

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>VEERA R DATLA</b>	Social security number <b>397-29-0754</b>
Spouse's name <b>BHARATHI BODDU</b>	Spouse's social security number <b>177-90-9267</b>

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>127,336.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>16,399.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<b>17,143.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>744.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

9	0	7	5	4
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

0	9	2	6	7
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

5	8	7	2	7	8						
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Don't enter all zeros

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

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

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

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

See separate instructions.

Your first name and initial <b>VEERA R</b>	Last name <b>DATLA</b>	<b>Your social security number</b> 397-29-0754
If a joint return, spouse's first name and initial <b>BHARATHI</b>	Last name <b>BODDU</b>	<b>Spouse's social security number</b> 177-90-9267
Home address (number and street). If you have a P.O. box, see instructions. <b>1531 JOHNSON DR</b>		Apt. no. <b>712</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>BUFFALO GROVE IL 60089</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
KARTHIKA	DATLA	721-23-7292	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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

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

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

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

**Add numbers on lines above** 3

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	126,438.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	898.
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	127,336.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	127,336.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	127,336.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked ▶ 39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12,700.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	114,636.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	102,486.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	17,099.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	17,099.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	600.
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	100.
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	700.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	16,399.
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	16,399.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	17,143.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	17,143.
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	744.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	744.
<b>b</b>	Routing number 0 7 5 0 0 0 0 1 9 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 7 8 2 9 1 0 1 2 9		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete below.  **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	06/02/2018		P02090332
Firm's name ▶	Firm's EIN ▶		Phone no.	
GLOBAL TAXES LLC	30-1017196		(678)965-9729	
Firm's address ▶	2530 Pebble Creek Ln Cumming GA 30041			

**Child and Dependent Care Expenses**



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

VEERA R DATLA & BHARATHI BODDU

Your social security number

397-29-0754

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
primrose	berkley heights HOUSTON TX 77063	45-3250319	1,170.
DUNWOODY KINDERC	5695 CHAMBLEE DUNWOODY RD BUFFALO GROVE IL 60089	47-4478313	2,660.

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
KARTHIKA	DATLA	721-23-7292	3,830.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .	<b>3</b>	3,000.																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	104,411.																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	22,027.																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	3,000.																																																										
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	127,336.																																																										
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	.20																																																										
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<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . .	<b>10</b>	17,099.																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	600.																																																										

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR  
**VEERA R DATLA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**397-29-0754**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . . ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	6,750.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	6,750.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter . . . . .	<b>6</b>	6,750.
<b>7</b>	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>	
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	6,750.
<b>9</b>	Employer contributions made to your HSAs for 2017 . . . . .	<b>9</b>	1,100.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	1,100.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	5,650.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>	0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2017 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

**2017**

Department of the Treasury  
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return VEERA R DATLA & BHARATHI BODDU	Taxpayer identification number 397-29-0754
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR P02090332	

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>2</b> Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>4</b> Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>N/A</b>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input checked="" type="checkbox"/> <b>N/A</b>

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC** (If the return does not claim CTC or ACTC, go to Part IV.)

<b>10a</b> Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.) . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>c</b> Have you determined that the taxpayer has not released the claim to another person? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

<b>11</b> Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

**Part V Credit Eligibility Certification**

- **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of Form 8867,
    2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
    3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
    4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
    5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

<b>12</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---



# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

VEERA R DATLA & BHARATHI BODDU

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					127,336.
Adjustments to income					
Adjusted gross income					127,336.
Tax expense . . . . .					5,983.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					12,150.
Taxable income . . . .					102,486.
Tax . . . . .					17,099.
Alternative min tax . .					
Total credits . . . . .					700.
Other taxes . . . . .					
Payments . . . . .					17,143.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					744.
Effective tax rate % . .					12.88
**Tax bracket % . . . .					25.0

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (VEERA R DATLA & BHARATHI BODDU) and Social Security Number (397-29-0754)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and Input field (90754, 09267, 03/18/2018)

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . DATLA  
 First name . . . . . VEERA  
 Middle initial . . . . . R Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 397-29-0754  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 04/07/1982 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 35  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . VVSRAJUDATLA@GMAIL.COM  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (920) 562-9994  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . BODDU  
 First name . . . . . BHARATHI  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 177-90-9267  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 08/08/1987 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 30  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (920) 562-9994  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (920) 562-9994  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 1531 JOHNSON DR Apt no. . . . . 712  
 City . . . . . BUFFALO GROVE State . . . . . IL ZIP code . . . . . 60089

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.***
KARTHIKA DATLA		721-23-7292 Daughter	05/11/2013	4	10		L	3,830.

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

► Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
---	---------------------------------------

INCOME	Federal Amount	OH Amount
1 Wages, salaries, tips, etc. . . . . T	104,411.	23,766.
S	22,027.	
2 Taxable interest . . . . . T		
S		
3 Dividends . . . . . T		
S		
4 State/local tax refunds . . . . . T	449.	
S	449.	
5 Alimony received . . . . . T		
S		
6 Business income or loss . . . . . T		
S		
7 Capital gain or loss . . . . . T		
S		
8 Other gains and losses . . . . . T		
S		
9 Taxable IRA distribution . . . . . T		
S		
10 Taxable pension and annuities . . . . . T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
S		
12 Farm income or loss . . . . . T		
S		
13 Unemployment compensation . . . . . T		
S		
14 a Taxable social security benefits . . . . . T		
S		
b Taxable railroad retirement benefits . . . . . T		
S		
15 Other income . . . . . T		
S		
16 Total income . . . . . T	104,860.	23,766.
S	22,476.	

## Nonresident State Allocation Worksheet

VEERA R DATLA & BHARATHI BODDU

397-29-0754

	<b>ADJUSTMENTS</b>		Federal Amount	OH Amount
17	Educator expenses . . . . .	T		
		S		
18	Certain business expenses . . . . .	T		
		S		
19	Health savings account deduction . . . . .	T	0.	
		S		
20	Moving expenses . . . . .	T		
		S		
21	Self-employment tax deduction . . . . .	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
		S		
23	Self-employed health insurance deduction . . . . .	T		
		S		
24	Penalty on early withdrawal of savings . . . . .	T		
		S		
25	Alimony paid . . . . .	T		
		S		
26	IRA deduction . . . . .	T		
		S		
27	Student loan interest deduction . . . . .	T		
		S		
28	Tuition/fees deduction . . . . .	T		
		S		
29	Domestic production activities deduction . . . . .	T		
		S		
30	Total other adjustments . . . . .	T		
		S		
31	<b>Total adjustments</b> . . . . .	T	0.	
		S		
32	<b>Adjusted gross income</b> . . . . .	T	104,860.	23,766.
		S	22,476.	

**Part-Year Resident State Allocation Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .	104,411.	<u>IL</u>	<u>IL</u>	80,645.
		<u>OH</u>	<u>OH</u>	23,766.
		—	—	
<b>S</b> Wages, salaries, tips . . . . .	22,027.	<u>CA</u>	<u>CA</u>	22,027.
		—	—	
		—	—	
		—	—	

\* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>2 T</b> Taxable interest . . . . .						
<b>S</b> Taxable interest . . . . .						
<b>3 T</b> Dividends . . . . .						
<b>S</b> Dividends . . . . .						
<b>4 T</b> State/local tax refund . . . . .	449.	<u>01/01</u>	<u>03/26</u>	<u>CA</u>		0.
		<u>03/27</u>	<u>12/31</u>	<u>IL</u>		0.
<b>S</b> State/local tax refund . . . . .	449.	<u>01/01</u>	<u>03/26</u>	<u>CA</u>		0.
		<u>03/27</u>	<u>12/31</u>	<u>IL</u>		0.
<b>5 T</b> Alimony received . . . . .						
<b>S</b> Alimony received . . . . .						

\* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
<b>6 T</b> Business inc or loss .							
<b>S</b> Business inc or loss .							
<b>7 T</b> Farm income or loss .							
<b>S</b> Farm income or loss .							
<b>8 Total Schedule E. T</b>		See Sch E Income Allocation Smart Worksheet					
<b>S</b>							

\* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>9 T</b> Capital gain or loss . . . . .						
<b>S</b> Capital gain or loss . . . . .						
<b>10 T</b> Other gains/losses . . . . .						
<b>S</b> Other gains/losses . . . . .						
<b>11 T</b> Unemployment compensation .						
<b>S</b> Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
<b>12 T</b> Taxable IRA distributions . . . .					
<b>S</b> Taxable IRA distributions . . . .					
<b>13 T</b> Taxable pensions/annuities . . .					
<b>S</b> Taxable pensions/annuities . . .					
<b>14a T</b> Taxable social security benefits .					
<b>S</b> Taxable social security benefits .					
<b>b T</b> Taxable railroad retirements . .					
<b>S</b> Taxable railroad retirements . .					
<b>15</b> Total other income . . . . . <b>T</b>					
<b>S</b>					
<b>16</b> <b>Total Income.</b> . . . . . <b>T</b>	104,860.				
<b>S</b>	22,476.				



ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>17 T</b> Educator expenses . . . . .					
<b>S</b> Educator expenses . . . . .					
<b>18 T</b> Certain business expenses . . . . .					
<b>S</b> Certain business expenses . . . . .					
<b>19 T</b> Health savings account deduction . . .	0.	01/01	03/26	CA	0.
		03/27	12/31	IL	0.
<b>S</b> Health savings account deduction . . .					
<b>20 T</b> Moving expenses . . . . .					
<b>S</b> Moving expenses . . . . .					
<b>21 T</b> Penalty - early withdrawal of savings . .					
<b>S</b> Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>22 T</b> Alimony paid . . . . .					
<b>S</b> Alimony paid . . . . .					
<b>23 T</b> IRA deduction . . . . .					
<b>S</b> IRA deduction . . . . .					
<b>24 T</b> Student loan interest deduction . . .					
<b>S</b> Student loan interest deduction . . .					
<b>25 T</b> Tuition and fees deduction . . . . .					
<b>S</b> Tuition and fees deduction . . . . .					

\* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>26 T</b> Self-employment tax . . . . .						
<b>S</b> Self-employment tax . . . . .						
<b>27 T</b> SEP, SIMPLE and qualified plans .						
<b>S</b> SEP, SIMPLE and qualified plans .						
<b>28 T</b> Self-employed health insurance . .						
<b>S</b> Self-employed health insurance . .						
<b>29 T</b> Domestic production activities . . .						
<b>S</b> Domestic production activities . . .						
<b>30 Other adjustments . . . . . T</b>						
<b>S</b>						
<b>31 Total adjustments . . . . . T</b>						0.
<b>S</b>						
<b>32 Adjusted gross income . . . . . T</b>						104,860.
<b>S</b>						22,476.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (VEERA R DATLA & BHARATHI BODDU) and Social Security Number (397-29-0754)

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

- Options: Taxpayer, Spouse (selected). Note: Alabama does not allow this option

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

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

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

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

Driver's License Detail

Taxpayer:

Issuing state: IL
License number: D340-8768-2100
Issue date: 06/30/2017
Expiration date: 01/01/2020
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:

- Options: New client, Returning client to same preparer and firm, Returning client to same firm

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

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

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

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: VEERA R DATLA & BHARATHI BODDU; Social Security Number: 397-29-0754

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: 30-1017196; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City selection and list of states: New York, Vermont

**Miscellaneous Electronic Filing Items**

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

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

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

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INFOSYS LIMITED		80,645.	9,547.	80,645.	3,325.
ALLEGIANCE TECHNOLOGIES LLC		23,766.	4,039.	23,766.	735.
PIONEER CORPORATE SERVICES INC	X	22,027.	3,557.	22,027.	1,131.
<b>Totals</b> . . . . .		126,438.	17,143.	126,438.	5,191.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . . . .	104,411.	22,027.	126,438.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
2	Total federal tax withheld . . . . .	13,586.	3,557.	17,143.
3 & 7	Total social security wages/tips . . . . .	104,411.	22,027.	126,438.
4	Total social security tax withheld . . . . .	6,473.	1,366.	7,839.
5	Total Medicare wages and tips . . . . .	104,411.	22,027.	126,438.
6	Total Medicare tax withheld . . . . .	1,514.	319.	1,833.
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 . . . . .	9,810.		9,810.
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 . . . . .	9,810.		9,810.
14 a	Total deductible mandatory state tax . . . . .		198.	198.
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 . . . . .	104,411.	22,027.	126,438.
17	Total state tax withheld . . . . .	4,060.	1,131.	5,191.
19	Total local tax withheld. . . . .	594.		594.



Name as shown on return VEERA R DATLA	Social Security Number 397-29-0754
--	---------------------------------------

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

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

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

<b>1</b> Wages, tips, other comp . . . . .	80,645.	<b>2</b> Federal tax withheld . . . . .	9,547.
<b>3</b> Social security wages . . . . .	80,645.	<b>4</b> Social sec tax withheld . . . . .	5,000.
<b>5</b> Medicare wages and tips . . . . .	80,645.	<b>6</b> Medicare tax withheld . . . . .	1,169.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	22.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
P	2,687.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
W	1,100.	P: Double click to link to Form 3903, line 4 . . . . . <u>Untitled</u>
DD	6,001.	R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . . 1,100.
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL	1945856-QS	80,645.	3,325.

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

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

<b>9</b> Verification Code . . . . .		<b>9</b> 8dff-f3c6-4493-0bf9
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>		<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		<b>11</b> _____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b> _____

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

Keep for your records

VEERA R DATLA

397-29-0754 Page 2

Employer Name . . . . INFOSYS 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. . . . . 397-29-0754
First name M.I. Last name Suff.
VEERA R DATLA
Address City St ZIP code
1531 JOHNSON DR, Apt. 712 BUFFALO GROVE IL 60089
Foreign Province/County Foreign Postal Code
Foreign Country

Name as shown on return VEERA R DATLA	Social Security Number 397-29-0754
--	---------------------------------------

**Employer EIN** . . . . . 27-2213182  
**Employer Name** . . . . . ALLEGIANCE TECHNOLOGIES LLC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 9777 FAIRWAY BLVD SUITE A  
**City** POWELL **State** OH **ZIP** 43065  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

<b>1</b> Wages, tips, other comp . . . . .	23,766.	<b>2</b> Federal tax withheld . . . . .	4,039.
<b>3</b> Social security wages . . . . .	23,766.	<b>4</b> Social sec tax withheld . . . . .	1,473.
<b>5</b> Medicare wages and tips . . . . .	23,766.	<b>6</b> Medicare tax withheld . . . . .	345.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	52-774247 2	23,766.	735.
_____	_____	_____	_____
_____	_____	_____	_____

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
01-COLUM	23,766.	594.	OH
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Keep for your records

VEERA R DATLA

397-29-0754 Page 2

Employer Name . . . . . ALLEGIANCE TECHNOLOGIES LLC

Part I Statutory employees

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

C

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

Clergy only:

- D  Designated housing or parsonage allowance . . . . .
- E  Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .
- 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

D

E

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

H1

H2

H3

H4

H5

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. . . . . 397-29-0754

First name M.I. Last name Suff.

VEERA R DATLA

Address City St ZIP code

1531 JOHNSON DR, Apt. 712 BUFFALO GROVE IL 60089

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return BHARATHI BODDU	Social Security Number 177-90-9267
---	---------------------------------------

**Employer EIN** . . . . . 56-2303447  
**Employer Name** . . . . . PIONEER CORPORATE SERVICES INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 44345 PREMIER PLZ STE 120  
**City** ASHBURN **State** VA **ZIP** 20147  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

<b>1</b> Wages, tips, other comp . . . . .	22,027.	<b>2</b> Federal tax withheld . . . . .	3,557.
<b>3</b> Social security wages . . . . .	22,027.	<b>4</b> Social sec tax withheld . . . . .	1,366.
<b>5</b> Medicare wages and tips . . . . .	22,027.	<b>6</b> Medicare tax withheld . . . . .	319.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	295-3592 9	22,027.	1,131.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	198.	California SDI tax
_____	_____	_____
_____	_____	_____

Keep for your records

BHARATHI BODDU

177-90-9267 Page 2

Employer Name . . . . PIONEER CORPORATE SERVICES INC

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. . . . . 177-90-9267
First name M.I. Last name Suff.
BHARATHI BODDU
Address City St ZIP code
1531 JOHNSON DR, Apt. 712 BUFFALO GROVE IL 60089
Foreign Province/County Foreign Postal Code
Foreign Country

# Healthcare Entry Sheet

**2017**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

▶ Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security No. 397-29-0754
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**Worksheet Description** . . . . . COPY 1

<b>Box</b>	<b>Description</b>	<b>Payer 1</b>	<b>Payer 2</b>	<b>Payer 3</b>
	Ownership (defaults to taxpayer): Check if Taxpayer . . . . . <input type="checkbox"/> Check if Spouse . . . . . <input type="checkbox"/> Check if Joint . . . . . <input checked="" type="checkbox"/>			
	Payer's Federal ID number . . . . .	31-6402047		
	Enter the abbreviation of State or Locality issuing this payment:			
<b>10 a</b>	State abbreviation . . . . .	<u>OH</u>	<u>    </u>	<u>    </u>
	Locality abbreviation . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
	Payer's name . . . . .	State of OH		
<b>1 a</b>	Unemployment compensation . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>2</b>	Amount repaid . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>3</b>	State or local income tax refunds, credits, or offsets . . . . .	<u>    </u> 13.	<u>    </u>	<u>    </u>
<b>4</b>	Box 2 amount is for tax year . . . . .	<u>2016</u>	<u>    </u>	<u>    </u>
<b>5</b>	Federal income tax withheld . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>6</b>	RTAA payments . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>7</b>	Taxable grants . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>7</b>	Agriculture payments . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
	(Double-click) to:			
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>b</b>	Link to Schedule F Line 6a, 41 . ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>c</b>	Link to Form 4835 Line 3a . . . ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>d</b>	Link to Form 4835 Line 5a . . . ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>8</b>	Check if the amount in box 2 applies to income from a trade or business. . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
<b>a</b>	Link to Schedule C line 6 . . . . ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>b</b>	Link to Schedule F line 8b, 43b . ▶	<u>    </u>	<u>    </u>	<u>    </u>
	Enter the taxable portion of the amount in box 2 to be reported . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>9</b>	Market gain . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>b</b>	Link to Form 4835 Line 3a . . . ▶	<u>    </u>	<u>    </u>	<u>    </u>
<b>10 b</b>	State identification no . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>11</b>	State income tax withheld . . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>12 a</b>	Locality name. . . . .	<u>    </u>	<u>    </u>	<u>    </u>
<b>13</b>	Local Income Tax Withheld . . . . .	<u>    </u>	<u>    </u>	<u>    </u>



▶ Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security No. 397-29-0754
---	------------------------------------

**Worksheet Description** . . . . . COPY 2

<b>Box</b>	<b>Description</b>	<b>Payer 1</b>	<b>Payer 2</b>	<b>Payer 3</b>
	Ownership (defaults to taxpayer): Check if Taxpayer . . . . . <input type="checkbox"/> Check if Spouse . . . . . <input type="checkbox"/> Check if Joint . . . . . <input checked="" type="checkbox"/>			
	Payer's Federal ID number . . . .	68-0204061		
	Enter the abbreviation of State or Locality issuing this payment:			
<b>10 a</b>	State abbreviation . . . . .	<u>CA</u>	_____	_____
	Locality abbreviation . . . . .	_____	_____	_____
	Payer's name . . . . .	State of CA		
<b>1 a</b>	Unemployment compensation . .	_____	_____	_____
<b>2</b>	Amount repaid . . . . .	_____	_____	_____
<b>3</b>	State or local income tax refunds, credits, or offsets . . . . .	885.	_____	_____
<b>4</b>	Box 2 amount is for tax year . . .	<u>2016</u>	_____	_____
<b>5</b>	Federal income tax withheld . . .	_____	_____	_____
<b>6</b>	RTAA payments . . . . .	_____	_____	_____
<b>7</b>	Taxable grants . . . . .	_____	_____	_____
	Agriculture payments . . . . .	_____	_____	_____
	(Double-click) to:			
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
<b>b</b>	Link to Schedule F Line 6a, 41 . ▶	_____	_____	_____
<b>c</b>	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
<b>d</b>	Link to Form 4835 Line 5a . . . ▶	_____	_____	_____
<b>8</b>	Check if the amount in box 2 applies to income from a trade or business. . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
<b>a</b>	Link to Schedule C line 6 . . . . ▶	_____	_____	_____
<b>b</b>	Link to Schedule F line 8b, 43b . ▶	_____	_____	_____
	Enter the taxable portion of the amount in box 2 to be reported . .			
	on Schedule C or F . . . . .	_____	_____	_____
<b>9</b>	Market gain . . . . .	_____	_____	_____
<b>a</b>	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
<b>b</b>	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
<b>10 b</b>	State identification no . . . . .	_____	_____	_____
<b>11</b>	State income tax withheld . . . .	_____	_____	_____
<b>12 a</b>	Locality name. . . . .	_____	_____	_____
<b>13</b>	Local Income Tax Withheld . . . .	_____	_____	_____

Name as Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security No. 397-29-0754
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: <u>1</u> X \$1,000. Enter the result . . . . .	1	1,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	127,336.
3	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A filers:</b> Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total . . . . .	4	127,336.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$110,000</li> <li>Single, head of household, or qualifying widow(er) — \$75,000</li> <li>Married filing separately — \$55,000</li> </ul>	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	18,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	7	900.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	100.

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	17,099.
10	Add the amounts from — Form 1040, line 48 . . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	600.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	600.
12	Subtract line 11 from line 9. Enter the result . . . . .	12	16,499.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	13	100.

Enter this amount on Form 1040, line 52, or Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
  - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

**Caution:** Use this worksheet only if you answered 'Yes' on line 11 of the *Child Tax Credit Worksheet* above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	9,672.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
13	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> Then, go to line 13. Enter the total of the amounts from — <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

*Enter this amount on line 11 of the Child Tax Credit Worksheet.*

**Note: Railroad Employees**

Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>VEERA R DATLA &amp; BHARATHI BODDU</b>	Social Security Number <b>397-29-0754</b>
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			17,143.	5,191.	594.
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 . . . . .	St	Loc			
18 a	Other withholding . . . .	St	Loc			
b	Other withholding . . . .	St	Loc			
c	Other withholding . . . .	St	Loc			
d	Additional Medicare Tax . . . . .					
19	<b>Total Withholding</b> Lines 10 through 18d . . . . .			17,143.	5,191.	594.
20	<b>Total Tax Payments for 2017</b> . . . . .			17,143.	5,191.	594.

