

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>SAIRAM REDDY TATIKONDA</b> | Social security number<br><b>674-60-1317</b> |
| Spouse's name                                    | Spouse's social security number              |

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

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .                                | <b>1</b> | 21,340. |
| <b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .   | <b>2</b> | 1,173.  |
| <b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . . | <b>3</b> | 2,134.  |
| <b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .          | <b>4</b> | 961.    |
| <b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)  | <b>5</b> |         |

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

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

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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 3 | 1 | 7 |
|---|---|---|---|---|

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

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

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

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

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

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

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

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

**Don't enter all zeros**

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

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

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

U.S. Nonresident Alien Income Tax Return
Go to www.irs.gov/Form1040NR for instructions and the latest information.

For the year January 1-December 31, 2017, or other tax year

beginning , 2017, and ending , 20

Please print or type

Your first name and initial SAIRAM REDDY
Last name TATIKONDA
Identifying number (see instructions) 674-60-1317
Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. 1117 MARQUETTE AV S , Apt. 906
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. MINNEAPOLIS MN 55403

Filing Status

1 Single resident of Canada or Mexico or single U.S. national
2 Other single nonresident alien
3 Married resident of Canada or Mexico or married U.S. national
4 Married resident of South Korea
5 Other married nonresident alien
6 Qualifying widow(er) (see instructions)
If you checked box 3 or 4 above, enter the information below. Child's name

Check only one box.

(i) Spouse's first name and initial
(ii) Spouse's last name
(iii) Spouse's identifying number

Exemptions

7a Yourself. If someone can claim you as a dependent, do not check box 7a
7b Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income
c Dependents: (see instructions)
(1) First name Last name (2) Dependent's identifying number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instr.)
d Total number of exemptions claimed 1

If more than four dependents, see instructions.

Income Effectively Connected With U.S. Trade/Business

8 Wages, salaries, tips, etc. Attach Form(s) W-2 21,340
9a Taxable interest
9b Tax-exempt interest. Do not include on line 9a
10a Ordinary dividends
10b Qualified dividends (see instructions)
11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)
13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)
14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here
15 Other gains or (losses). Attach Form 4797
16a IRA distributions 16b Taxable amount (see instructions)
17a Pensions and annuities 17b Taxable amount (see instructions)
18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)
19 Farm income or (loss). Attach Schedule F (Form 1040)
20 Unemployment compensation
21 Other income. List type and amount (see instructions)
22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)
23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income 21,340

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

Adjusted Gross Income

24 Educator expenses (see instructions)
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040)
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see instructions)
30 Penalty on early withdrawal of savings
31 Scholarship and fellowship grants excluded
32 IRA deduction (see instructions)
33 Student loan interest deduction (see instructions)
34 Domestic production activities deduction. Attach Form 8903
35 Add lines 24 through 34
36 Subtract line 35 from line 23. This is your adjusted gross income 21,340

|                        |   |   |        |         |
|------------------------|---|---|--------|---------|
| <b>Tax and Credits</b> | 37  | Amount from line 36 (adjusted gross income)   | 37     | 21,340. |
|                        | 38  | Itemized deductions from page 3, Schedule A, line 15 Std Dedn US/India Treaty                                       | 38     | 6,350.  |
|                        | 39  | Subtract line 38 from line 37   | 39     | 14,990. |
|                        | 40  | Exemptions (see instructions)   | 40     | 4,050.  |
|                        | 41  | Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-                           | 41     | 10,940. |
|                        | 42  | Tax (see inst.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972      | 42     | 1,173.  |
|                        | 43  | Alternative minimum tax (see instructions). Attach Form 6251  | 43     |         |
|                        | 44  | Excess advance premium tax credit repayment. Attach Form 8962   | 44     |         |
|                        | 45  | Add lines 42, 43, and 44  | 45     | 1,173.  |
|                        | 46  | Foreign tax credit. Attach Form 1116 if required  | 46     |         |
|                        | 47  | Credit for child and dependent care expenses. Attach Form 2441  | 47     |         |
|                        | 48  | Retirement savings contributions credit. Attach Form 8880   | 48     |         |
|                        | 49  | Child tax credit. Attach Schedule 8812, if required   | 49     |         |
|                        | 50  | Residential energy credit. Attach Form 5695   | 50     |         |
|                        | 51  | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 51     |         |
| 52                     | Add lines 46 through 51. These are your total credits                     | 52  |        |         |
| 53                     | Subtract line 52 from line 45. If line 52 is more than line 45, enter -0- | 53  | 1,173. |         |

