

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 SAISREE SAVARALA	Social security number 588-83-6930
Spouse's name	Spouse's social security number

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	125,231.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	18,889.
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	22,314.
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	3,504.
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

3	6	9	3	0
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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 _____ to enter or generate my PIN

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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					
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 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and initial: **SAISREE** Last name: **SAVARALA** Your social security number: **588-83-6930**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **274 KINGS HIGHWAY** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CLARKSBORO NJ 08020**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

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. You Spouse

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

(1) First name		Last name		(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)
TAROSH	GURRAMKONDA	941-95-6501	Son			<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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

Boxes checked on 6a and 6b 1

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above 2

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	125,231.
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	3,696.
b	Taxable amount	16b	0.
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	125,231.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	125,231.

38	Amount from line 37 (adjusted gross income)	38	125,231.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	24,599.
41	Subtract line 40 from line 38	41	100,632.
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.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	92,532.
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	18,889.
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	18,889.
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	18,889.
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	18,889.
64	Federal income tax withheld from Forms W-2 and 1099	64	22,314.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 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	79.
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	22,393.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,504.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,504.
b	Routing number 0 2 1 2 0 0 0 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 2 0 7 3 5 8 9 9 0		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
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 SOFTWARE ENGINEER	Daytime phone number
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.)

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/04/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196		Phone no. (678)965-9729	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

**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

SAISREE SAVARALA

588-83-6930

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):		
a	<input checked="" type="checkbox"/> Income taxes, or	5	6,802.
b	<input type="checkbox"/> General sales taxes		
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	6,802.

Interest You Paid

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

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	

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	100.
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	100.

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	20,202.
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	20,202.
25	Enter amount from Form 1040, line 38 25 125,231.		
26	Multiply line 25 by 2% (0.02)	26	2,505.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	17,697.

Other Miscellaneous Deductions

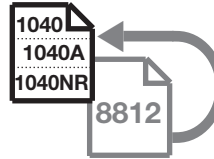
28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

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.	29	24,599.
	<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		<input type="checkbox"/>

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

SAISREE SAVARALA

Your social security number

588-83-6930

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers

<p>1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.</p> <p>If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:</p> <p>1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).</p>	1	
<p>2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49</p>	2	
<p>3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit</p>	3	
<p>4a Earned income (see separate instructions)</p>	4a	
<p>b Nontaxable combat pay (see separate instructions)</p>	4b	
<p>5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result</p>	5	
<p>6 Multiply the amount on line 5 by 15% (0.15) and enter the result</p> <p>Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.</p>	6	

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next , enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	
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Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR SAISREE SAVARALA	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 588-83-6930
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Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	0.
8	Add lines 6 and 7	8	6,750.
9	Employer contributions made to your HSAs for 2017	9	346.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	346.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,404.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

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

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

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

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

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name SAISREE SAVARALA	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 588-83-6930
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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	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	16,800.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,002.
5 Meals and entertainment expenses: \$ <u>4,800.</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	2,400.
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	20,202.

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) ▶
- 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 **b** Commuting (see instructions) **c** Other
- 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**

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return
SAISREE SAVARALA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					125,231.
Adjustments to income					
Adjusted gross income					125,231.
Tax expense					6,802.
Interest expense . . .					
Contributions					100.
Miscellaneous deductions					17,697.
Other Itemized Deductions					
Total itemized/standard deduction . .					24,599.
Exemption amount . .					8,100.
Taxable income					92,532.
Tax					18,889.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					22,393.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,504.
Effective tax rate % . .					15.08
**Tax bracket %					28.0

**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 (SAISREE SAVARALA) and Social Security Number (588-83-6930)

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 checkbox (X)

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) 36930 Spouse's PIN (5 numbers) Date 03/24/2018

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name SAVARALA
 First name SAISREE
 Middle initial _____ Suffix _____
 Social security no. 588-83-6930
 Occupation SOFTWARE ENGINEER
 Date of birth 08/26/1975 (mm/dd/yyyy)
 Age as of 1-1-2018 42
 Date of death _____
 Legally blind
 E-mail address Saisree.savarala@gmail.com
 Work phone _____ Ext _____
 Cell phone (612)483-1692
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer cell phone (612)483-1692
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 274 KINGS HIGHWAY Apt no. _____
 City CLARKSBORO State NJ ZIP code 08020

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 Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
TAROSH GURRAMKONDA		941-95-6501 Son	10/09/2002	15	12		L	

* **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 SAISREE SAVARALA	Social Security Number 588-83-6930
---	---------------------------------------

INCOME	Federal Amount	CT Amount
1 Wages, salaries, tips, etc. T	125,231.	15,526.
S		
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	125,231.	15,526.
S		

