

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 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name Shivkumar Jungele	Social security number 512-31-6862
Spouse's name Sadhvi Aelimi	Spouse's social security number 506-73-4926

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	123,727.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	12,809.
3 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)	3	13,415.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	606.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

1	6	8	6	2
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 as my signature on my tax year 2017 electronically filed income tax return. 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

3	4	9	2	6
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and initial Shivkumar	Last name Jungele	Your social security number 512-31-6862
If a joint return, spouse's first name and initial Sadhvi	Last name Aelimi	Spouse's social security number 506-73-4926
Home address (number and street). If you have a P.O. box, see instructions. 1908 reston metro plaza		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). RESTON VA 20190		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

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

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2

No. of children on 6c who:

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

Dependents on 6c not entered above

Add numbers on lines above 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	125,727.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
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	125,727.

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	2,000.
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	2,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	123,727.

38	Amount from line 37 (adjusted gross income)	38	123,727.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,319.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	93,408.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	85,308.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	12,809.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	12,809.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	12,809.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	12,809.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	13,415.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	13,415.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	606.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	606.
Direct deposit? See instructions.	b Routing number 1 0 1 1 0 0 0 4 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 1 8 0 0 1 4 1 6 7 2 9		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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
<input type="text"/>	<input type="text"/>	SENIOR DATABASE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	SENIOR DEVOPS ENGINEER	<input type="text"/>

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	06/01/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's EIN		Firm's address	
GLOBAL TAXES LLC	30-1017196		2530 Pebble Creek Ln Cumming GA 30041	
Firm's address	Phone no.			
2530 Pebble Creek Ln Cumming GA 30041	(678)965-9729			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

Shivkumar Jungele & Sadhvi Aelimi

512-31-6862

Medical and Dental Expenses

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

1	Medical and dental expenses (see instructions)	1	2,800.	
2	Enter amount from Form 1040, line 38	2	123,727.	
3	Multiply line 2 by 7.5% (0.075).	3	9,280.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0.

Taxes You Paid

5 State and local (check only one box):

a Income taxes, or

b General sales taxes

5		5	6,104.	
6	Real estate taxes (see instructions)	6		
7	Personal property taxes	7		
8	Other taxes. List type and amount ▶	8		
9	Add lines 5 through 8	9		6,104.

Interest You Paid

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

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

Gifts to Charity

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

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

Casualty and Theft Losses

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20		
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	26,690.	
22	Tax preparation fees	22		
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
24	Add lines 21 through 23	24	26,690.	
25	Enter amount from Form 1040, line 38	25	123,727.	
26	Multiply line 25 by 2% (0.02)	26	2,475.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		24,215.

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	28		
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	}		30,319.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

2017

Attachment
Sequence No. **129A**

▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name Shivkumar Jungele	Occupation in which you incurred expenses	Social security number 512-31-6862
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	4,280.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	1,350.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	18,000.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,260.
5 Meals and entertainment expenses: \$ <u>3,600.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	1,800.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	26,690.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017

8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 8,000 b Commuting (see instructions) _____ c Other 2,000

9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**

11a Do you have evidence to support your deduction? **Yes** **No**

 b If "Yes," is the evidence written? **Yes** **No**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3903 for the latest information.
▶ Attach to Form 1040 or Form 1040NR.

2017
Attachment
Sequence No. **170**

Name(s) shown on return

Shivkumar Jungele & Sadhvi Aelimi

Your social security number

512-31-6862

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
 ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,500.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	500.
3 Add lines 1 and 2	3	2,000.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	2,000.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

Shivkumar Jungele & Sadhvi Aelimi

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					125,727.
Adjustments to income					2,000.
Adjusted gross income					123,727.
Tax expense					6,104.
Interest expense . . .					
Contributions					
Miscellaneous deductions					24,215.
Other Itemized Deductions					0.
Total itemized/standard deduction . .					30,319.
Exemption amount . .					8,100.
Taxable income					85,308.
Tax					12,809.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					13,415.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					606.
Effective tax rate % . .					10.35
**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 (Shivkumar Jungele & Sadhvi Aelimi) and Social Security Number (512-31-6862)

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, etc.) 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.

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 16862 Spouse's PIN (5 numbers) 34926 Date 03/12/2018

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

Part I – Personal Information

Taxpayer:

Last name Jungele
 First name Shivkumar
 Middle initial _____ Suffix _____
 Social security no. 512-31-6862
 Occupation SENIOR DATABASE ENGINEER
 Date of birth 10/01/1988 (mm/dd/yyyy)
 Age as of 1-1-2018 29
 Date of death _____
 Legally blind
 E-mail address Shivkumar.3849@gmail.com
 Work phone _____ Ext _____
 Cell phone (703)505-1166
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) Aelimi
 First name Sadhvi
 Middle initial _____ Suffix _____
 Social security no. 506-73-4926
 Occupation SENIOR DEVOPS ENGINEER
 Date of birth 08/15/1990 (mm/dd/yyyy)
 Age as of 1-1-2018 27
 Date of death _____
 Legally blind
 E-mail address Sadhvi.3849@gmail.com
 Work phone _____ Ext _____
 Cell phone (703)980-5394
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (703)505-1166
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 1908 reston metro plaza Apt no. _____
 City RESTON State VA ZIP code 20190