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

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

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	104,411.	22,027.	126,438.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	104,411.	22,027.	126,438.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	104,411.	22,027.	126,438.
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 . . . . .	104,411.	22,027.	126,438.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	104,411.	22,027.	126,438.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received. . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	104,411.	22,027.	126,438.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	104,411.	22,027.	126,438.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	104,411.	22,027.	126,438.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
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**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		5,983.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		127,336.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		16,399.
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  
 VEERA R DATLA & BHARATHI BODDU

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	126,438.
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 . . . . .	898.
<b>Total Gross Income</b> . . . . .	<b>127,336.</b>

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 127,336.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	5,983.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>5,983.</b>
Standard deduction . . . . .	12,700.
Exemption amount . . . . .	12,150.

**Taxable Income** . . . . . 102,486.

Income tax . . . . .	17,099.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>17,099.</b>
Nonbusiness credits . . . . .	700.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	<b>700.</b>
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 16,399.

Withholding . . . . .	17,143.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>17,143.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 744.

**Refund** . . . . . 744.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	12.88 %



# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>17,099.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input checked="" type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>17,099.</u>

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

<b>Credit Limitation Smart Worksheet</b>	
<b>Note:</b> Line 10 is presently calculated by subtracting line B from line A. If zero or less, <b>stop</b> ; you cannot take the credit.	
<b>A</b>	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . . <u>17,099.</u>
<b>B</b>	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . _____

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 3 Smart Worksheet</b>						
<p><b>A</b> If you had the same coverage every month of the 2017, select the type of coverage here . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family</p> <p><b>Or,</b> if coverage varied during 2017, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.</p>						
<b>1</b>	January . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>2</b>	February . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>3</b>	March . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>4</b>	April . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>5</b>	May . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>6</b>	June . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>7</b>	July . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>8</b>	August . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>9</b>	September . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>10</b>	October . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>11</b>	November . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>12</b>	December . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family		6,750.
<b>B</b> Maximum allowable contribution. . . . .						6,750.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>						

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 6 Smart Worksheet</b>	
<b>A</b> Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year . . . . .	0.
<b>B</b> Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4) . . . . .	0.
<b>C</b> Portion of Line B amount to be carried to Line 6 of spouse's form . . . . .	0.
<b>QuickZoom</b> to Form 8889S . . . . .	
<b>D</b> Remainder to be carried to Line 6 (Line 5 minus Line C).. . . . .	6,750.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 9 Employer Contribution Smart Worksheet</b>	
<b>A</b> Enter the employer contributions reported in Box 12 of Form W-2 (code W)	1,100.
<b>B</b> Enter employer contributions made in 2017 for the tax year 2016 . . . . .	
<b>C</b> Subtract line B from line A . . . . .	1,100.
<b>D</b> Enter employer contributions made in 2018 for the tax year 2017 . . . . .	
<b>E</b> Other employer contributions for 2017 not reported above . . . . .	
<b>F</b> Employer contributions for 2017. Add lines C, D and E. Enter on line 9 . . . . .	1,100.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 18 Smart Worksheet**

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

**A**

<b>1</b>	Total HSA contribution in 2016 . . . . .	
<b>2</b>	Excess contribution in 2016 . . . . .	
<b>3</b>	Net HSA contribution in 2016 . . . . .	0.

**B** Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

<b>1</b>	January . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>2</b>	February . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>3</b>	March . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>4</b>	April . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>5</b>	May . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>6</b>	June . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>7</b>	July . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>8</b>	August . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>9</b>	September . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>10</b>	October . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>11</b>	November . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>12</b>	December . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	

**C**

<b>1</b>	Total maximum allowable contribution for 2016 . . . . .	
<b>2</b>	Amount allocated to spouse in 2016 . . . . .	
<b>3</b>	Net maximum allowable contribution for 2016 . . . . .	

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

**Paid Preparer Smart Worksheet**

**If different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

**A** Enter paid preparer code from Firm/Preparer Info. . . . . 1





SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>7,839.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,833.</u>
<b>C</b>	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>9,672.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>9,672.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . . _____
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 6 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>9,672.</u>

TAXABLE YEAR

FORM

2017

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include VEERA R DATLA, BHARATHI BODDU, 397-29-0754, and 177-90-9267.

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (22,027), 2 Amount You Owe, 3 Refund or No Amount Due (232).

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

Under penalties of perjury, I declare that I have examined a copy of my 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.

Taxpayer's PIN: check one box only

- Checkboxes for authorizing ERO (GLOBAL TAXES LLC) to enter PIN (90754) or entering own PIN.

Your signature Date

Spouse's/RDP's PIN: check one box only

- Checkboxes for authorizing ERO (GLOBAL TAXES LLC) to enter PIN (09267) or entering own PIN.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. (587278) Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 06/02/2018





Your name: DATLA

Your SSN or ITIN: 397-29-0754

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● <b>31</b> <u>5786</u>   <u>00</u>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. .... ● <b>32</b> <u>22027</u>   <u>00</u>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 49 ..... ● <b>35</b> <u>20564</u>   <u>00</u>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19 ..... ● <b>36</b> <u>0</u> <u>0</u> <u>4</u> <u>8</u> <u>6</u>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... ● <b>37</b> <u>999</u>   <u>00</u>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● <b>38</b> <u>0</u> <u>1</u> <u>7</u> <u>2</u> <u>7</u>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions. .... ● <b>39</b> <u>100</u>   <u>00</u>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ..... ● <b>40</b> <u>899</u>   <u>00</u>
	<b>41</b> Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ..... ● <b>41</b> <u>00</u>
	<b>42</b> Add line 40 and line 41. .... ● <b>42</b> <u>899</u>   <u>00</u>

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 ..... ● <b>50</b> <u>00</u>
	<b>51</b> Credit for joint custody head of household. See instructions. .... ● <b>51</b> <u>00</u>
	<b>52</b> Credit for dependent parent. See instructions. .... ● <b>52</b> <u>00</u>
	<b>53</b> Credit for senior head of household. See instructions. .... ● <b>53</b> <u>00</u>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. .... ● <b>54</b> _____
	<b>55</b> Credit amount. See instructions. .... ● <b>55</b> <u>00</u>
	<b>58</b> Enter credit name _____ code ● _____ and amount. .... ● <b>58</b> <u>00</u>
	<b>59</b> Enter credit name _____ code ● _____ and amount. .... ● <b>59</b> <u>00</u>
	<b>60</b> To claim more than two credits. See instructions. .... ● <b>60</b> <u>00</u>
	<b>61</b> Nonrefundable renter's credit. See instructions. .... ● <b>61</b> <u>00</u>
<b>62</b> Add line 50 and line 55 through 61. These are your total credits ..... ● <b>62</b> <u>00</u>	
<b>63</b> Subtract line 62 from line 42. If less than zero, enter -0- ..... ● <b>63</b> <u>899</u>   <u>00</u>	

<b>Other Taxes</b>	<b>71</b> Alternative minimum tax. Attach Schedule P (540NR) ..... ● <b>71</b> <u>00</u>
	<b>72</b> Mental Health Services Tax. See instructions. .... ● <b>72</b> <u>00</u>
	<b>73</b> Other taxes and credit recapture. See instructions. .... ● <b>73</b> <u>00</u>
	<b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax. .... ● <b>74</b> <u>899</u>   <u>00</u>

<b>Payments</b>	<b>81</b> California income tax withheld. See instructions. .... ● <b>81</b> <u>1131</u>   <u>00</u>
	<b>82</b> 2017 CA estimated tax and other payments. See instructions. .... ● <b>82</b> <u>00</u>
	<b>83</b> Withholding (Form 592-B and/or 593). See instructions. .... ● <b>83</b> <u>00</u>
	<b>84</b> Excess SDI (or VPD) withheld. See instructions. .... ● <b>84</b> <u>00</u>
	<b>85</b> Earned Income Tax Credit (EITC) ..... ● <b>85</b> <u>00</u>
	<b>86</b> Add lines 81 through 85. These are your total payments. See instructions. .... ● <b>86</b> <u>1131</u>   <u>00</u>

<b>Overpaid Tax/Tax Due</b>	<b>101</b> Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 ..... ● <b>101</b> <u>232</u>   <u>00</u>
	<b>102</b> Amount of line 101 you want applied to your <b>2018</b> estimated tax. .... ● <b>102</b> <u>0</u>   <u>00</u>
	<b>103</b> Overpaid tax available this year. Subtract line 102 from line 101. .... ● <b>103</b> <u>232</u>   <u>00</u>
	<b>104</b> Tax due. If line 86 is less than line 74, subtract line 86 from line 74. .... ● <b>104</b> <u>00</u>

Your name: DATLA

Your SSN or ITIN: 397-29-0754

Contributions

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



2017 California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return: V E E R A , R , D A T L A , & , B H A R A T H I , B O D D U SSN or ITIN: 3 9 7 2 9 0 7 5 4

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

During 2017:

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

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Section A — Income

Main table for Section A with columns A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows 7-22a detailing various income sources and adjustments.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	<b>b</b> Enter totals from Side 1, line 22a, col. A through col. E. . . . .	127,336.	898.	1,100.	127,538.	22,027.
23	Educator expenses. . . . .					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .					
25	Health savings account deduction . . . . .					
26	Moving expenses . . . . .					
27	Deductible part of self-employment tax . . . . .					
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .					
29	Self-employed health insurance deduction . . . . .					
30	Penalty on early withdrawal of savings . . . . .					
31a	Alimony paid. <b>b</b> Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . . . . .					
32	IRA deduction . . . . .					
33	Student loan interest deduction . . . . .					
34	Tuition and fees . . . . .					
35	Domestic production activities deduction . . . . .					
36	Add line 23 through line 35 in each column, A through E . . . . .					
37	<b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . .	127,336.	898.	1,100.	127,538.	22,027.

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . .	38	5,983.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . .	39	5,983.
40	Subtract line 39 from line 38 . . . . .	40	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____ . . . . .	41	
42	Combine line 40 and line 41 . . . . .	42	0.
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b> Single or married/RDP filing separately . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 <b>No.</b> Transfer the amount on line 42 to line 43. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . .	43	0.
44	<b>Enter the larger of the amount on line 43 or your standard deduction. See instructions.</b> . . . . .	44	8,472.

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E . . . . .	45	22,027.
46	Enter your deductions from line 44 . . . . .	46	8,472.
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . .	47	0.1727
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . .	48	1,463.
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . .	49	20,564.

Name as Shown on Return

VEERA R DATLA & BHARATHI BODDU

Social Security No.