Nonresident State Allocation Worksheet

SAISREE SAVARALA

588-83-6930

	ADJUSTMENTS		Federal Amount	CT Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T		
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T		
		S		
28	Tuition/fees deduction	T		
		S		
29	Domestic production activities deduction	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T		
		S		
32	Adjusted gross income	T	125,231.	15,526.
		S		

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return
SAISREE SAVARALA

Social Security Number
588-83-6930

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

Taxpayer
 Spouse

Note: Alabama does not allow this option

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

Taxpayer
 Spouse

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

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

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

Driver's License Detail

Taxpayer:

Issuing state NJ
License number S09076840058751
Issue date 11/08/2017
Expiration date 02/12/2020
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

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: SAISREE SAVARALA; Social Security Number: 588-83-6930

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, State: 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, State: 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 SAISREE SAVARALA	Social Security Number 588-83-6930
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
HOUGHTON MIFFLIN		60,138.	10,783.	61,679.	3,020.
COGNIZANT TECHNOLOGY SOLUTIONS		65,093.	11,531.	81,615.	3,606.
Totals		125,231.	22,314.	143,294.	6,626.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	125,231.		125,231.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	22,314.		22,314.
3 & 7	Total social security wages/tips	128,473.		128,473.
4	Total social security tax withheld	7,965.		7,965.
5	Total Medicare wages and tips	128,473.		128,473.
6	Total Medicare tax withheld	1,862.		1,862.
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	11,482.		11,482.
b	Elective deferrals to qualified plans	3,243.		3,243.
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	8,239.		8,239.
14 a	Total deductible mandatory state tax	176.		176.
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	143,294.		143,294.
17	Total state tax withheld	6,626.		6,626.
19	Total local tax withheld.			

Name as shown on return SAISREE SAVARALA	Social Security Number 588-83-6930
---	---------------------------------------

Employer EIN 04-1456030
Employer Name HOUGHTON MIFFLIN
Name (cont.) HARCOURT PUBLISHING CO
Street Address or P. O. Box 125 HIGH ST 5TH FL
City BOSTON **State** MA **ZIP** 02110
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	60,138.	2 Federal tax withheld	10,783.
3 Social security wages	61,338.	4 Social sec tax withheld	3,803.
5 Medicare wages and tips	61,338.	6 Medicare tax withheld	889.
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	33.	A: Enter amount attributable to RRTA Tier 2 tax	
D	1,200.	M: Enter amount attributable to RRTA Tier 2 tax	
W	346.	P: Double click to link to Form 3903, line 4	
DD	5,103.	R: Enter MSA contribution for Taxpayer	
		Spouse	
		W: Enter HSA contribution for Taxpayer	346.
		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
NJ	041456030/000	61,679.	3,020.

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 a207-ba04-c5d5-4f85
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).
UI/WF/SW	142.	New Jersey UI/WF/SWF tax
FLI	34.	New Jersey FLI tax

Keep for your records

SAISREE SAVARALA

588-83-6930 Page 2

Employer Name HOUGHTON MIFFLIN

Part I Statutory employees

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

C

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

Clergy only:

- D Designated housing or parsonage allowance
- E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
- F If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on housing or parsonage allowance only
 - 2 Pay self-employment tax on W-2 income only
 - 3 Pay self-employment tax on W-2 income and housing allowance
 - 4 Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1 Tips \$20 or more in a month which were not reported to employer
- 2 Tips less than \$20 in a month which were not required to be reported
- 3 Value of non-cash tips, such as tickets or passes, not reported
- 4 Actual amount of allocated tips if different than the amount in box 8
- 5 Tips paid out through a tip-sharing arrangement
- 6 Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

- a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
- b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
- c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
- d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 588-83-6930

First name M.I. Last name Suff.

SAISREE SAVARALA

Address City St ZIP code

274 KINGS HIGHWAY CLARKSBORO NJ 08020

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return SAISREE SAVARALA	Social Security Number 588-83-6930
---	---------------------------------------

Employer EIN 13-3924155
Employer Name COGNIZANT TECHNOLOGY SOLUTIONS
 Name (cont.) _____
Street Address or P. O. Box 211 QUALITY CIRCLE
City COLLEGE STATION **State** TX **ZIP** 77845
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	<u>65,093.</u>	2 Federal tax withheld	<u>11,531.</u>
3 Social security wages	<u>67,135.</u>	4 Social sec tax withheld	<u>4,162.</u>
5 Medicare wages and tips	<u>67,135.</u>	6 Medicare tax withheld	<u>973.</u>
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	<u>48.</u>	A: Enter amount attributable to RRTA Tier 2 tax
D	<u>2,043.</u>	M: Enter amount attributable to RRTA Tier 2 tax
DD	<u>2,709.</u>	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
CT	<u>433-6247 4</u>	<u>15,526.</u>	<u>1,085.</u>
NJ	<u>133924155/000</u>	<u>66,089.</u>	<u>2,521.</u>
	_____	_____	_____

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 <u>be37-f3af-6b1a-f14e</u>
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