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017		
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***	

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

► Keep for your records

Name(s) Shown on Return Shivkumar Jungele & Sadhvi Aelimi	Social Security Number 512-31-6862
--	---------------------------------------

INCOME	Federal Amount	NJ Amount
1 Wages, salaries, tips, etc. T	83,102.	
	S 42,625.	17,083.
2 Taxable interest T		
	S	
3 Dividends T		
	S	
4 State/local tax refunds T		
	S	
5 Alimony received T		
	S	
6 Business income or loss T		
	S	
7 Capital gain or loss T		
	S	
8 Other gains and losses T		
	S	
9 Taxable IRA distribution T		
	S	
10 Taxable pension and annuities T		
	S	
11 Rentals, royalties, partnerships, S corporations, trusts T		
	S	
12 Farm income or loss T		
	S	
13 Unemployment compensation T		
	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	83,102.	
	S 42,625.	17,083.

Nonresident State Allocation Worksheet

Shivkumar Jungele & Sadhvi Aelimi

512-31-6862

	ADJUSTMENTS		Federal Amount	NJ Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T	2,000.	
		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	Total adjustments	T	2,000.	
		S		
32	Adjusted gross income	T	81,102.	
		S	42,625.	17,083.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: Shivkumar Jungele & Sadhvi Aelimi, 512-31-6862

Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail

Table with 2 columns: Taxpayer, Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer, Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, NY Document number.

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

Additional Verification Information

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

Client Status:

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

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: Shivkumar Jungele & Sadhvi Aelimi; Social Security Number: 512-31-6862

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return Shivkumar Jungele & Sadhvi Aelimi	Social Security Number 512-31-6862
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
WIPRO LTD		83,102.	9,018.	83,102.	4,348.
IPOLARITY LLC	X	42,625.	4,397.	42,625.	1,625.
Totals		125,727.	13,415.	125,727.	5,973.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	83,102.	42,625.	125,727.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	9,018.	4,397.	13,415.
3 & 7	Total social security wages/tips	83,102.	42,625.	125,727.
4	Total social security tax withheld	5,152.	2,643.	7,795.
5	Total Medicare wages and tips	83,102.	42,625.	125,727.
6	Total Medicare tax withheld	1,205.	618.	1,823.
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	8,003.		8,003.
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	8,003.		8,003.
14 a	Total deductible mandatory state tax		131.	131.
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	83,102.	42,625.	125,727.
17	Total state tax withheld	4,348.	1,625.	5,973.
19	Total local tax withheld.			

Name as shown on return Shivkumar Jungele	Social Security Number 512-31-6862
--	---------------------------------------

Employer EIN 98-0154401
Employer Name WIPRO LTD
 Name (cont.) _____
Street Address or P. O. Box 2 TOWER CENTER BL #2200
City EAST BRUNSWICK **State** NJ **ZIP** 08816
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	83,102.	2 Federal tax withheld	9,018.
3 Social security wages	83,102.	4 Social sec tax withheld	5,152.
5 Medicare wages and tips	83,102.	6 Medicare tax withheld	1,205.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	18.	A: Enter amount attributable to RRTA Tier 2 tax
DD	7,985.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
VA	30980154401F001	83,102.	4,348.

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

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

9 Verification Code		9 a5ef-9a9b-e9af-c119
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>		10 _____
Dependent care benefits - Amount forfeited from flexible spending account		11 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11 _____

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

Keep for your records

Shivkumar Jungele	512-31-6862 Page 2
Employer Name WIPRO LTD	

Part I Statutory employees

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

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

Clergy only:		D E	
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 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only			
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
Non-Clergy only:			
G If no FICA was withheld, check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income			
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

Part III Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer	H1 H2 H3 H4 H5	
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 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 512-31-6862

First name M.I. Last name Suff.

Shivkumar Jungele

Address City St ZIP code

1908 reston metro plaza RESTON VA 20190

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return Sadhvi Aelimi	Social Security Number 506-73-4926
--	---------------------------------------

Employer EIN 45-3412032
Employer Name IPOLARITY LLC
 Name (cont.) _____
Street Address or P. O. Box 200 CENTENNIAL AVE STE 200A
City PISCATAWAY **State** NJ **ZIP** 08854
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	42,625.	2 Federal tax withheld	4,397.
3 Social security wages	42,625.	4 Social sec tax withheld	2,643.
5 Medicare wages and tips	42,625.	6 Medicare tax withheld	618.
7 Social security tips		8 Allocated tips	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
VA	30453412032F001	25,542.	1,290.
NJ	453412032/000	17,083.	335.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
FLI	17.	New Jersey FLI tax
NJ DI	41.	New Jersey SDI tax
UI	73.	New Jersey UI/WF/SWF tax
_____	_____	_____

Keep for your records

Sadhvi Aelimi	506-73-4926 Page 2
Employer Name IPOLARITY LLC	

Part I Statutory employees

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

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

Clergy only:	D		
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		E	
F If no FICA was withheld , check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only			
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
Non-Clergy only:			
G If no FICA was withheld , check the applicable box below			
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income			
2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

Part III Unreported Tip Income

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 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax			

Part IV Substitute Form W-2

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

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

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

d **QuickZoom** to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 506-73-4926

First name M.I. Last name Suff.