397-29-0754

**Line 7 – Wages, Salaries, Tips, Etc.**

	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 Excess reimbursements from Form 2106 included in wage income . . . . .		
2 Active duty military pay . . . . .		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act . . . . .		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) . . . . .		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). . . . .		
6 Ridesharing fringe benefit differences . . . . .		
7 HSA employer contributions . . . . .		1,100.
8 Paid Family Leave Insurance (PFL) benefits . . . . .		
9 Employer-provided adoption benefits income exclusions. . . . .		
10 In-Home Supportive Services (IHSS) supplementary payment . . . . .		
11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits . . . . .		
12 Native American income (Form 3504) . . . . .		
13 Clergy housing exclusion. This is the amount entered on W-2s		
a as smallest of amount spent or fair rental value. . . . .		
b Enter the amount spent on qual. housing expenses . . . . .		
14 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 7. . . . .		1,100.

**Line 15 – IRA Distributions**

	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 15. . . . .		

**Line 16 – Pensions and Annuities**

	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 Form 1099-R, Railroad Retirement Benefits. . . . .		
2 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 16. . . . .		

# California Information Worksheet

2017

▶ Keep for your records

## Part I — Personal Information

**Taxpayer:**

Last Name . . . . . DATLA  
 First Name . . . . . VEERA  
 Middle Initial . . . . . R Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 397-29-0754  
 Date of Birth . . . . . 04/07/1982 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 35  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Home phone . . . . . \_\_\_\_\_

**Spouse/RDP:**

Last name (if different) . BODDU  
 First Name . . . . . BHARATHI  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 177-90-9267  
 Date of Birth . . . . . 08/08/1987 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 30  
 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 . . . 1531 JOHNSON DR  
 Unit Description . . APT Unit Number 712 Private Mailbox (PMB) . \_\_\_\_\_  
 City . . . . . BUFFALO GROVE State . . . . . IL ZIP Code . . . . . 60089  
 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 . . . . . IL  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . . 03/27/2017  
 In which state (or foreign country) did taxpayer reside before this change? . . . . . CA  
**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
KARTHIKA	1	DATLA	721-23-7292	Daughter

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

X File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

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

QuickZoom to Form 8453 Additional Information Smart Worksheet



Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

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

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

Name of Financial Institution (optional) CHASE BANK
Account type Checking [X] Savings
Routing number 075000019
Account number 782910129

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

Total refund available 232.
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 25 rows listing California Contributions such as California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, etc., with corresponding numbers 1-25.

**Part X – Preparer Information**

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

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

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

**Part XI – Extension Status**

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

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

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

File Extension Payment electronically?

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

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

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

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

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

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

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

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

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

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
--	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	1,131.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	1,131.
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>VEERA R DATLA &amp; BHARATHI BODDU</u>	Social Security Number <u>397-29-0754</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>P02090332</u>	
Name <u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</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>kumar@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"/>

**California FTB e-file  
Tax Return Signature / Consent to Disclosure**

Name  
VEERA R DATLA & BHARATHI BODDU

SSN or FEIN  
397-29-0754

**A – Practitioner PIN Authorization**

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN) . . . . .   
By checking this box you are electing to file Form 8453 for this return. . . . .

Please indicate how the taxpayer(s) PIN(s) are entered into the program.  
Automatically generate a PIN equal to last 5 digits of client's SSN . . . . .   
Taxpayer(s) entered own PIN(s) . . . . .   
Preparer entered PIN(s) on behalf of taxpayer(s) . . . . .

**B – Signature of Electronic Return Originator**

**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, 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.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2017 e-file Handbook for Authorized e-file Providers*.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 587278 Self-Select PIN \_\_\_\_\_

**C – Signature of Taxpayer/Spouse/RDP**

**Perjury Statement**

Under penalties of perjury, I declare that I have examined this 2017 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

**Electronic Funds Withdrawal Consent**

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for

the tax liability and all applicable interest and penalties.

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**The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.**

Taxpayer's PIN: 90754 Date: 03/18/18  
Spouse's/RDP's PIN: 09267

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**D – Decedent Signature and Verification**

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

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# Smart Worksheets from your 2017 California Tax Return

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

Form 540NR California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>1,131.</u>
<b>B</b>	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 81. Subtract line B from line A . . . . . <u>1,131.</u>

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

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
<b>1</b>	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>22,027.</u>



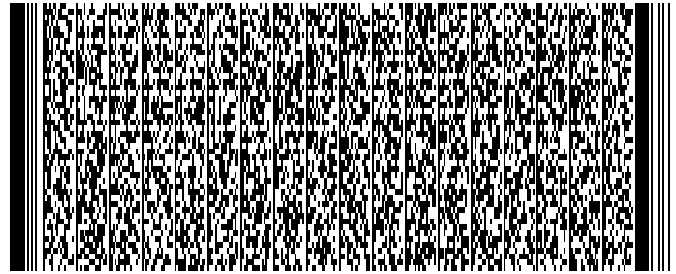
Illinois Department of Revenue  
**2017 Form IL-1040**

Individual Income Tax Return or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**

397-29-0754 177-90-9267  
 VEERA R DATLA  
 BHARATHI BODDU  
 1531 JOHNSON DR 712  
 BUFFALO GROVE IL 60089



**C** Filing status (see instructions)  
 Single or head of household  Married filing jointly  Married filing separately  Widowed

Staple W-2 and 1099 forms here  
 Staple your check and IL-1040-V

**Step 2: Income**  
 1 Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4 **1** 127,336.00  
 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ **2** .00  
 3 Other additions. **Attach** Schedule M. **3** .00  
 4 **Total income.** Add Lines 1 through 3. **4** 127,336.00

**Step 3: Base Income**  
 5 Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5** .00  
 6 Illinois Income Tax overpayment included in federal Form 1040, Line 10 **6** .00  
 7 Other subtractions. **Attach** Schedule M. **7** 898.00  
 Check if Line 7 includes any amount from Schedule 1299-C.   
 8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** 898.00  
 9 **Illinois base income.** Subtract Line 8 from Line 4. **9** 126,438.00

**Step 4: Exemptions** See instructions before completing Step 4.  
 10 a Number of exemptions from your federal return 3 **X** \$2,175 **a** 6,525.00  
 b If someone can claim you as a dependent, see instructions.     **X** \$2,175 **b** .00  
 c **Check** if 65 or older:  You +  Spouse =     **X** \$1,000 **c** .00  
 d **Check** if legally blind:  You +  Spouse =     **X** \$1,000 **d** .00  
**Exemption allowance.** Add Lines a through d. **10** 6,525.00

**Step 5: Net Income**  
 11 **Residents: Net income.** Subtract Line 10 from Line 9. *Skip* Line 12. **11** .00  
 12 **Nonresidents and part-year residents:** Check the box that applies to you during 2017  Nonresident  Part-year resident, and enter the **Illinois base income** from Schedule NR. **Attach** Schedule NR. **12** 80,645.00

**Step 6: Tax**  
 13 **Residents:** Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. **13** 3,331.00  
**Nonresidents and part-year residents:** Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. **Attach** Schedule SA.   
 14 Recapture of investment tax credits. **Attach** Schedule 4255. **14** .00  
 15 **Income tax.** Add Lines 13 and 14. Cannot be less than zero. **15** 3,331.00

**Step 7: Tax After Non-refundable Credits**  
 16 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **16** .00  
 17 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **17** .00  
 18 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **18** .00  
 19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. **19** 0.00  
 20 **Tax after nonrefundable credits.** Subtract Line 19 from Line 15. **20** 3,331.00





	21	Tax after nonrefundable credits from Page 1, Line 20	21	3,331.00
<b>Step 8:</b>	22	Household employment tax. See instructions.	22	.00
<b>Other Taxes</b>	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	23	0.00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25	<b>Total Tax.</b> Add Lines 21, 22, 23, and 24.	25	3,331.00
<b>Step 9:</b>	26	Illinois Income Tax withheld. <b>Attach</b> all W-2 and 1099 forms.	26	3,325.00
<b>Payments and Refundable Credit</b>	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return	27	.00
	28	Pass-through withholding payments. <b>Attach</b> Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule IL-EIC. <b>Attach</b> Schedule IL-EIC.	29	.00
	30	<b>Total payments and refundable credit.</b> Add Lines 26 through 29.	30	3,325.00
<b>Step 10:</b>	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	.00
<b>Total</b>	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	6.00

**Step 11: Underpayment of Estimated Tax Penalty and Donations**

**Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

33	Late-payment penalty for underpayment of estimated tax	33	.00
	a Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. <b>Attach</b> Form IL-2210.	<input type="checkbox"/>	
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
34	Voluntary charitable donations. <b>Attach</b> Schedule G.	34	.00
35	<b>Total penalty and donations.</b> Add Lines 33 and 34.	35	.00

**Step 12: Refund**

36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your <b>overpayment</b> .	36	.00
37	Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	37	.00
38	I choose to receive my refund by		
	a <input type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		
	Routing number <input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
	Account number <input type="text"/>		
	b <input type="checkbox"/> <b>Illinois Individual Income Tax refund debit card</b>		
	c <input type="checkbox"/> <b>paper check</b>		
39	Amount to be <b>credited forward</b> . Subtract Line 37 from Line 36. See instructions.	39	.00

**Step 13: Amount You Owe**

40	If you have an amount on Line 32, add Lines 32 and 35. <b>- or -</b> If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	40	6.00
----	--	----	------

**Step 14:** If this is a joint return, both you and your spouse must sign below.  
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	(920) 562-9994
	APPANA RUPA VENKATA SA		06/02/2018		Daytime phone number
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	P02090332
	Firm's name	GLOBAL TAXES LLC	Firm's FEIN	301017196	
	Firm's address	2530 Pebble CreekCumming GA 30041	Firm's phone	(678) 965-9729	
<b>Third Party Designee</b>	Designee's name (please print)	Designee's phone number	<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.		

 **Illinois Department of Revenue**  
**2017 Schedule M Other Additions and Subtractions for Individuals**  
 Attach to your Form IL-1040

IL Attachment No. 15

**Read this information first**

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

**Note** If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

**Step 1: Provide the following information**

VEERA R DATLA & BHARATHI BODDU 3 9 7 - 2 9 - 0 7 5 4  
 Your name as shown on Form IL-1040 Your Social Security number

**Step 2: Figure your additions for Form IL-1040, Line 3**

Enter the amount of

(Whole dollars only)

- |   |                 |           |
|---|-----------------|-----------|
| <b>1</b> Your child's federally tax-exempt interest and dividend income as reported on federal Form 8814.   | <b>1</b> _____  | <b>00</b> |
| <b>2</b> Distributive share of additions you received from a partnership, S corporation, trust, or estate. <b>Attach</b> Illinois Schedule K-1-P or Schedule K-1-T.   | <b>2</b> _____  | <b>00</b> |
| <b>3</b> Lloyd's plan of operation loss, if reported on your behalf on Form IL-1065 and included in your adjusted gross income.   | <b>3</b> _____  | <b>00</b> |
| <b>4</b> Earnings distributed from IRC Section 529 college savings and tuition programs if not included in your adjusted gross income. (Do not include distributions from "Bright Start," "Bright Directions," or "College Illinois" programs or other college savings and tuition programs that meet certain disclosure requirements. See instructions.) | <b>4</b> _____  | <b>00</b> |
| <b>5</b> Illinois special depreciation addition amount from Form IL-4562, Step 2, Line 4. <b>Attach</b> Form IL-4562.   | <b>5</b> _____  | <b>00</b> |
| <b>6</b> Business expense recapture (nonresidents only).  | <b>6</b> _____  | <b>00</b> |
| <b>7</b> Recapture of deductions for contributions to Illinois college savings plans transferred to an out-of-state plan.   | <b>7</b> _____  | <b>00</b> |
| <b>8</b> Student-Assistance Contribution Credit taken on Schedule 1299-C.   | <b>8</b> _____  | <b>00</b> |
| <b>9</b> Recapture of deductions for contributions to college savings plans withdrawn for nonqualified expenses or refunded.  | <b>9</b> _____  | <b>00</b> |
| <b>10</b> Income attributable to domestic production activities under IRC Section 199. <b>Attach</b> Page 1 of federal Form 1040.   | <b>10</b> _____ | <b>00</b> |
| <b>11</b> Other income - Identify each item. _____  | <b>11</b> _____ | <b>00</b> |
| <b>12 Total Additions.</b> Add Lines 1 through 11. Enter the amount here and on Form IL-1040, Line 3.   | <b>12</b> _____ | <b>00</b> |