|                    |   |  |        |  |
|--------------------|---|--|--------|--|
| <b>Other Taxes</b> | 54  | Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15               | 54     |  |
|                    | 55  | Self-employment tax. Attach Schedule SE (Form 1040)  | 55     |  |
|                    | 56  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 56     |  |
|                    | 57  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required                            | 57     |  |
|                    | 58  | Transportation tax (see instructions)  | 58     |  |
|                    | 59a   | Household employment taxes from Schedule H (Form 1040)   | 59a    |  |
|                    | 59b   | b First-time homebuyer credit repayment. Attach Form 5405 if required  | 59b    |  |
|                    | 60  | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)                | 60     |  |
| 61                 | Add lines 53 through 60. This is your total tax | 61   | 1,173. |  |

|                 |   |  |        |        |
|-----------------|---|--|--------|--------|
| <b>Payments</b> | 62  | Federal income tax withheld from:  |        |        |
|                 | a   | Form(s) W-2 and 1099   | 62a    | 2,134. |
|                 | b   | Form(s) 8805   | 62b    |        |
|                 | c   | Form(s) 8288-A   | 62c    |        |
|                 | d   | Form(s) 1042-S   | 62d    |        |
|                 | 63  | 2017 estimated tax payments and amount applied from 2016 return  | 63     |        |
|                 | 64  | Additional child tax credit. Attach Schedule 8812  | 64     |        |
|                 | 65  | Net premium tax credit. Attach Form 8962   | 65     |        |
|                 | 66  | Amount paid with request for extension to file (see instructions)  | 66     |        |
|                 | 67  | Excess social security and tier 1 RRTA tax withheld (see instructions)   | 67     |        |
|                 | 68  | Credit for federal tax paid on fuels. Attach Form 4136   | 68     |        |
|                 | 69  | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 69     |        |
| 70              | Credit for amount paid with Form 1040-C                 | 70   |        |        |
| 71              | Add lines 62a through 70. These are your total payments | 71   | 2,134. |        |

|   |     |  |     |   |
|---|-----|--|-----|---|
| <b>Refund</b><br>Direct deposit?<br>See instructions. | 72  | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid                  | 72  | 961.  |
|   | 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>        | 73a | 961.  |
|   | b   | Routing number 0 8 1 9 0 4 8 0 8   | c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|   | d   | Account number 2 9 1 0 1 9 7 9 2 2 7 3   |     |   |
|   | e   | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. |     |   |
|   | 74  | Amount of line 72 you want applied to your 2018 estimated tax  | 74  |   |

|                       |    |  |    |  |
|-----------------------|----|--|----|--|
| <b>Amount You Owe</b> | 75 | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions | 75 |  |
|                       | 76 | Estimated tax penalty (see instructions)   | 76 |  |

|                             |  |           |                                      |
|-----------------------------|--|-----------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No |           |                                      |
|                             | Designee's name  | Phone no. | Personal identification number (PIN) |

|  |  |      |                                      |  |
|--|--|------|--------------------------------------|--|
| <b>Sign Here</b><br>Keep a copy of this return for your records. | 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |      |                                      |  |
|  | Your signature   | Date | Your occupation in the United States | If the IRS sent you an Identity Protection PIN, enter it here (see instr.) |
|  |  |      | SYSTEM ARCHITECT                     |  |

|                               |  |  |               |   |           |
|-------------------------------|--|--|---------------|---|-----------|
| <b>Paid Preparer Use Only</b> | 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 | 06/19/2018    |   | 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—Itemized Deductions** (see instructions)