Sadhvi Aelimi

Address City St ZIP code

1908 reston metro plaza RESTON VA 20190

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. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return <u>Shivkumar Jungele & Sadhvi Aelimi</u>	Social Security Number <u>512-31-6862</u>
---	--

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	<u>04/18/17</u>		<u>04/18/17</u>			<u>04/18/17</u>		
2	<u>06/15/17</u>		<u>06/15/17</u>			<u>06/15/17</u>		
3	<u>09/15/17</u>		<u>09/15/17</u>			<u>09/15/17</u>		
4	<u>01/16/18</u>		<u>01/16/18</u>			<u>01/16/18</u>		
5								
Tot Estimated Payments . . .								

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 Totals Lines 1 through 7					
9 2017 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	13,415.	5,973.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	13,415.	5,973.	
20 Total Tax Payments for 2017	13,415.	5,973.	

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)				

Name(s) Shown on Return <u>Shivkumar Jungele & Sadhvi Aelimi</u>	Social Security Number <u>512-31-6862</u>
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	5,973.
2 2017 state estimated taxes paid in 2017	2	
3 2016 state estimated taxes paid in 2017	3	
4 Amount paid with 2016 state application for extension	4	
5 Amount paid with 2016 state income tax return	5	
6 Overpayment on 2016 state income tax return applied to 2017 tax	6	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2017 local estimated taxes paid in 2017	10	
11 2016 local estimated taxes paid in 2017	11	
12 Amount paid with 2016 local application for extension	12	
13 Amount paid with 2016 local income tax return	13	
14 Overpayment on 2016 local income tax return applied to 2017 tax	14	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	131.
18 Total Add lines 1 through 17	18	6,104.
19 State and local refund allocated to 2017	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	6,104.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27	28	

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return <u>Shivkumar Jungele & Sadhvi Aelimi</u>	Social Security Number <u>512-31-6862</u>
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	83,102.	42,625.	125,727.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	83,102.	42,625.	125,727.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	83,102.	42,625.	125,727.
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	83,102.	42,625.	125,727.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	83,102.	42,625.	125,727.
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.	83,102.	42,625.	125,727.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	83,102.	42,625.	125,727.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	83,102.	42,625.	125,727.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return <u>Shivkumar Jungele & Sadhvi Aelimi</u>	Social Security Number <u>512-31-6862</u>
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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
Totals . .						

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		30,319.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		123,727.
6	Tax liability for Form 2210 or Form 2210-F		12,809.
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
Shivkumar Jungele & Sadhvi Aelimi

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

Wages and salaries	125,727.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	125,727.

Adjustments to Income 2,000.

Adjusted Gross Income (Last year's AGI) _____ 123,727.

Itemized/Standard Deductions

Medical and dental	0.
Taxes	6,104.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	24,215.
Phaseout of itemized deductions	_____
Total Itemized Deductions	30,319.
Standard deduction	_____
Exemption amount	8,100.

Taxable Income 85,308.

Income tax	12,809.
Alternative minimum tax	_____
Total Taxes before Credits	12,809.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 12,809.

Withholding	13,415.
Estimated tax payments	_____
Other payments	_____
Total Payments	13,415.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 606.

Refund 606.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	10.35 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>12,809.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>12,809.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

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

A Income from Form 1040, line 38 123,727.
B Nontaxable income entered elsewhere on return _____
C Available income: 2016 refundable credits in excess of tax 0.
D **Enter** any additional nontaxable income _____
E Total available income for sales taxes 123,727.
F Sales tax table information:
 Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
 If AZ, CO, LA, MS, NY or SC column (a):
QuickZoom to Misc Global Options to enter default locality ► _____
or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
VA	01/01/17	12/31/17	4.3000	4.3000	0.0000	789.	0.	789.

Total general sales taxes from table 789.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 789.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid 6,104.

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move _____
B Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form _____
C Other allowance or reimbursements not on Form W-2 _____
D Enter the number of miles from your **old home** to your **new workplace** 244 miles
E Enter the number of miles from your **old home** to your **old workplace** 25 miles
F Subtract line E from line D. If zero or less, enter -0- 219 miles
Is line F at least 50 miles?
Yes ► You meet this test.
No ► You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.
G For **foreign** moves check here **only** if **all** the following apply ►
 ● You moved in an earlier year
 ● You are claiming **only** storage fees while you are **away** from the United States
 Enter storage fees applicable to foreign move _____
 ● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet	
Enter your travel expenses:	
A Travel and lodging expenses for this move (excluding auto expenses)	<u>500.</u>
B Parking fees and tolls	<u> </u>
C Gasoline and oil	<u> </u>
D Miles driven traveling to new home	<u> </u>