**Step 3: Figure your subtractions for Form IL-1040, Line 7**

Enter the amount of

- |  |                  |           |
|--|------------------|-----------|
| <b>13</b> Contributions made to the following college savings plans:   |                  |           |
| <b>a</b> "Bright Start" College Savings Pool   | <b>13a</b> _____ | <b>00</b> |
| <b>b</b> "College Illinois" Prepaid Tuition Program  | <b>13b</b> _____ | <b>00</b> |
| <b>c</b> "Bright Directions" College Savings Pool  | <b>13c</b> _____ | <b>00</b> |
| <b>14</b> Distributive share of subtractions from a partnership, S corporation, trust, or estate. (Do not claim these same subtractions on any other line of this schedule. See instructions.) <b>Attach</b> Illinois Schedule K-1-P or K-1-T identifying you as the partner, shareholder, or beneficiary and listing your Social Security number. | <b>14</b> _____  | <b>00</b> |
| <b>15</b> Restoration of amounts held under claim of right under IRC Section 1341.   | <b>15</b> _____  | <b>00</b> |
| <b>16</b> Contributions to a job training project.   | <b>16</b> _____  | <b>00</b> |
| <b>17</b> Expenses related to federal credits or federally tax-exempt income.  | <b>17</b> _____  | <b>00</b> |
| <b>18</b> Interest earned on investments through the Home Ownership Made Easy Program.   | <b>18</b> _____  | <b>00</b> |
| <b>19</b> Illinois special depreciation subtraction amount from Form IL-4562, Step 3, Line 10. <b>Attach</b> Form IL-4562.   | <b>19</b> _____  | <b>00</b> |

Enter the following only if included in Form IL-1040, Lines 1, 2, or 3:

- |  |                 |           |
|--|-----------------|-----------|
| <b>20</b> Military pay earned. <b>Attach</b> military W-2.   | <b>20</b> _____ | <b>00</b> |
| <b>21</b> U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from federal Form 1040A or 1040. <b>Attach</b> a copy of federal Form 1040A or 1040, Schedule B, if required federally. | <b>21</b> _____ | <b>00</b> |
| <b>22</b> August 1, 1969, valuation limitation amount from your Schedule F, Line 17. <b>Attach</b> Schedule F and required federal forms.  | <b>22</b> _____ | <b>00</b> |
| <b>23</b> River edge redevelopment zone and high impact business dividend subtraction amount from your Schedule 1299-C, Step 2, Line 7. <b>Attach</b> Schedule 1299-C.                                       | <b>23</b> _____ | <b>00</b> |
| <b>24</b> Add Lines 13a through 23 and enter the amount here and on Page 2, Line 25.   | <b>24</b> _____ | <b>00</b> |



### Step 3: Continued

<b>25</b>	Enter the amount from Page 1, Line 24.	<b>25</b>	_____	<b>.00</b>
<b>26</b>	Recovery of items previously deducted on federal Form 1040, Schedule A (including refunds of any state and local income taxes, other than Illinois). <b>Attach</b> a copy of federal Form 1040, Page 1, and required federal forms.	<b>26</b>	_____	<b>898 .00</b>
<b>27</b>	Ridesharing money and other benefits.	<b>27</b>	_____	<b>.00</b>
<b>28</b>	Payment of life insurance, endowment, or annuity benefits received.	<b>28</b>	_____	<b>.00</b>
<b>29</b>	Lloyd's plan of operation income if reported on your behalf on Form IL-1065.	<b>29</b>	_____	<b>.00</b>
<b>30</b>	Income from Illinois pre-need funeral, burial, and cemetery trusts.	<b>30</b>	_____	<b>.00</b>
<b>31</b>	Education loan repayments made for primary care physicians who agree to practice in designated shortage areas under the Family Practice Residency Act.	<b>31</b>	_____	<b>.00</b>
<b>32</b>	Reparations or other amounts received as a victim of persecution by Nazi Germany.	<b>32</b>	_____	<b>.00</b>
<b>33</b>	Interest on the following tax-exempt obligations of Illinois state and local government. Do not include interest you received indirectly through owning shares in a mutual fund.			
<b>a</b>	Illinois Housing Development Authority bonds and notes (except housing-related commercial facilities bonds and notes)	<b>33a</b>	_____	<b>.00</b>
<b>b</b>	Tri-County River Valley Development Authority bonds	<b>33b</b>	_____	<b>.00</b>
<b>c</b>	Illinois Development Finance Authority bonds, notes, and other obligations (venture fund and infrastructure bonds only)	<b>33c</b>	_____	<b>.00</b>
<b>d</b>	Quad Cities Regional Economic Development Authority bonds and notes (if declared to be exempt from taxation by the Authority)	<b>33d</b>	_____	<b>.00</b>
<b>e</b>	College savings bonds issued under the General Obligation Bond Act in accordance with the Baccalaureate Savings Act	<b>33e</b>	_____	<b>.00</b>
<b>f</b>	Illinois Sports Facilities Authority bonds	<b>33f</b>	_____	<b>.00</b>
<b>g</b>	Higher Education Student Assistance Act bonds	<b>33g</b>	_____	<b>.00</b>
<b>h</b>	Illinois Development Finance Authority bonds issued under the Illinois Development Finance Authority Act, Sections 7.80 through 7.87	<b>33h</b>	_____	<b>.00</b>
<b>i</b>	Rural Bond Bank Act bonds and notes	<b>33i</b>	_____	<b>.00</b>
<b>j</b>	Illinois Development Finance Authority bonds issued under the Asbestos Abatement Finance Act	<b>33j</b>	_____	<b>.00</b>
<b>k</b>	Quad Cities Interstate Metropolitan Authority bonds	<b>33k</b>	_____	<b>.00</b>
<b>l</b>	Southwestern Illinois Development Authority bonds	<b>33l</b>	_____	<b>.00</b>
<b>m</b>	Illinois Finance Authority bonds issued under the Illinois Finance Authority Act, Sections 820.60 and 825.55, or the Asbestos Abatement Finance Act	<b>33m</b>	_____	<b>.00</b>
<b>n</b>	Illinois Power Agency bonds issued by the Illinois Finance Authority	<b>33n</b>	_____	<b>.00</b>
<b>o</b>	Central Illinois Economic Development Authority bonds	<b>33o</b>	_____	<b>.00</b>
<b>p</b>	Eastern Illinois Economic Development Authority bonds	<b>33p</b>	_____	<b>.00</b>
<b>q</b>	Southeastern Illinois Economic Development Authority bonds	<b>33q</b>	_____	<b>.00</b>
<b>r</b>	Southern Illinois Economic Development Authority bonds	<b>33r</b>	_____	<b>.00</b>
<b>s</b>	Illinois Urban Development Authority bonds	<b>33s</b>	_____	<b>.00</b>
<b>t</b>	Downstate Illinois Sports Facilities Authority bonds	<b>33t</b>	_____	<b>.00</b>
<b>u</b>	Western Illinois Economic Development Authority bonds	<b>33u</b>	_____	<b>.00</b>
<b>v</b>	Upper Illinois River Valley Development Authority Act bonds	<b>33v</b>	_____	<b>.00</b>
<b>w</b>	Will-Kankakee Regional Development Authority bonds	<b>33w</b>	_____	<b>.00</b>
<b>x</b>	Export Development Act of 1983 bonds	<b>33x</b>	_____	<b>.00</b>
<b>34</b>	Interest on the following non-U.S. government bonds.			
<b>a</b>	Bonds issued by the government of Guam	<b>34a</b>	_____	<b>.00</b>
<b>b</b>	Bonds issued by the government of Puerto Rico	<b>34b</b>	_____	<b>.00</b>
<b>c</b>	Bonds issued by the government of the Virgin Islands	<b>34c</b>	_____	<b>.00</b>
<b>d</b>	Bonds issued by the government of American Samoa	<b>34d</b>	_____	<b>.00</b>
<b>e</b>	Bonds issued by the government of the Northern Mariana Islands	<b>34e</b>	_____	<b>.00</b>
<b>f</b>	Mutual mortgage insurance fund bonds	<b>34f</b>	_____	<b>.00</b>
<b>35</b>	Amount of your child's interest from U.S. Treasury and U.S. agency obligations or from sources in Line 21, 33, or 34 as reported on federal Form 8814.	<b>35</b>	_____	<b>.00</b>
<b>36</b>	Railroad sick pay and unemployment income. <b>Attach</b> Form 1099-G or W-2 and a copy of your federal return.	<b>36</b>	_____	<b>.00</b>
<b>37</b>	Unjust imprisonment compensation awarded by Illinois Court of Claims.	<b>37</b>	_____	<b>.00</b>
<b>38</b>	Distributions from "Bright Start," "College Illinois," and "Bright Directions" college savings plans if included in Line 1 because you claimed a federal American Opportunity Credit or Lifetime Learning Credit.	<b>38</b>	_____	<b>.00</b>
<b>39</b>	<b>Total Subtractions.</b> Add Lines 25 through 38. Enter the amount here and on Form IL-1040, Line 7.	<b>39</b>	_____	<b>898 .00</b>





**Illinois Department of Revenue**  
**2017 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident**  
**Computation of Illinois Tax**

IL Attachment No. 2

VEERA R DATLA & BHARATHI BODDU  
 Your name as shown on your Form IL-1040

3 9 7 - 2 9 - 0 7 5 4  
 Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2017.  
**a** I lived in **Illinois** from 03 / 27 / 17 to 12 / 31 / 17 I lived in California from 01 / 01 / 17 to 03 / 26 / 17  
Month Day Year Month Day Year State Month Day Year Month Day Year  
**b** My spouse lived in **Illinois** from 03 / 27 / 17 to 12 / 31 / 17, and California from 01 / 01 / 17 to 03 / 26 / 17  
Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.  
 \_\_\_\_\_

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	<u>5</u> 126,438.00	<u>80,645.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	<u>6</u> .00	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	<u>8</u> 898.00	<u>0.00</u>
<b>9</b> Alimony received (federal Form 1040, Line 11)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040, Line 12)	<u>10</u> .00	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	<u>11</u> .00	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040, Line 14)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	<u>13</u> .00	<u>.00</u>
<b>14</b> Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	<u>14</u> .00	<u>.00</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17)	<u>15</u> .00	<u>.00</u>
<b>16</b> Farm income or loss (federal Form 1040, Line 18)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	<u>17</u> .00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b> 80,645.00	<u>80,645.00</u>