07

|  |           |  |           |           |
|--|-----------|--|-----------|-----------|
| <b>Taxes You Paid</b>                                    | <b>1</b>  | State and local income taxes . . . . .   |           | <b>1</b>  |
| <b>Gifts to U.S. Charities</b>                           |           | <b>Caution:</b> If you made a gift and received a benefit in return, see instructions.   |           |           |
|  | <b>2</b>  | Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .  | <b>2</b>  |           |
|  | <b>3</b>  | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if the amount of your deduction is over \$500 . . . . .   | <b>3</b>  |           |
|  | <b>4</b>  | Carryover from prior year . . . . .  | <b>4</b>  |           |
|  | <b>5</b>  | Add lines 2 through 4 . . . . .  |           | <b>5</b>  |
| <b>Casualty and Theft Losses</b>                         | <b>6</b>  | Casualty or theft loss(es). Attach Form 4684. See instructions . . . . .   |           | <b>6</b>  |
| <b>Job Expenses and Certain Miscellaneous Deductions</b> | <b>7</b>  | Unreimbursed employee expenses—job travel, union dues, job education, etc. You <b>must</b> attach Form 2106 or Form 2106-EZ if required. See instructions ▶<br>-----   | <b>7</b>  |           |
|  | <b>8</b>  | Tax preparation fees . . . . .   | <b>8</b>  |           |
|  | <b>9</b>  | Other expenses. See instructions for expenses to deduct here. List type and amount ▶<br>-----<br>-----<br>-----  | <b>9</b>  |           |
|  | <b>10</b> | Add lines 7 through 9 . . . . .  | <b>10</b> |           |
|  | <b>11</b> | Enter the amount from Form 1040NR, line 37 . . . . .   | <b>11</b> |           |
|  | <b>12</b> | Multiply line 11 by 2% (0.02) . . . . .  | <b>12</b> |           |
|  | <b>13</b> | Subtract line 12 from line 10. If line 12 is more than line 10, enter -0- . . . . .  |           | <b>13</b> |
| <b>Other Miscellaneous Deductions</b>                    | <b>14</b> | Other—see instructions for expenses to deduct here. List type and amount ▶<br>-----<br>-----<br>-----<br>-----<br>-----  |           | <b>14</b> |
| <b>Total Itemized Deductions</b>                         | <b>15</b> | Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR:<br><ul style="list-style-type: none"> <li>• \$313,800 if you checked box 6;</li> <li>• \$261,500 if you checked box 1 or 2; or</li> <li>• \$156,900 if you checked box 3, 4, or 5?</li> </ul> <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38.<br><input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38. |           | <b>15</b> |



**Schedule OI—Other Information** (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? India
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- D** Were you ever:
1. A U.S. citizen? . . . . .  Yes  No
2. A green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . .  Yes  No  
If you answered "Yes," indicate the date and nature of the change. ► \_\_\_\_\_
- G** List all dates you entered and left the United States during 2017. See instructions.  
**Note:** If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H . . . . .  Canada  Mexico

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:  
2015 365, 2016 366, and 2017 365.
- I** Did you file a U.S. income tax return for any prior year? . . . . .  Yes  No  
If "Yes," give the latest year and form number you filed . . . ► 2016 1040NR
- J** Are you filing a return for a trust? . . . . .  Yes  No  
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? . . . . .  Yes  No
- K** Did you receive total compensation of \$250,000 or more during the tax year? . . . . .  Yes  No  
If "Yes," did you use an alternative method to determine the source of this compensation? . . . . .  Yes  No
- L** Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|---|---|
|             |                        |   |   |
|             |                        |   |   |
|             |                        |   |   |

- (e) Total.** Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12 . . . . .
2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . .  Yes  No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? . . . . .  Yes  No  
If "Yes," attach a copy of the Competent Authority determination letter to your return.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SAIRAM REDDY TATIKONDA) and Social Security Number (674-60-1317)

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 . . . . . ▶

Form with checkboxes for Taxpayer entered PIN and ERO entered Taxpayer's PIN (checked)

B – Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C – Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

Form with fields for Taxpayer's PIN (5 numbers) (01317) and Date (03/16/2018)

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 line and Date line for person claiming refund

Nonresident Alien Information Worksheet

2017

Keep for your records

QuickZoom to Form 1040NR
QuickZoom to Client Status

Part I - Personal Information

Last name TATIKONDA Middle initial
First name SAIRAM REDDY Suffix
Social security number 674-60-1317 Occupation (in the U.S.) SYSTEM ARCHITECT
Date of birth (mm/dd/yyyy) 08/17/1988 or age as of 1-1-2018 29
Work phone Home phone
Extension E-mail address SAIRAM.CSU@GMAIL.COM
Cell phone (248) 766-5656 Foreign phone
Fax number