SHIVKUMAR JUNGELE
 SADHVI AELIMI
 1908 RESTON METRO PLAZA

RESTON VA 20190

SSN - You	┌	JUNG	512316862	Vendor ID	1555	XXXXXX	└
SSN - Spouse		AELI	506734926				
Fed Adj Gross Income (FAGI)		1.	123727	Withholding (VA) - You	20A.	4348	
Additions		2.		Withholding (VA) - Spouse	20B.	1290	
Subtotal		3.	123727	Estimated Payments	21.		
Age Deduction - You		4A.		2016 Overpayment	22.		
Age Deduction - Spouse		4B.		Extension Payments	23.		
Soc Sec & Tier 1 Railroad		5.		Credit - Low-Income or EIC	24.		
State Income Tax Overpayment		6.		Credit - Schedule OSC	25.	550	
Subtractions		7.		Reserved for Future Use	26.		
Subtotal Subtractions		8.		Credits - Schedule CR	27.		
Total VA Adj Gross Income (VAGI)		9.	123727	Total Payments / Credits	28.	6188	
Fed Itemized Deductions		10.	30319	Tax You Owe	29.		
State / Local Income Tax		11.	6104	Tax Overpayment	30.	1090	
Standard / Itemized Deductions		12.	24215	Overpayment Credited to Next Year	31.		
Exemptions		13.	1860	VAC - College Savings / ABLEnow	32.		
Deductions		14.		VAC - Other Contributions	33.		
Subtotal (Deductions & Exemptions)		15.	26075	Addition to Tax, Penalty & Interest	34.		
VA Taxable Income		16.	97652	Sales and Use Tax	35.		
Amount of Tax		17.	5357	Amount You Owe			
Spouse Tax Adjustment (STA)		18.	259	Will Pay by Credit/Debit Card	N		
VAGI - Spouse		18A.	42625	Your Refund	└	1090	
Net Amount of Tax	└	19.	5098	Bank Routing #	C	101100045	
				Bank Account #		518001416729	



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 10011988
 VA Driver's License ID - You C62435191
 VA Driver's License - Iss. Date - You 10252017
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 08151990
 VA Driver's License ID - Spouse B65316287
 VA Driver's License - Iss. Date - Spouse 07052017

Locality 059
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 NOL
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Refund - Direct Bank Deposit X
 Refund - Check
 Obtain Electronic 1099G
 Office Use Only

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 2 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer APPANA RUPA VENKATA SATYA SAI MANI KUMAR Date 060118

Phone - Preparer 6789659729

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02090332
GLOBAL TAXES LLC

File by May 1, 2018
Include Page 1, Page 2 and all supporting 760CG documents.

2530 PEBBLE CREEK LN
CUMMING

2017 Schedule INC/CG

512316862

Report all W-2s, 1099s & VK-1s with VA Withholding



SHIVKUMAR JUNGELE

SADHVI AELIMI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
512316862	W	4348.	980154401	30980154401F001	83102.
506734926	W	1290.	453412032	30453412032F001	25542.

Total VA Withholding	SSN	VA Withholding
You	512316862	4348.
Spouse	506734926	1290.

Total # of W-2s, 1099s & VK-1s 02

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2017 Schedule OSC/CG

Enclose other state tax returns when filing



512316862

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	2	6. Other State Abbreviation	NJ
2. Person Claiming the Credit	3	7. Virginia Income Tax	5098.
3. Qualifying Taxable Income - other state	16776.	8. Income percentage	17.2
4. Virginia Taxable Income	97652.	9. Virginia Ratio of Income Tax	877.
5. Qualifying Tax Liability - other state	550.	10. Credit Allowed	550.

Credit Computation State 2

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

Credit Computation State 3

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	550.

Enclose other state tax returns when filing your Virginia tax return.

Virginia Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name Shivkumar
 Last Name Jungele
 Middle Initial _____ Suffix _____
 Social Security No 512-31-6862
 Date of Birth 10/01/1988
 Date of Death _____
 VA Driver's License/VA ID No C62435191
 VA DL/VA ID Issue Date 10/25/2017
 E-mail Address Shivkumar.3849@gmail.com
 Daytime Phone _____ *
 Home Phone _____ *

Spouse:

First Name Sadhvi
 Last Name Aelimi
 Middle Initial _____ Suffix _____
 Social Security No 506-73-4926
 Date of Birth 08/15/1990
 Date of Death _____
 VA Driver's License/VA ID No. B65316287
 VA DL/VA ID Issue Date. 07/05/2017
 E-mail Address Sadhvi.3849@gmail.com
 Daytime Phone _____ *

* Check a box to print daytime and/or home phone numbers on the return.

Important - Clients may have received a Virginia Identity PIN from the Virginia Department of Revenue (See Part IV - Other Information below)

Address 1908 reston metro plaza Apartment Number _____
 City RESTON State VA ZIP Code 20190
 Locality * Fairfax County City County

* Select a Virginia city or county you were a resident of on January 1, 2018.

If nonresident, select a city or county where the Virginia source income was located (see help).

Part II – Main Form

- Form 760: Resident Tax Return ▶
- Form 760PY: Part-Year Resident Tax Return ▶
- Form 763: Nonresident Tax Return ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld Taxpayer ▶
Spouse ▶

Nonresident

• Enter state of residence _____ Taxpayer Spouse

Part-Year Resident

- If you moved out of Virginia during 2017, enter date you moved out _____
- If you moved into Virginia during 2017, enter date you moved in _____
- Part-year residency ratio _____

Part III – Filing Status

Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

Part IV – Other Information

Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at www.tax.virginia.gov
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Are you self-employed in farming/fishing or a merchant seaman?
Return will be filed and tax due will be paid by March 1, 2018

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2017 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer 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 Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

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

Date return was EFiled
Date return was accepted by the state
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Do you want to pay the amount you owe by credit/debit card?