**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	<b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	80,645.00
	<b>22</b> Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	<b>22</b>	.00
	<b>23</b> Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	<b>23</b>	.00
	<b>24</b> Health savings account deduction (federal Form 1040, Line 25)	<b>24</b>	0.00
	<b>25</b> Moving expenses (federal Form 1040, Line 26)	<b>25</b>	.00
	<b>26</b> Deductible part of self-employment tax (federal Form 1040, Line 27)	<b>26</b>	.00
	<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	<b>27</b>	.00
	<b>28</b> Self-employed health insurance deduction (federal Form 1040, Line 29)	<b>28</b>	.00
	<b>29</b> Penalty on early withdrawal of savings (federal Form 1040, Line 30)	<b>29</b>	.00
	<b>30</b> Alimony paid (federal Form 1040, Line 31a)	<b>30</b>	.00
	<b>31</b> IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	<b>31</b>	.00
	<b>32</b> Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	<b>32</b>	.00
	<b>33</b> Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	<b>33</b>	.00
	<b>34</b> Domestic production activities deduction (federal Form 1040, Line 35)	<b>34</b>	.00
	<b>35</b> Other adjustments (see instructions)	<b>35</b>	.00
	<b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	0.00
	<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b>	127,336.00
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	80,645.00

**Step 4: Figure your Illinois additions and subtractions**

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	<b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b>	.00
	<b>40</b> Other additions (Form IL-1040, Line 3)	<b>40</b>	.00
	<b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	80,645.00
	<b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b>	.00
	<b>43</b> Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	<b>43</b>	.00
	<b>44</b> Other subtractions (Form IL-1040, Line 7)	<b>44</b>	898.00
	<b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	0.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	<b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your <b>Illinois base income</b> . Enter this amount on your Form IL-1040, Line 12. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	<b>46</b>	80,645.00
	<b>47</b> Enter the base income from Form IL-1040, Line 9.	<b>47</b>	126,438.00
	<b>48</b> Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b>	0.638
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	6,525.00
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	4,163.00
	<b>51</b> Subtract Line 50 from Line 46. This is your Illinois net income.	<b>51</b>	76,482.00
	<b>52</b> Multiply the amount on Line 51 by 4.3549% (.043549). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 13. If you completed Schedule SA, enter the amount from Line 25 of that schedule here <b>and</b> on your Form IL-1040, Line 13. This is your <b>tax</b> .	<b>52</b>	3,331.00





2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: Name (VEERA R BHARATHI BODDU DATLA), Social Security number (3 9 7 - 2 9 - 0 7 5 4), Mailing address (1531 JOHNSON DR 712 BUFFALO GROVE IL 60089), Spouse's Social Security number (1 7 7 - 9 0 - 9 2 6 7), and Daytime phone number ((920) 562-9994).

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51 (76,482.00); 2 Tax from Form IL-1040, Line 13 (3,331.00); 3 Illinois Income Tax withheld from Form IL-1040, Line 26 only (3,325.00); 4 Overpayment from Form IL-1040, Line 36 (1.00); 5 Total amount due from Form IL-1040, Line 40 (6.00); 6 Filing status: Married filing jointly (checked).

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

Form fields for Step 3: 7 Routing no. (RN): 0 7 5 0 0 0 0 1 9; 8 Account no. (AN): 7 8 2 9 1 0 1 2 9; 9 Type of account: Checking (checked); 10 Date the payment is to be electronically withdrawn: 03/20/2018; 11 Electronic funds withdrawal amount: 61.00; 12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2017 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature (GLOBAL TAXES LLC), Date (06/02/2018), Firm's name or your name if self-employed (2530 Pebble Creek Ln Cumming GA 30041), Federal employer identification number (FEIN) (678) 965-9729, and Daytime phone number.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name . . . . . VEERA
Middle Initial . . . . . R
Last Name . . . . . DATLA
Suffix . . . . .
Social Security No. . . 397-29-0754
Date of Birth . . . . . 04/07/1982
Age 65 or Over . . . [ ]
Legally Blind . . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . \* [ ]
Home phone . . . . . (920) 562-9994 \* [X]

Spouse:

First Name . . . . . BHARATHI
Middle Initial . . . . .
Last Name . . . . . BODDU
Suffix . . . . .
Social Security No. . . 177-90-9267
Date of Birth . . . . . 08/08/1987
Age 65 or Over . . . [ ]
Legally Blind . . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . \* [ ]

\* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address . . . . . 1531 JOHNSON DR Apartment Number . 712
City . . . . . BUFFALO GROVE State . IL ZIP Code . . . . . 60089

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City . . . . . Foreign Province or State . . .
Foreign Country . . . . . Foreign Postal Code . . . . .

Part II - Resident Status

[ ] Full-Year Resident
[ ] Nonresident
[X] Part-Year Resident . . . . . lived in Illinois from 03/27/17 to 12/31/17
also lived in CA from 01/01/17 to 03/26/17

QuickZoom here to Form IL-1040 . . . . .

Part III - Filing Status

[ ] Single or head of household
[X] Married filing jointly
[ ] Married filing separately
[ ] Widowed

Part IV - Other Information

Form IL-2210 Information:

[ ] Check if at least two-thirds of total federal gross income came from farming
[ ] Check if 65 or older and permanently living in a nursing home
[ ] Check if you were not required to file an Illinois income tax return in 2016
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1) . . . . .

Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2) . . . . .

First Time Filer:

Yes No
[ ] [ ] Has client ever filed a tax return in Illinois?

Part V – Electronic Filing Information

File state 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. It contains three empty rows for listing attachments.

Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Enter the date Form IL-1040-V was given to client . . . . .
QuickZoom to Form IL-8453: Additional Information Smart Worksheet . . . . .

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
  Use direct deposit for state tax refund
  Use electronic funds withdrawal for state tax payment (EF only)
  Elect to receive a state issued debit card for state refund (if you check No then your client will receive a paper check)

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

Name of Financial Institution (optional) . . . . . CHASE BANK
Name on account . . . . .
Check the appropriate box:
Checking . . . . .  Routing number . . . . . 075000019
Savings . . . . .  Account number . . . . . 782910129
Enter the payment date to withdraw from the account above . . . . . 03/20/2018
State balance-due amount from this return . . . . . 6.
Enter an amount to withdraw from the account above . . . . . 6.
If partial payment is made, enter remaining balance due . . . . . 0.

International ACH Transactions

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

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

Enter the preparer's assigned code from Preparer's Information Worksheet . . . . . 1
Check if this tax return is . . . . . self-prepared, or prepared by a non-paid preparer
Yes No
  Client allows a personal representative to discuss return with the Illinois Department of Revenue
If yes, complete information below:
Designee's name . . . . .
Designee's phone number . . . . .

Part IX – Extension Status

Yes No
  Tax return due date extended? If yes, extended due date . . . . .
QuickZoom to Form IL-505-I: Automatic Extension Payment . . . . .



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
--	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,325.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,325.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

## Use Tax Smart Worksheet

### Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
  - 6.25% or more on Line 1a and
  - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . . **1a** \_\_\_\_\_ 0.
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars . . . . . **1b** \_\_\_\_\_ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . . **2a** \_\_\_\_\_
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars . . . . . **2b** \_\_\_\_\_ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** . . . . . **3** \_\_\_\_\_ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a . . . . . **4** \_\_\_\_\_
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) . . . . . **5** \_\_\_\_\_

### Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

<u>AGI (from IL-1040, Line 1)</u>	<u>Use Tax</u>
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$9
\$20,001 - \$30,000	\$15
\$30,001 - \$40,000	\$21
\$40,001 - \$50,000	\$27
\$50,001 - \$75,000	\$38
\$75,001 - \$100,000	\$52
Above \$100,000	Multiply AGI by 0.06% (0.0006)

To use UT table calculate Use Tax, check here . . . . .

Use tax amount based on table above . . . . . \_\_\_\_\_

**Keep a copy of this smart worksheet with your records.**

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

<b>Illinois Self-Employment (ISE) Smart Worksheet</b>	
For use in column B, lines 26, 27, and 28 below.	
<b>A</b>	Self-employment income included in column B, line 20 above . . . . . _____
<b>B</b>	Total self-employment income (from federal Schedule SE, Section A, line 3 or Section B, lines 3 and 5a) . . . . . _____
<b>C</b>	Illinois self-employment (ISE) decimal. Line A divided by line B . . . . . <u>0.000</u>
<b>D</b>	Deductible portion of self-employment tax (column A, line 26 below) . . . . . _____
<b>E</b>	Illinois portion. Multiply line D by line C. Enter in column B, line 26 below . . . . . _____
<b>F</b>	Self-employed health insurance deduction (column A, line 28 below) . . . . . _____
<b>G</b>	Illinois portion. Multiply line F by line C. Enter in column B, line 28 below . . . . . _____
<b>H</b>	Keogh and self-employed SEP plans (column A, line 27 below) . . . . . _____
<b>I</b>	Illinois portion. Multiply line H by line C. Enter in column B, line 27 below . . . . . _____

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

<b>IRA Deduction Smart Worksheet</b>	
For use in column B, line 31 below.	
<b>A</b>	Wages, salaries, tips, and alimony received from Illinois sources (column B, lines 5 and 9 above) . . . . . <u>80,645.</u>
<b>B</b>	Wages, salaries, tips, and alimony received from all sources (column A, lines 5 and 9 above) . . . . . <u>126,438.</u>
<b>C</b>	Line A divided by line B . . . . . <u>0.638</u>
<b>D</b>	Total IRA deduction (column A, line 31 below) . . . . . _____
<b>E</b>	Illinois IRA deduction. Multiply line D by line C. Enter in column B, line 31 below . . . . . _____

2017 Ohio IT 1040 Individual Income Tax Return



17000133

1

06 02 18

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 397 29 0754 If deceased check box Spouse's SSN (if filing jointly) 177 90 9267 If deceased check box Enter school district # for this return (see instructions). SD# 9999

First name VEERA M.I. Last name R DATLA Spouse's first name (only if married filing jointly) BHARATHI M.I. Last name BODDU

Address line 1 (number and street) or P.O. Box 1531 JOHNSON DR

Address line 2 (apartment number, suite number, etc.) APT 712

City BUFFALO GROVE State IL ZIP code 60089 Ohio county (first four letters) FRAN Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident X Nonresident Indicate state IL Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident X Nonresident Indicate state IL

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er) X Married filing jointly Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

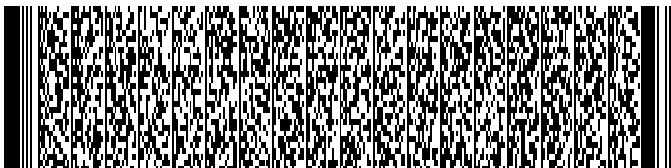
Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.

Do not staple or paper clip.