Country of which client was a citizen or national during year INDIA
Check this box if your client is a resident of the Republic of Korea (ROK)

Best contact phone number Taxpayer cell phone (248) 766-5656

Present home address:

US Address:

Address 1117 MARQUETTE AV S Apt no. 906
City MINNEAPOLIS State MN U.S. ZIP code 55403

Foreign Address: Check this box to use foreign address

Address Apt no.
City
Country code Country
Province/country Postal Code

Address outside the United States to which any refund check should be mailed, if different from the present home address above.

Address
City Province
Country code Postal Code

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a permanent resident. If same as present home address, write 'Same'.

Part II - Federal Filing Status

Check the box for filing status:

- 1 Single resident of Canada or Mexico, or a single U.S. national
2 Other single nonresident alien
3 Married resident of Canada or Mexico, or a married U.S. national
4 Married resident of the Republic of Korea
5 Other married nonresident alien
6 Qualifying widow(er) with dependent child

If filing status is married:

...check this box to take an exemption for the client's spouse (only if spouse had no U.S. gross income)
spouse's SSN

...check this box if client did not live with spouse at any time during the year

Check the appropriate box for the year the 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

Check this box if client is eligible for benefits of Article 21(2) of U.S. - India Income Tax Treaty



**Identity Verification Worksheet**

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return

SAIRAM REDDY TATIKONDA

Social Security Number

674-60-1317

**Taxpayer's Driver's License Detail (Spouse not required for 1040NR)**

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**

Taxpayer

**Note:** Alabama does not allow this option

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

Taxpayer

**Note:** Alabama, New Mexico, New York and Ohio do not allow this option

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

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

**Driver's License Detail**

**Taxpayer:**

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

**Spouse:**

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

**State Identification Card Detail**

**Taxpayer:**

Issuing state . . . . . IL  
Identification number . . . . . 3257-9688-234T  
Issue date . . . . . 04/21/2015  
Expiration date . . . . . 08/17/2020  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . .

**Spouse:**

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

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

**Additional Verification Information**

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

**Client Status:**

New client

Returning client to same preparer and firm

Returning client to same firm

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

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

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

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SAIRAM REDDY TATIKONDA) and Social Security Number (674-60-1317)

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

Table with 2 columns: ERO Name (GLOBAL TAXES LLC) and ERO Electronic Filers Identification Number (EFIN) (587278). Includes address, city, state, ZIP code, and country.

Paid Preparer Information

Table with 2 columns: Firm Name (GLOBAL TAXES LLC) and Social Security Number or PTIN (P02090332). Includes name, address, city, state, ZIP code, phone number, fax number, and email address.

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.

Form with three rows for selection: IRS-reviewed, IRS-prepared, and 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.

Form with a header 'State/City \*' and a list of checkboxes for selecting states and cities.

**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<br>SAIRAM REDDY TATIKONDA | Social Security Number<br>674-60-1317 |
|---|---------------------------------------|

| Form W-2 Employer                  | SP | Wages   | Federal Tax | State Wages | State Tax |
|------------------------------------|----|---------|-------------|-------------|-----------|
| BUSINESS RULES MANAGEMENT SERVICES |    | 21,340. | 2,134.      | 21,340.     | 640.      |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
|                                    |    |         |             |             |           |
| <b>Totals</b>                      |    | 21,340. | 2,134.      | 21,340.     | 640.      |