International ACH Transactions:

Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) - BANK OF AMERICA

Check the appropriate box:

Checking Savings
Routing number
Account number

Enter the date to withdraw from the account above
State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes No

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

Extended due date

QuickZoom to Form 760-IP Automatic Extension Payment

Part IX – Amended Return

- You are filing a Virginia amended return
- You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

-
- QuickZoom** to Form 760 ▶
 - QuickZoom** to Form 760PY ▶
 - QuickZoom** to Form 763 ▶
 - QuickZoom** to Form 763S (Taxpayer) ▶
 - QuickZoom** to Form 763S (Spouse) ▶

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>Shivkumar Jungele & Sadhvi Aelimi</u>	Social Security Number <u>512-31-6862</u>
--	--

Tax Payments for the Current Year

	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to 2017		
7 Amount paid with current year extension		
8 Total tax payments. Add lines 1 through 7		

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2	1,290.	4,348.
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-INT		
d State withholding on Forms 1099-K		
13 a Withholding from Schedule VK-1		
b Other state tax withholding		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶		
14 Total income tax withheld.	1,290.	4,348.
15 Date return will be filed and balance paid		

Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

2017

▶ Keep for your records

Name Shivkumar Jungele & Sadhvi Aelimi	Social Security Number 512-31-6862
---	---------------------------------------

Part 1 – Separate Income and Exemptions	Taxpayer	Spouse
1 Federal adjusted gross income	81,102.	42,625.
2 Additions:		
a Fixed date conformity additions		
b Interest and obligations of other states		
c Other additions		
d Total additions. Add lines 2a, 2b and 2c		
3 Subtotal. Add lines 1 and 2d	81,102.	42,625.
4 Age Deduction		
5 Social Security Act and Tier 1 Railroad Retirement Act Benefits		
6 State income tax refund or overpayment credit reported as income on your federal return		
7 Other subtractions:		
a Fixed date conformity subtractions		
b Income from obligations or securities of the United States		
c Disability income reported as wages		
d Other subtractions		
e Add lines 7a through 7d		
8 Total subtractions. Add lines 4, 5, 6 and 7e		
9 Virginia Adjusted Gross Income (VAGI) . Subtract line 8 from line 3. Enter here and on Form 760, lines 16a and 16b.	81,102.	42,625.
10 Personal exemptions:		
You \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = <u>0</u> x \$800 =	930.	
Spouse \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = <u>0</u> x \$800 =		930.
11 Subtract line 10 from line 9. If either amount is 0 or less, STOP; you do not qualify for this credit.	80,172.	41,695.

Part 2 – Virginia Taxable Income Allocation

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

12 Standard or itemized deduction amount	24,215.	
13 a Enter number of dependents to allocate to each spouse		
b Dependent exemptions: \$930 x number of dependents on line 13a		
14 Deductions from VAGI.		
15 Virginia Taxable Income . Line 11 minus lines 12, 13b and 14	55,957.	41,695.

Part 3 – Spouse Tax Adjustment

16 Enter the taxable income from line 14 of Form 760	97,652.
17 Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit	41,695.
18 Subtract line 17 from line 16 (if \$0 or less, enter \$0)	
19 Divide the amount on line 16 by 2	
20 Enter the tax on the smaller of line 17 or line 19	
21 Enter the tax on the larger of line 18 or line 19	
22 Add lines 20 and 21	
23 Enter the tax from line 19 of Form 760	
24 Tax Adjustment : Subtract line 22 from line 23. <i>Also enter on Form 760, line 16</i>	259.

Taxpayer/Spouse Allocation Worksheet

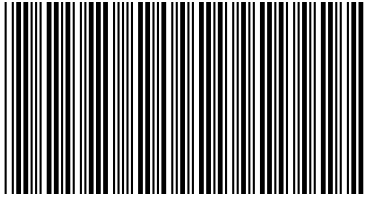
2017

▶ Keep for your records

Name <u>Shivkumar Jungele & Sadhvi Aelimi</u>	Social Security No. <u>512-31-6862</u>
--	---

Part 1 – Income and Adjustments	Column A Taxpayer	Column B Spouse
1 Wages, salaries, tips, etc	83,102.	42,625.
2 Taxable interest income		
3 Dividend income		
4 Taxable refunds, credits or offsets of state and local income taxes . .		
5 Alimony received		
6 Business income or (loss)		
7 Capital gain or (loss)		
8 Other gains or (losses)		
9 Taxable amount of IRA distributions		
10 Taxable amount of pensions and annuities		
11 Rents, royalties, partnerships, estates, trusts		
12 Farm income or (loss)		
13 Unemployment compensation		
14 Taxable social security benefits		
15 Other income		
16 Total income (add lines 1 through 15)	83,102.	42,625.
17 Educator expenses		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction		
20 Moving expenses	2,000.	
21 Deductible part of self-employment tax		
22 Self-employed SEP, SIMPLE, and qualified plans		
23 Self-employed health insurance deduction		
24 Penalty on early withdrawal of savings		
25 Alimony paid		
26 IRA deduction		
27 Student loan interest deduction		
28 Tuition and fees deduction		
29 Domestic production activities deduction		
30 Other adjustments		
31 Total adjustments to income (add lines 17 through 30)	2,000.	
32 Federal adjusted gross income (line 16 minus line 31)	81,102.	42,625.

