ▶ <input type="checkbox"/> | | <input type="checkbox"/> |

Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 8453: E-File Return Authorization

| Additional Information Smart Worksheet | |
|---|---|
| A | Date this return was E-Filed ▶ <u>05/21/2018</u> |
| B | Date return was accepted by the state ▶ <u>05/21/2018</u> |
| C | Documents to attach to the FRONT of Form 8453: <u>Form W-2 (Copy 2)</u> <hr/> <hr/> <hr/> |
| D | Retain Form 8453 and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES |

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

| Form 540 California Income Tax Withheld Smart Worksheet | |
|--|--|
| A | California income tax withheld from the Tax Payments Worksheet <u>7,679.</u> |
| B | Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A. |
| C | California income tax withheld for line 71. Subtract line B from line A <u>7,679.</u> |