**Form W-2 Summary**

| Box No. | Description  | Taxpayer | Spouse | Total   |
|---------|--|----------|--------|---------|
| 1       | Total wages, tips and compensation:                |          |        |         |
|         | Non-statutory & statutory wages not on Sch C . . . | 21,340.  |        | 21,340. |
|         | Statutory wages reported on Schedule C . . . . .   |          |        |         |
|         | Foreign wages included in total wages. . . . .     |          |        |         |
|         | Unreported tips. . . . .                           | 0.       |        | 0.      |
| 2       | Total federal tax withheld . . . . .               | 2,134.   |        | 2,134.  |
| 3 & 7   | Total social security wages/tips . . . . .         |          |        |         |
| 4       | Total social security tax withheld . . . . .       |          |        |         |
| 5       | Total Medicare wages and tips . . . . .            |          |        |         |
| 6       | Total Medicare tax withheld . . . . .              |          |        |         |
| 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 . . . . .                        |          |        |         |
| 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 . . . . .            |          |        |         |
| 14 a    | Total deductible mandatory state tax . . . . .     |          |        |         |
| 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 . . . . .               | 21,340.  |        | 21,340. |
| 17      | Total state tax withheld . . . . .                 | 640.     |        | 640.    |
| 19      | Total local tax withheld. . . . .                  |          |        |         |

► Keep for your records

SAIRAM REDDY TATIKONDA

674-60-1317 Page 2

| Form W-2G Payer         | SP | Winnings | Federal Tax | State Tax | Local Tax |
|-------------------------|----|----------|-------------|-----------|-----------|
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
|                         |    |          |             |           |           |
| <b>Totals . . . . .</b> |    |          |             |           |           |

**Form W-2G Summary**

| Box No. | Description                          | Taxpayer | Spouse | Total |
|---------|--------------------------------------|----------|--------|-------|
| 1       | Total reportable winnings . . . . .  |          |        |       |
| 4       | Total federal tax withheld . . . . . |          |        |       |
| 15      | Total state tax withheld . . . . .   |          |        |       |
| 17      | Total local tax withheld . . . . .   |          |        |       |

► Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>SAIRAM REDDY TATIKONDA | Social Security Number<br>674-60-1317 |
|---|---------------------------------------|

Employer EIN . . . . . 47-1858335  
 Employer Name . . . . BUSINESS RULES MANAGEMENT SERVICES  
 Name (cont.) LLC  
 Street Address or P. O. Box 345 AVON ROAD APT E173  
 City DEVON State PA ZIP 19333  
 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 . . . . . | 21,340. | 2 | Federal tax withheld . . . . .    | 2,134. |
| 3 | Social security wages . . . . .   |         | 4 | Social sec tax withheld . . . . . |        |
| 5 | Medicare wages and tips . . . . . |         | 6 | Medicare tax withheld . . . . .   |        |
| 7 | Social security tips . . . . .    |         | 8 | Allocated tips . . . . .          |        |
- 13 b  Retirement plan  
 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| PA           | 20035350                  | 21,340.                        | 640.                    |
|              |                           |                                |                         |
|              |                           |                                |                         |

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) . . . . . <input type="checkbox"/>                  | 10 |  |
|    | Dependent care benefits - Amount forfeited from flexible spending account . . . . .                                    |    |  |
| 11 | Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | 11 |  |

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

Keep for your records

|   |                    |
|---|--------------------|
| SAIRAM REDDY TATIKONDA  | 674-60-1317 Page 2 |
| <b>Employer Name . . . . .</b> BUSINESS RULES MANAGEMENT SERVICES |                    |

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

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

**Part IV Substitute Form W-2**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**Part V Inmate In a Penal Institution**

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

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

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

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

Employee's SSN. . . . . 674-60-1317

First name SAIRAM REDDY M.I. Last name TATIKONDA Suff. \_\_\_\_\_

Address 1117 MARQUETTE AV S, Apt. 906 City MINNEAPOLIS St MN ZIP code 55403

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

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





# Federal Carryover Worksheet

**2017**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name(s) Shown on Return<br>SAIRAM REDDY TATIKONDA | Social Security Number<br>674-60-1317 |
|---|---------------------------------------|

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

| (a)<br>State | (b)<br>Paid With Extension |
|--------------|----------------------------|
|              |                            |
|              |                            |
|              |                            |

**2016 Locality Extension Information**

| (a)<br>Locality | (b)<br>Paid With Extension |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |

**2016 State Estimates Information**

| (a)<br>State | (c)<br>Estimates Paid After 12/31 |
|--------------|-----------------------------------|
|              |                                   |
|              |                                   |
|              |                                   |

**2016 Locality Estimates Information**

| (a)<br>Locality | (c)<br>Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
|                 |                                   |
|                 |                                   |
|                 |                                   |