Part 2 – Fixed Date Conformity Adjustments		
1 Fixed Date Conformity addition		
2 Fixed Date Conformity subtraction (above from depreciation adjustment plus any Other Additions Statement and Other Subtractions Statement manual entries)		



0130201010

2017 NJ-1040-NR-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2017 New Jersey income taxes or make payment of estimated tax for 2018 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2017 New Jersey income taxes or make a payment of estimated tax for 2018 by e-check. This option is available on the Division's Website at: www.nj.gov/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2017 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2017 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2018, use separate checks or money orders for each payment. Send your 2018 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Nonresident Payment Voucher
NJ-1040-NR-V

512-31-6862 JUNG 506-73-4926
Jungele, Shivkumar & Aelimi, Sadhvi
1908 reston metro plaza
RESTON, VA 20190

1555 2017

Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

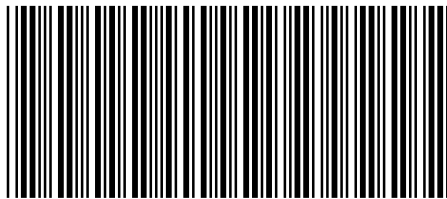
State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

Enter amount of payment here:

215.00



NJ-1040-NR
2017



040NV01170

STATE OF NEW JERSEY
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan. - Dec. 31, 2017 or Other Tax Year
Beginning _____, 20____ Ending _____, 20____
Check box [] if application for Federal extension is attached
or enter confirmation number _____

1555

(JOINT FILERS ENTER FIRST NAME AND INITIAL OF EACH- ENTER SPOUSE/CIVIL UNION PARTNER LAST NAME ONLY IF DIFFERENT)

YOUR SOCIAL SECURITY NUMBER
512-31-6862

LAST NAME, FIRST NAME AND MIDDLE INITIAL
Jungele Shivkumar & Aelimi Sadhvi

SPOUSE/CIVIL UNION PARTNER'S SOCIAL SECURITY NUMBER
506-73-4926

STREET ADDRESS
1908 reston metro plaza

STATE OF RESIDENCY
Virginia

CITY, TOWN, POST OFFICE
RESTON

STATE ZIP CODE
VA 20190

DRIVER'S LICENSE # (VOLUNTARY) STATE
C62435191 VA

CHANGE OF ADDRESS

NJ RESIDENCY STATUS

IF YOU WERE A NEW JERSEY RESIDENT FOR ANY PART OF THE TAXABLE YEAR, GIVE THE PERIOD OF NEW JERSEY RESIDENCY:

FROM:

MONTH DAY YEAR

TO:

MONTH DAY YEAR

FILING STATUS (CHECK ONLY ONE BOX)

- 1. SINGLE
- 2. MARRIED/CU, FILING JOINT RETURN
- 3. MARRIED/CU, FILING SEPARATE RETURN

EXEMPTIONS

- 6. REGULAR YOURSELF SPOUSE/CU PARTNER
- 7. AGE 65 OR OLDER [] YOURSELF [] SPOUSE/CU PARTNER
- 8. BLIND OR DISABLED [] YOURSELF [] SPOUSE/CU PARTNER

DOMESTIC PARTNER 6. 2

NAME AND SS# OF SPOUSE/CU PARTNER

- 4. HEAD OF HOUSEHOLD
- 5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

- 9. DEPENDENT CHILDREN 9.
- 10. OTHER DEPENDENTS 10.
- 11. ATTENDING COLLEGE 11.
- 12. TOTALS (FOR LINE 12A - ADD LINES 6, 7, 8, AND 11) 12A. 2 12B.
- (FOR LINE 12B - ADD LINE 9 AND LINE 10)

13. DEPENDENT'S INFORMATION FROM LINES 9 AND 10

12C. VETERAN EXEMPTION [] YOURSELF [] SPOUSE/CU PARTNER

12C.

LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

BIRTH YEAR

- A.
- B.
- C.
- D.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

YES NO

IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

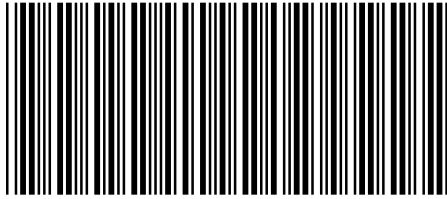
YES NO

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)