Postmark date Code



# 2017 Ohio IT 1040 Individual Income Tax Return



SSN 397 29 0754

17000233

7a. Amount from line 7 on page 1 .....	7a.	121038	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	3935	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) .....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	3935	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (include schedule).....	9.	3259	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	676	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> 12.		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	676	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return .....	14.	735	00
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return .....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (include schedule) .....	16.		00
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	735	00
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19.....	20.	735	00

**If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.**

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"</b> .....	23.	<b>AMOUNT DUE ▶</b>	00
24. Overpayment (line 20 minus line 13) .....	24.	59	00
25. <b>Original return only</b> – amount of line 24 to be credited toward 2018 income tax liability.....	25.		00
26. <b>Original return only</b> – amount of line 24 to be donated:			
a. Wishes for Sick Children      b. Wildlife species      c. Military injury relief		00      00      00	
d. Ohio History Fund      e. State nature preserves      f. Breast / cervical cancer		00      00      00	
Total .....	26g.		00
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶</b> 27.	59	00

<p><b>Sign Here (required):</b> I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number _____</p>	<p>If your refund is \$1.00 or less, no refund will be issued.          If you owe \$1.00 or less, no payment is necessary.</p>
	<p><b>NO Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2679          Columbus, OH 43270-2679</p> <p><b>Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2057          Columbus, OH 43270-2057</p>
<p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name <u>APPANA RUPA VENKATA SATYA SAI MANI K</u></p> <p>Phone number <u>( 678 ) 965-9729</u> Preparer's TIN (PTIN) <u>P02090332</u></p>	



# 2017 Ohio Schedule A

## Income Adjustments – Additions and Deductions



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SSN of primary filer

397 29 0754

### Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-Ohio state or local government interest and dividends .....	1.	00
2. Certain Ohio pass-through entity and financial institutions taxes paid.....	2.	00
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account .....	3.	00
4. Losses from sale or disposition of Ohio public obligations .....	4.	00
5. Nonmedical withdrawals from a medical savings account.....	5.	00
6. Reimbursement of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in federal adjusted gross income.....	6.	00

### Federal

7. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....	7.	00
8. Federal interest and dividends subject to state taxation .....	8.	00
9. Miscellaneous federal income tax additions .....	9.	00
10. <b>Total additions</b> (add lines 1 through 9 ONLY). Enter here and on Ohio IT 1040, line 2a).....	10.	00

### Deductions

(deduct income items only to the extent included on Ohio IT 1040, line 1)

11. Business income deduction – Ohio Schedule IT BUS, line 11.....	11.	00
12. Employee compensation earned in Ohio by residents of neighboring states .....	12.	00
13. State or municipal income tax overpayments shown on the federal 1040, line 10 .....	13.	898 00
14. Qualifying Social Security benefits and certain railroad retirement benefits .....	14.	00
15. Interest income from Ohio public obligations and from Ohio purchase obligations; gains from the sale or disposition of Ohio public obligations; public service payments received from the state of Ohio; or income from a transfer agreement .....	15.	00
16. Amounts contributed to an individual development account.....	16.	00
17. Amounts contributed to STABLE account: Ohio's ABLE plan .....	17.	00

### Federal

18. Federal interest and dividends exempt from state taxation .....	18.	00
19. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense .....	19.	00
20. Refund or reimbursements shown on the federal 1040, line 21 for itemized deductions claimed on a prior year federal income tax return .....	20.	00
21. Repayment of income reported in a prior year.....	21.	00
22. Wage expense not deducted due to claiming the federal work opportunity tax credit .....	22.	00
23. Miscellaneous federal income tax deductions .....	23.	00

Do not staple or paper clip.



# 2017 Ohio Schedule A

## Income Adjustments – Additions and Deductions

SSN of primary filer

397 29 0754



17000433

**Uniformed Services**

24. Military pay for Ohio residents received while the military member was stationed outside Ohio.....	24.	00
25. Certain income earned by military nonresidents and civilian nonresident spouses.....	25.	00
26. Uniformed services retirement income .....	26.	00
27. Military injury relief fund.....	27.	00
28. Certain Ohio National Guard reimbursements and benefits .....	28.	00

**Education**

29. Ohio 529 contributions, tuition credit purchases .....	29.	00
30. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board .....	30.	00

**Medical**

31. Disability and survivorship benefits (do not include pension continuation benefits) .....	31.	00
32. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet).....	32.	00
33. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet) .....	33.	00
34. Qualified organ donor expenses ( <b>maximum \$10,000 per taxpayer</b> ) .....	34.	00
35. <b>Total deductions</b> (add lines 11 through 34 ONLY). Enter here and on Ohio IT 1040, line 2b .....	35.	898 00



# 2017 Ohio Schedule of Credits

## Nonrefundable and Refundable



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SSN of primary filer

397 29 0754

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### Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	3935 00
2. Retirement income credit ( <b>limit \$200 per return</b> ) (see instructions for table).....	2.	00
3. Lump sum retirement credit – Ohio LS WKS, Section III, line 6 (include worksheet).....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; <b>limit \$50 per return</b> ).....	4.	00
5. Lump sum distribution credit – Ohio LS WKS, Section IV, line 3 (include worksheet).....	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	0 00
7. Displaced worker training credit (see instructions for worksheet) ( <b>limit \$500 per taxpayer</b> ).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly ( <b>limit \$50 per taxpayer</b> ).....	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions).....	9.	0 00
10. Total (add lines 2 through 9).....	10.	0 00
11. Tax less credits (line 1 minus line 10; if less than -0-, enter -0-).....	11.	3935 00
12. Joint filing credit (see instructions). <u>5</u> % times the amount on line 11 ( <b>limit \$650</b> ).....	12.	197 00
13. Earned income credit.....	13.	00
14. Ohio adoption credit ( <b>limit \$10,000 per adopted child</b> ).....	14.	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....	16.	00
17. Credit for purchases of grape production property.....	17.	00
18. Invest Ohio credit (include a copy of the credit certificate).....	18.	00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.	00
21. Research and development credit (include a copy of the credit certificate).....	21.	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.	00
23. Total (add lines 12 through 22).....	23.	197 00
24. Tax less additional credits (line 11 minus line 23; if less than -0-, enter -0-).....	24.	3738 00

Do not staple or paper clip.







# 2017 Ohio Schedule of Credits

## Nonrefundable and Refundable

SSN of primary filer

397 29 0754



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### Nonresident Credit

Date of nonresidency 01/01/17 to 12/31/17 State of residency IL

- 25. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required.....25. 103570 00
- 26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....26. 126438 00
- 27. Divide line 25 by line 26 and enter the result here (four digits; do not round). .8191  
Multiply this factor by the amount on line 24 to calculate your nonresident credit ..... 27. 3062 00

### Resident Credit

- 28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply)..... 28. 00
- 29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) .....29. 00
- 30. Divide line 28 by line 29 and enter the result here (four digits; do not round).  
Multiply this factor by the amount on line 24 and enter the result here .....30. 00
- 31. Enter the 2017 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply)..... 31. 00
- 32. Enter the smaller of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax..... 32. 00
- 33. **Total nonrefundable credits** (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) .. 33. 3259 00

### Refundable Credits

- 34. Historic preservation credit (include a copy of the credit certificate)..... 34. 00
- 35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate)...35. 00
- 36. Pass-through entity credit (include a copy of the Ohio K-1s)..... 36. 00
- 37. Motion picture production credit (include a copy of the credit certificate) ..... 37. 00
- 38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio K-1s)..... 38. 00
- 39. Venture capital credit (include a copy of the credit certificate)..... 39. 00
- 40. **Total refundable credits** (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)..... 40. 00



# Ohio Schedule J

## Dependents Claimed on the Ohio IT 1040 Return



17230133

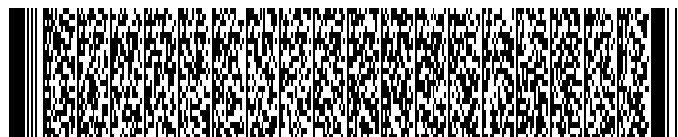
06 02 18  
Tax Year  
**2017**

SSN of primary filer (required)  
397 29 0754

**Do not list below the primary filer and/or spouse reported on Ohio IT 1040.** Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

Do not staple or paper clip.

- |   |   |  |
|---|---|--|
| 1. Dependent's SSN (required)<br>721 23 7292<br>Dependent's first name (required)<br>KARTHIKA | Dependent's date of birth (MM DD YYYY - Required)<br>05 11 2013<br>M.I. Dependent's Last name (required)<br>DATLA | Dependent's relationship to you (required)<br>DAUGHTER |
| 2. Dependent's SSN (required)<br><br>Dependent's first name (required)                        | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                    | Dependent's relationship to you (required)             |
| 3. Dependent's SSN (required)<br><br>Dependent's first name (required)                        | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                    | Dependent's relationship to you (required)             |
| 4. Dependent's SSN (required)<br><br>Dependent's first name (required)                        | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                    | Dependent's relationship to you (required)             |
| 5. Dependent's SSN (required)<br><br>Dependent's first name (required)                        | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                    | Dependent's relationship to you (required)             |
| 6. Dependent's SSN (required)<br><br>Dependent's first name (required)                        | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                    | Dependent's relationship to you (required)             |
| 7. Dependent's SSN (required)<br><br>Dependent's first name (required)                        | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                    | Dependent's relationship to you (required)             |





2017 Ohio IT NRC – Income Allocation and Apportionment Nonresident Credit and Part-Year Resident Credit

Include this three-page form with the Ohio IT 1040 (individuals).

Important: This form is for taxpayers claiming the nonresident credit on the Ohio IT 1040 for tax years 2015 and forward. Taxpayers completing the Ohio IT 1041 for trusts and taxpayers completing the Ohio IT 1040 for tax years 2014 and prior should not use this form and should refer to the instructions for those tax years.

Table with 2 columns: Taxpayer name (VEERA R DATLA & BHARATHI BODDU) and SSN (397 29 0754)

Note: In Part I, Part IV and Part V, the amount shown in column C for all lines must equal column A plus column B.

Part I – Nonbusiness Income and Deductions (See definitions and discussion in the instructions.)

Allocate in Part I all items of income and/or deduction included in federal adjusted gross income that constitute nonbusiness income. See Ohio Revised Code (R.C.) section 5747.01(C). Only include the nonbusiness portion of the noted federal schedules. Note: Do not include on line 1 any guaranteed payments or compensation you received from a pass-through entity in which you have at least a 20% direct or indirect ownership interest. Show any such payments in Part II, A, line 5.

Main table with 3 columns: (A) Ohio Portion, (B) Non-Ohio Portion, (C) Total. Rows include A. Nonbusiness Income (lines 1-12) and B. Deductions From Income (lines 13-27).



10211411

Taxpayer name VEERA R DATLA & BHARATHI BODDU	SSN 397 29 0754
---	--------------------

### Part IV – Summary of Business Income from All Entities

From each Part II, section C that was completed, enter line 18 in column A, line 19 in column B and line 12 in column C. Enter each entity in the same order that you assigned them in Part II. If you have more than 16 entities, include additional Part IV(s) as needed. Total the additional entities on line 17.