**2016 State Taxes Due Information**

| (a)<br>State | (e)<br>Paid With Return |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |

**2016 Locality Taxes Due Information**

| (a)<br>Locality | (e)<br>Paid With Return |
|-----------------|-------------------------|
|                 |                         |
|                 |                         |
|                 |                         |

**2016 State Refund Applied Information**

| (a)<br>State | (g)<br>Applied Amount |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |

**2016 Locality Refund Applied Information**

| (a)<br>Locality | (g)<br>Applied Amount |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |

**2016 State Tax Refund Information**

| (a)<br>State | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|--------------|-------------------------------|-----------------------------|
|              |                               |                             |
|              |                               |                             |
|              |                               |                             |

**2016 Locality Tax Refund Information**

| (a)<br>Locality | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|-----------------|-------------------------------|-----------------------------|
|                 |                               |                             |
|                 |                               |                             |
|                 |                               |                             |

| Other Tax and Income Information |  |   | 2016                     | 2017                     |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1                                | Filing status . . . . .  | 1 |                          | 1 Single                 |
| 2                                | Number of exemptions for blind or over 65 (0 - 4) . . . . .      | 2 |                          |                          |
| 3                                | Itemized deductions . . . . .                                    | 3 |                          | 640.                     |
| 4                                | Check box if required to itemize deductions . . . . .            | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                | Adjusted gross income . . . . .                                  | 5 |                          | 21,340.                  |
| 6                                | Tax liability for Form 2210 or Form 2210-F . . . . .             | 6 |                          |                          |
| 7                                | Alternative minimum tax . . . . .                                | 7 |                          | 0.                       |
| 8                                | Federal overpayment applied to next year estimated tax . . . . . | 8 |                          |                          |

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 . . . . .    | 9 a  |      |      |
| b                    | Spouse's excess Archer MSA contributions as of 12/31 . . . . .      | b    |      |      |
| 10 a                 | Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . . | 10 a |      |      |
| b                    | Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .   | b    |      |      |
| 11 a                 | Taxpayer's excess HSA contributions as of 12/31 . . . . .           | 11 a |      |      |
| b                    | Spouse's excess HSA contributions as of 12/31 . . . . .             | b    |      |      |

| Loss and Expense Carryovers                  |   |      | 2016       | 2017 |  |
|--|---|------|------------|------|--|
| Note: Enter all entries as a positive amount |   |      |            |      |  |
| 12 a   | Short-term capital loss . . . . .                           | 12 a |            |      |  |
| b  | AMT Short-term capital loss . . . . .                       | b    |            |      |  |
| 13 a   | Long-term capital loss . . . . .                            | 13 a |            |      |  |
| b  | AMT Long-term capital loss . . . . .                        | b    |            |      |  |
| 14 a   | Net operating loss available to carry forward . . . . .     | 14 a |            |      |  |
| b  | AMT Net operating loss available to carry forward . . . . . | b    |            |      |  |
| 15 a   | Investment interest expense disallowed . . . . .            | 15 a |            |      |  |
| b  | AMT Investment interest expense disallowed . . . . .        | b    |            |      |  |
| 16   | Nonrecaptured net Section 1231 losses from:                 | a    | 2017 . . . | 16 a |  |
|  |   | b    | 2016 . . . | b    |  |
|  |   | c    | 2015 . . . | c    |  |
|  |   | d    | 2014 . . . | d    |  |
|  |   | e    | 2013 . . . | e    |  |
|  |   | f    | 2012 . . . | f    |  |
| 17   | AMT Nonrecap'd net Sec 1231 losses from:                    | a    | 2017 . . . | 17 a |  |
|  |   | b    | 2016 . . . | b    |  |
|  |   | c    | 2015 . . . | c    |  |
|  |   | d    | 2014 . . . | d    |  |
|  |   | e    | 2013 . . . | e    |  |
|  |   | f    | 2012 . . . | f    |  |