COL. B - AMOUNT FROM NEW JERSEY SOURCES

	14.	125727	14.	17083
14. WAGES, SALARIES, TIPS, AND OTHER COMPENSATION	14.	125727	14.	17083
LINES 61-67 COMPLETED				
15. INTEREST	15.	.	15.	.
16. DIVIDENDS	16.	.	16.	.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4)	17.	.	17.	.
18. NET GAINS FROM DISPOSITION OF PROPERTY (FROM LINE 60)	18.	.	18.	.
19. NET GAINS FROM RENT, ROYALTIES, PATENTS (SCH. NJ-BUS-1, PART II, LINE 4)	19.	.	19.	.
20. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 19)	20.	.	20.	.
21. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	21.	.	21.	.
22. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART III, LINE 4)	22.	.	22.	.
23. NET PRO RATA SHARE OF S CORP INCOME (SCH. NJ-BUS-1, PART IV, LINE 4)	23.	.	23.	.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	.	24.	.
25. OTHER - STATE NATURE AND SOURCE	25.	.	25.	.
26. TOTAL INCOME (ADD LINES 14 THROUGH 25)	26.	125727	26.	17083
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 24)	27A.	.	27A.	.
27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTR.)	27B.	.	27B.	.
27C. TOTAL EXCLUSION (ADD LINE 27A AND LINE 27B)	27C.	.	27C.	.





040NV02170

Jungele Shivkumar & Aelimi Sadhvi

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28. GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26)	28.	125727 .	28.	17083 .
29. GROSS INCOME FROM LINE 28	29.	125727 .	29.	17083 .
30. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 26)	30.	2000 .		
31. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS PAGE 26)	31.	285 .		
32. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	32.	.		
33. QUALIFIED CONSERVATION CONTRIBUTION	33.	.		
34. HEALTH ENTERPRISE ZONE DEDUCTION	34.	.		
35. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCH. NJ-BUS-2, LINE 11)	35.	.		
36. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 30 THROUGH 35)	36.	2285 .		
37. TAXABLE INCOME (SUBTRACT LINE 36 FROM LINE 29, COLUMN A)	37.	123442 .		
38. TAX ON AMOUNT ON LINE 37 (FROM TAX TABLES PAGE 34)	38.	4045 .		
39. INCOME PERCENTAGE	B. (LINE 29)	=	13.59 %	
	A. (LINE 29)			
40. NEW JERSEY TAX (MULTIPLY AMOUNT FROM LINE 38 <u>4045</u> x <u>13.59</u> % FROM LINE 39)	40.			550 .
41. SHELTERED WORKSHOP TAX CREDIT (ENCLOSE FORM GIT-317. SEE INSTRUCTIONS PAGE 28)	41.			.
42. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 41 FROM LINE 40)	42.			550 .
43. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAXES. CHECK BOX <input type="checkbox"/> IF FORM NJ-2210 IS ENCLOSED.	43.			.
44. TOTAL TAX AND PENALTY (ADD LINE 42 AND LINE 43)	44.			550 .
45. TOTAL NEW JERSEY INCOME TAX WITHHELD (FROM ENCLOSED FORMS W-2 AND 1099)	45.	335 .		
46. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	46.	.		
47. TAX PAID ON YOUR BEHALF BY PARTNERSHIP(S)	47.	.		
48. EXCESS NJ UI/WF/SWF WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	48.	.		
49. EXCESS NJ DISABILITY INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	49.	.		
50. EXCESS NJ FAMILY LEAVE INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	50.	.		
51. TOTAL PAYMENTS/CREDITS (ADD LINE 45 THROUGH 50)	51.			335 .
52. IF LINE 51 IS LESS THAN LINE 44, ENTER AMOUNT YOU OWE (ENTER CHECK AMOUNT ON PAGE 1)	52.			215 .
53. IF LINE 51 IS MORE THAN LINE 44, ENTER OVERPAYMENT	53.			.
54. DEDUCTIONS FROM OVERPAYMENT ON LINE 53 WHICH YOU ELECT TO CREDIT TO:				
(A) YOUR 2018 TAX	54A.	.		
(B) N.J. ENDANGERED WILDLIFE FUND	54B.	.		
(C) N.J. CHILDREN'S TRUST FUND	54C.	.		
(D) N.J. VIETNAM VETERANS' MEMORIAL FUND	54D.	.		
(E) N.J. BREAST CANCER RESEARCH FUND	54E.	.		
(F) U.S.S. N.J. EDUCATIONAL MUSEUM FUND	54F.	.		
(G) DESIGNATED CONTRIBUTION	54G.	.		
55. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 54A, B, C, D, E, F AND G)	55.			.
56. REFUND (AMOUNT TO BE SENT TO YOU, SUBTRACT LINE 55 FROM LINE 53)	56.			.

ALSO ENTER ON LINE 46:
 - PAYMENTS MADE IN CONNECTION WITH NJ REAL PROPERTY
 - PAYMENTS BY S CORPORATION FOR NONRESIDENT SHAREHOLDER

NOTE:
 AN ENTRY ON LINE 54A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND

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

Pay amount on Line 52 in full. Write Social Security Number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI
 Division of Taxation
 Revenue Processing Center
 PO Box 244
 Trenton, NJ 08646-0244

> _____
 Your Signature Date

> _____
 Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

You may also pay by e-check or credit card.