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Apportionable income from Entity # _____ 1. _____	00	00	00
2. Apportionable income from Entity # _____ 2. _____	00	00	00
3. Apportionable income from Entity # _____ 3. _____	00	00	00
4. Apportionable income from Entity # _____ 4. _____	00	00	00
5. Apportionable income from Entity # _____ 5. _____	00	00	00
6. Apportionable income from Entity # _____ 6. _____	00	00	00
7. Apportionable income from Entity # _____ 7. _____	00	00	00
8. Apportionable income from Entity # _____ 8. _____	00	00	00
9. Apportionable income from Entity # _____ 9. _____	00	00	00
10. Apportionable income from Entity # _____ 10. _____	00	00	00
11. Apportionable income from Entity # _____ 11. _____	00	00	00
12. Apportionable income from Entity # _____ 12. _____	00	00	00
13. Apportionable income from Entity # _____ 13. _____	00	00	00
14. Apportionable income from Entity # _____ 14. _____	00	00	00
15. Apportionable income from Entity # _____ 15. _____	00	00	00
16. Apportionable income from Entity # _____ 16. _____	00	00	00
17. Enter the totals of all additional entities from included Part IV(s), if any .....17. _____	00	00	00
18. Total apportionable income from all entities (sum of lines 1 through 17 by column).....18. _____	00	00	00

### Part V – Summary of Business and Nonbusiness Income

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Total business income from Part IV, line 18 (enter in A, B and C respectively).....1. _____	00	00	00
2. Total nonbusiness income from Part I, line 27 (enter in A, B and C respectively).....2. _____	23766 00	103570 00	127336 00
3. Total business and nonbusiness income (add lines 1 and 2, by column).....3. _____	23766 00	103570 00	127336 00
4. Total Ohio Schedule A additions from Ohio IT 1040, line 2a (see Note #3 below).....4. _____	00	00	00
5. Total Ohio Schedule A deductions from Ohio IT 1040, line 2b (see Note #3 below).....5. _____	898 00	00	898 00
6. Line 3 plus line 4 minus line 5, by column (see Notes #1 and #2 below).....6. _____	22868 00	103570 00	126438 00

**Note 1:** Enter the amount shown on line 6, column B on the Ohio Schedule of Credits. The amount shown on line 6, column B is the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned in or received in Ohio.

**Note 2:** The amount shown on line 6, column C should be the same amount shown on line 3 of Ohio IT 1040.

**Note 3:** Exclude from lines 4 and 5 the depreciation adjustment(s) and miscellaneous federal income tax adjustments, if any, reported in Part II of this worksheet.

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

Last Name . . . . . DATLA
First Name . . . . . VEERA
Middle Initial . . . . . R Suffix . . . . .
Social Security No. . . . . 397-29-0754
Date of Birth . . . . . 04/07/82
Date of Death . . . . .
Work Phone . . . . .

Spouse:

Last Name . . . . . BODDU
First Name . . . . . BHARATHI
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . . . 177-90-9267
Date of Birth . . . . . 08/08/87
Date of Death . . . . .
Work Phone . . . . .

Home Phone . . . . .
Print this phone number on the forms . . . . . [ ] Home [ ] Taxpayer work [ ] Spouse work

Street Address 1531 JOHNSON DR Apartment . . . . . 712
City . . . . . BUFFALO GROVE State . IL ZIP Code . . . . . 60089
County . . . . . Franklin School District Number . . . . . 9999

Note: Non-resident choose Franklin as County

Address has been reviewed and verified? [ X ]

Foreign country . . . . . Foreign postal code . . . . .
Foreign code . . . . .
E-Mail address . . . . . VVSRAJUDATLA@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

- [ X ] Form IT 1040: Individual Income Tax Return (Long form) . . . . .
[ ] Form IT 10: Ohio Information Notice Form IT 10 - Taxpayer/Spouse . . . . .
[ ] Form IT DA: Affidavit of Non-Ohio Residency/Domicile . . . . .
NOTE: Form IT DA must be mailed separately and will not be filed with the above forms.
DO NOT ENCLOSE OR ATTACH IT DA with any other form/affidavit, it must be mailed separately.

Ohio School District Tax Return

Form SD 100: School District Tax Return . . . . .

Ohio Commercial Activity Tax (CAT) Return

[ ] Form CAT 1: Commercial Activity Tax Registration . . . . .

Ohio Municipal Tax Return

- [ ] Akron, Form IR . . . . .
[ ] Canton . . . . .
[ ] CCA - Exemption Certificate, Form 120-16-EC . . . . .
[ ] CCA - City Tax Form, Form 120-16-IR . . . . .
[ ] Cincinnati . . . . .
[ ] Columbus, Form IR-25 . . . . .
[ ] Dayton, Form R-I . . . . .
[ ] Generic City, Form R . . . . .
[ ] R.I.T.A., Individual Declaration of Exemption . . . . .
[ ] R.I.T.A., Form 37 . . . . .

Part III — Resident Status

TP SP (TP - Taxpayer, SP - Spouse)

[ ] [ ] Full-Year Resident of OH
[ X ] [ X ] Nonresident of OH State of Residency, or TP IL SP IL
Country of Residency TP SP
[ ] [ ] Part-Year Resident of OH From: To:

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC . . . . .

**Part IV – Filing Status**

- 1 Single or head of household or qualifying widow(er)
- 2 Married filing joint (even if only had one income)
- 3 Married filing separate returns

**Part V – Lump Sum Distribution and Retirement Credits**

- TP SP** (TP - Taxpayer, SP - Spouse)
- Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are **Not** retired?
  - Are claiming the Ohio Lump Sum **Distribution** Credit for the current year or have you claimed this credit in a prior year?
  - Claim the the Ohio Lump Sum **Retirement** Credit in a prior year?

**Part VI – Other Information**

**Ohio Political Party Fund** (*Note: Checking 'Yes' will not increase your tax or decrease your refund.*)

- Yes No**
- Do you want \$1 to go to this fund?
  - If filing a joint return, does your spouse want \$1 to go to this fund?

**Farmer/Fisherman**

- At least 2/3 of your current year gross income was from farming or fishing
- Above farmer box is checked and return will be filed and tax due paid by: March 1, 2018.

**Pay by Credit Card** - You have paid or will pay with a credit card:

- Form IT 1040
- Form SD 100

**Filing Requirement**

- Yes No**
- File Form IT 1040 even if not required (based on federal AGI and filing status)
  - Note:** Select Yes if filing federal 1040NR and claiming a state refund on Form IT-1040

**Sales/Use Tax**

Enter total out-of-state purchases on which you paid **no** sales tax or OH use tax . . . . . ▶ \_\_\_\_\_

County use tax percentage rate . . . . . \_\_\_\_\_

Amount of tax that you owe on out-of-state purchases . . . . . \_\_\_\_\_

Nonresidents: Use Tax County \_\_\_\_\_

**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 Ohio Department of Taxation, as applicable by law.

- The state return will be filed electronically

**Electronic PDF Attachments**

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

Description	Filename

Enter the date return was EFiled . . . . . \_\_\_\_\_

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

Enter the date Form IT 40P was given to client . . . . . \_\_\_\_\_

**Perjury Statement Acceptance**

Before you can transmit the return to the Intuit Electronic Filing Center, the taxpayer and spouse (if a joint return) must read and accept the following Ohio Department of Taxation 'Perjury Statement.'

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

- Taxpayer's acceptance of the above Perjury Statement
- Spouse's acceptance of the above Perjury Statement

**Non Paid Preparer Information**

Name . . . . . \_\_\_\_\_

**Enter one of the following identification numbers:**

SSN . \_\_\_\_\_ PTIN . \_\_\_\_\_ Site ID # \_\_\_\_\_

**Address**

Street Address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP code . . . . . \_\_\_\_\_

Non Paid Preparer Phone Number . . . . . \_\_\_\_\_

**Foreign address information**

Foreign Province . . . . . \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_ Foreign Postal Code . . . . . \_\_\_\_\_

**Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information**

**Form IT 1040, Income Tax Return**

Yes No

- Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
- Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit of a **state tax** refund:

Name of Financial Institution (optional) . . . . CHASE BANK  
Account type . . . . . Checking  Savings   
Routing number . . . . . 075000019  
Account number . . . . . 782910129

**International ACH Transaction:**

Yes No

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

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 . . . . . \_\_\_\_\_

**Form SD 100, School District Income Tax Return(s)**

Yes No

- Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)?
- Do you want electronic funds withdrawal of SD tax payment (EF Only)?

**International ACH Transaction:**

Yes No

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

Enter the following information if your client requests direct deposit of a **school district tax** refund:

Name of Financial Institution (optional) . . . . .  
Account type . . . . . Checking  Savings   
Routing number . . . . . \_\_\_\_\_  
Account number . . . . . \_\_\_\_\_

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

**Form(s) SD 100, School District number** . . . . . 


**Form(s) SD 100, Balance-due amount from this return** . . . . . 


Enter an amount to withdraw from the account above . . . . . 


If partial payment is made, the remaining balance due . . . . . 


**Part IX — Paid Preparer Information**

Enter preparer Code from Firm/Preparer Info (See Help) . . . . . 1

Yes No

- Authorize preparer to contact the Ohio Department of Taxation regarding this return

**Part X — Extension Status**

If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment.

**Form IT 1040, Income Tax Return**

Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No

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

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

Form IT 40P, Extension Payment Voucher . . . . . 


**Form SD 100, School District Income Tax Return**

Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment.

Yes No

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

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

Form SD 40P, School Extension Payment Voucher . . . . . 


# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name VEERA R DATLA & BHARATHI BODDU	Social Security Number 397-29-0754
--	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2 . . . . .			735 .
10 State withholding on Forms W-2G . . . . .			
11 State withholding on Forms 1099-R . . . . .			
12 a State withholding on Forms 1099-MISC . . . . .			
b State withholding on Forms 1099-G . . . . .			
c State withholding on Forms 1099-K . . . . .			
13 Other state tax withholding . . . . .			
14 <b>Total income tax withheld</b> . . . . .			735 .
15 Date return will be filed and balance paid . . . . .		<b>15</b>	



## Smart Worksheets from your 2017 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

<b>Form IT 1040, Tax Smart Worksheet</b>	
<input type="checkbox"/>	Use tax table 1 only (for less than \$100,000 taxable income on line 7a)
<input type="checkbox"/>	Use tax table 2 only
<b>a</b>	Tax from tax table 1 (if line 7a is less than \$100,000 only) . . . . . _____
<b>b</b>	Tax from tax table 2 . . . . . <u>3,935.</u>
<b>c</b>	Smaller of line a and line b . . . . . <u>3,935.</u>

SMART WORKSHEET FOR: Ohio Schedule of Credits

<b>Ohio Adoption Credit Smart Worksheet for 2017 and 5 Year Carryforward</b>	
Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:	
<ol style="list-style-type: none"> <li>1. \$1,500, <b>or</b></li> <li>2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C).</li> </ol>	
	<b>Child's Name</b>
	<b>Expenses</b>
Number of children adopted in 2017 . . . . . <span style="float: right;">▶ <u>0</u></span>	
Ohio adoption credit carryover from 2014 (5 year carryforward) . . . . . _____	
Ohio adoption credit carryover from 2015 (5 year carryforward) . . . . . _____	
Ohio adoption credit carryover from 2016 (5 year carryforward) . . . . . _____	
Total adoption credit available . . . . . _____	
Total adoption credit claimed in 2017 . . . . . _____	
2014 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	
2015 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	
2016 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	
2017 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	