SAIRAM REDDY TATIKONDA

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| Credit Carryovers |  |                  | 2016 | 2017 |
|-------------------|--|------------------|------|------|
| 18                | General business credit . . . . .                          |                  | 18   |      |
| 19                | Adoption credit from:                                      | a 2017 . . . . . | 19 a |      |
|                   |  | b 2016 . . . . . | b    |      |
|                   |  | c 2015 . . . . . | c    |      |
|                   |  | d 2014 . . . . . | d    |      |
|                   |  | e 2013 . . . . . | e    |      |
|                   |  | f 2012 . . . . . | f    |      |
| 20                | Mortgage interest credit from:                             | a 2017 . . . . . | 20 a |      |
|                   |  | b 2016 . . . . . | b    |      |
|                   |  | c 2015 . . . . . | c    |      |
|                   |  | d 2014 . . . . . | d    |      |
| 21                | Credit for prior year minimum tax . . . . .                |                  | 21   |      |
| 22                | District of Columbia first-time homebuyer credit . . . . . |                  | 22   |      |
| 23                | Residential energy efficient property credit . . . . .     |                  | 23   |      |

| Other Carryovers |  |   | 2016 | 2017 |
|------------------|--|---|------|------|
| 24               | Section 179 expense deduction disallowed . . . . . |   | 24   |      |
| 25               | Excess deduction:                                  | a Taxpayer (Form 2555, line 46) . . . . . | 25 a |      |
|                  |  | b Taxpayer (Form 2555, line 48) . . . . . | b    |      |
|                  |  | c Spouse (Form 2555, line 46) . . . . .   | c    |      |
|                  |  | d Spouse (Form 2555, line 48) . . . . .   | d    |      |

**Charitable Contribution Carryovers**

| 26 | 2016 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         |
|----|--|----------------|---------|--------------|---------|
|    |  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% |
| a  | 2016 . . . . .                                   |                |         |              |         |
| b  | 2015 . . . . .                                   |                |         |              |         |
| c  | 2014 . . . . .                                   |                |         |              |         |
| d  | 2013 . . . . .                                   |                |         |              |         |
| e  | 2012 . . . . .                                   |                |         |              |         |

| 27 | 2017 Carryover of charitable contributions from: | Other Property |         | Capital Gain |         |
|----|--|----------------|---------|--------------|---------|
|    |  | (a) 50%        | (b) 30% | (c) 30%      | (d) 20% |
| a  | 2017 . . . . .                                   |                |         |              |         |
| b  | 2016 . . . . .                                   |                |         |              |         |
| c  | 2015 . . . . .                                   |                |         |              |         |
| d  | 2014 . . . . .                                   |                |         |              |         |
| e  | 2013 . . . . .                                   |                |         |              |         |

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

**Students/Business Apprentices from India Smart Worksheet**

Use this worksheet if your client is a student or business apprentice from India who is eligible for the benefits of Article 21(2) of the United States – India Income Tax Treaty.

**A** Standard deduction allowed under United States – India Income Tax Treaty . . . 6,350.

**B** Net Qualified Disaster Loss . . . . . \_\_\_\_\_

**C** Standard deduction claimed with Qualified Disaster Loss . . . . . 6,350.

**Note:** If your client is married and the spouse itemizes deductions on a separate return **do not** enter an amount on line **A** above.

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

**Tax Smart Worksheet**

**A** Tax . . . . . 1,173.

Check if from:

|   |                                     |
|---|-------------------------------------|
| <b>1</b> Tax Table . . . . .  | <input checked="" type="checkbox"/> |
| <b>2</b> Tax Computation Worksheet (see instructions) . . . . .       | <input type="checkbox"/>            |
| <b>3</b> Schedule D Tax Worksheet . . . . .                           | <input type="checkbox"/>            |
| <b>4</b> Qualified Dividends and Capital Gain Tax Worksheet . . . . . | <input type="checkbox"/>            |
| <b>5</b> Schedule J . . . . .   | <input type="checkbox"/>            |
| <b>6</b> Form 8615 . . . . .  | <input type="checkbox"/>            |

**B** Additional tax from Form 8814 . . . . . \_\_\_\_\_

**C** Additional tax from Form 4972 . . . . . \_\_\_\_\_

**D** Tax from additional Form(s) 4972 . . . . . \_\_\_\_\_

**E** IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . \_\_\_\_\_

**F** Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount . . . . . \_\_\_\_\_

**G Tax.** Add lines A through F. Enter the result here and on line **42** . . . . . 1,173.