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

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

Name(s) as shown on Form NJ-1040NR Jungele Shivkumar & Aelimi Sathvi	Your Social Security Number 512-31-6862
---	--

PART I	NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
57.					
58. Capital Gains Distribution					58
59. Other Net Gains					59
60. Net Gains (Add Lines 57, 58, and 59) (Enter here and on Line 18) (If Loss, enter ZERO)					60

PART II	ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
61. Amount reported on Line 14 in Column A required to be allocated		61			
62. Total days in taxable year		62			
63. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)		63			
64. Total days worked in taxable year (subtract Line 63 from Line 62)		64			
65. Deduct days worked outside New Jersey		65			
66. Days worked in New Jersey (subtract Line 65 from Line 64)		66			
67. ALLOCATION FORMULA	$\frac{\text{(Line 66)}}{\text{(Line 64)}} \times \frac{\text{(Enter amount from Line 61)}}{\text{(Salary earned inside N.J.)}} =$				(Include this amount on Line 14, Col. B)

PART III	ALLOCATION OF BUSINESS INCOME TO NEW JERSEY	(See instructions if other than Formula Basis of allocation is used.)			
BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)					
Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
From Line No. _____	\$ _____	X _____	% = \$ _____		
From Line No. _____	\$ _____	X _____	% = \$ _____		
From Line No. _____	\$ _____	X _____	% = \$ _____		

NJ e-file Signature Authorization

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

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name Jungele, Shivkumar	Social security number 512-31-6862
Spouse's name or Civil Union Prtnr's Aelimi, Sadhvi	Spouse's social security number or Civil Union Prtnr's 506-73-4926

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

1 New Jersey Taxable income	1	123,442.
2 Total tax	2	550.
3 New Jersey income tax withheld	3	335.
4 Refund	4	
5 Amount you owe	5	215.

Part II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

1	6	8	6	2
---	---	---	---	---

 as my signature
ERO firm name
on my tax year 2017 electronically filed income tax return.
do not 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 ▶ 06/01/2018

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

I authorize GLOBAL TAXES LLC to enter my PIN

3	4	9	2	6
---	---	---	---	---

 as my signature
ERO firm name
on my tax year 2017 electronically filed income tax return.
do not 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 ▶ 06/01/2018
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ 06/01/2018

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

New Jersey Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Jungele
 First Name Shivkumar
 Middle Initial _____ Suffix _____
 Social Security No. 512-31-6862
 Date of Birth 10/01/88
 Age as of 12/31/2017 29
 Date of Death _____
 Daytime Phone _____ *
 Home Phone _____ *

Spouse:

Last Name Aelimi
 First Name Sadhvi
 Middle Initial _____ Suffix _____
 Social Security No. 506-73-4926
 Date of Birth 08/15/90
 Age as of 12/31/2017 27
 Date of Death _____
 Daytime Phone _____ *

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

c/o (care of) _____
 Street Address 1908 reston metro plaza Apt. No _____
 City RESTON State VA ZIP Code 20190
 County/Municipality Code (residents only) _____

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

Part II – Main Form

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

Part III – Filing Status

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

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of qualifying dependent children _____
 Number of other dependents _____
 Number of dependents attending colleges (must be under age 22) _____

Part V – Other Information

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

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

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

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

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

Electronic Funds Withdrawal:

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

Bank Information:

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

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

Checking account

Savings account

Routing number 101100045

Account number. 518001416729

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

State balance-due amount from this return _____

International ACH Transactions

Yes **No**

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

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes **No**

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

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

Extended due date . . . _____

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

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Allocation Worksheet for Part-Year and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return <i>Jungele, Shivkumar & Aelimi, Sadhvi</i>	Social Security No. 512-31-6862
---	------------------------------------

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	125,727.		125,727.	17,083.
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions . . .	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)		Column A Total Amount	Column B Resident Period	Column C Nonresident Period
13 a Nonreimbursed medical expenses		2,800.		2,800.
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
15 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
16 Sheltered workshop tax credit			
17 New Jersey tax withheld	335.		335.
18 New Jersey estimated tax payments/overpayment credit from previous year			
19 Tax paid on your behalf by partnership(s)			
20 Excess New Jersey UI/WF/SWF withheld			
21 Excess New Jersey disability insurance withheld			
22 Excess New Jersey family leave insurance withheld			

Tax Payments Worksheet

2017

▶ Keep for your records

Name Jungele, Shivkumar & Aelimi, Sadhvi	Social Security Number 512-31-6862
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Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	335.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	335.
15	Date return will be filed and balance paid	15	04/17/2018

Worksheet E Deduction for Medical Expenses and Medical Savings Account Contributions

▶ Keep for your records

Name Jungele, Shivkumar & Aelimi, Sadhvi		Social Security No. 512-31-6862
1 a Total nonreimbursed federal medical expenses	1 a	2,800.
b New Jersey medical insurance premiums included in your New Jersey wages (NJ after-tax) . . . but not your Federal wages (Federal pre-tax) on your W2 and not deductible on Federal Sch A	b	
c Total nonreimbursed medical expenses	c	2,800.
2 Enter line 28, NJ-1040 (line 29, column A, NJ-1040NR) times .02 equals	2	2,515.
3 Medical expenses deduction. Subtract line 2 from line 1c and enter result here. If zero or less, enter zero	3	285.
4 Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4	
5 Enter the amount of your self-employed health insurance deduction	5	
6 Total deduction for medical expenses/medical savings account contributions. Add lines 3, 4, and 5. Enter the result here and on line 30, Form NJ-1040 (Line 31, Form NJ-1040NR). If zero, enter zero.	6	285.