SAISREE SAVARALA

588-83-6930 Page 2

Employer Name COGNIZANT TECHNOLOGY SOLUTIONS

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	<input type="checkbox"/> If deducting expenses, double click to link to Schedule C		

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			
F If no FICA was withheld, check the applicable box below			E	
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. 588-83-6930

First name M.I. Last name Suff.
SAISREE _____ SAVARALA _____

Address City St ZIP code
274 KINGS HIGHWAY CLARKSBORO NJ 08020

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2017

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Form 1099-R Summary

2017

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Name(s) Shown on Return SAISREE SAVARALA	Social Security No. 588-83-6930
---	------------------------------------

Payer	SP	Gross	Taxable	Federal Tax	State Tax	IRA
MASSACHUSETTS MUTUAL LIFE INSURANCE		3,696.				

Traditional IRA Distributions	Taxpayer	Spouse
-------------------------------	----------	--------

Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915A/B, 2(a) . . .		
	b	Qualified disaster distributions		
	c	Less: Amount rolled over		
d	Gross distribution transferred to Form 8915A/B, 2(b) . . .			
e	Qualified disaster home repayment distribution			
f	Less: Amount rolled over			
g	Gross distribution transferred to Form 8915B, line 21 . . .			
3	Amount of line 2 converted to a Roth IRA			
a	Less: Amount recharacterized			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 15b		
	11	If checked, taxable amount calculated on Form 8606	<input type="checkbox"/>	<input type="checkbox"/>

Roth IRA Distributions	Taxpayer	Spouse
------------------------	----------	--------

Gross	12	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified home repayment distribution		
	f	Qualified disaster distribution		
13	Roth IRA distributions subject to distribution rules			
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
15	Qualified distributions subject to distribution rules			
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 15b		

IRA Qualified Disaster Distributions From Form 8915A and 8915B	Taxpayer	Spouse
--	----------	--------

Taxable	20 a	Qualified distributions on Form 1040, line 15b		
	b	Home repayment distributions on Form 1040, line 15b		

Recharacterizations (See Help)	Taxpayer	Spouse
--------------------------------	----------	--------

Gross	21 a	2017 form code N (included on Form 1040, line 15a) . . .		
	21 b	2018 form code R (not included on 1040, line 15a) . . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R . . .	3,696.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 16		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	a	Less: Amount recharacterized		
	b	Net amount of line 23 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 16a . .	3,696.	
	a	Less: Amount rolled over	3,696.	
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915A/B, 1(a) . .		
	d	Qualified disaster distribution		
	e	Less: Amount rolled over		
	f	Gross distribution transferred to Form 8915A/B, 1(b) . .		
g	Qualified disaster home repayment distribution			
h	Less: Amount rolled over			
i	Gross distribution transferred to Form 8915B			
Taxable	26	Taxable amount in box 2a, Form 1099-R	3,696.	
	a	Taxable amount rolled over	3,696.	
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA .		
	d	Insurance premiums for retired public safety officers . .		
	e	Qualified disaster amount to Form 8915A/B		
	f	Qualified disaster home repayment distribution		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 7		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers . .		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions	0.	
	b	Taxable distributions from Canada RRP Wks, line 7b . .		
c	Taxable disaster distributions from Form 8915A/B			
d	Taxable disaster home repayments from Form 8915B . .			
e	Taxable amount transferred to Form 1040, line 16b . . .	0.		
Section 1035 Tax-free Exchange				
Pensions IRAs	33	Total gross distributions from box 1 of Form 1099-R . .		
	34	Total gross distributions from box 1 of Form 1099-R . .		
Distributions on 2017 1099-Rs Not Reported on the 2017 Return				
Code P Code R	35	Distribution reported on 2016 tax return		
	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		
Tax Withholding				
Box 4 Box 10 Box 13	37	Total federal tax withheld		
	38	Total state tax withheld		
	39	Total local tax withheld		
Nontaxable Distributions for Sales Tax Deduction				
	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions	0.	
Health Insurance Premiums				
	42	Health insurance deductible on Schedule A		
Taxable Distributions included in Net Investment Income				
	43	Annuity payments and other distributions that may be subject to the net investment income tax		

Name SAISREE SAVARALA Social Security Number 588-83-6930

Check Applicable Box: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []

Payer Federal ID: 04-1590850 Corrected []
Payer Name: MASSACHUSETTS MUTUAL LIFE INSURANCE Non standard []
Name (cont.): CO
Street Address or P. O. Box: POBOX 219062
City: KANSAS CITY State: MO ZIP: 64121-9062
Foreign: Province/County: Postal Code: Country:

If Spouse's 1099-R, check this box [] Do not transfer this 1099-R to next year []

This section is for RRB-1099-R use only

1 Gross distribution 3,696. 2a Taxable amount (See Help)
2b Taxable amount not determined [] Total distribution []
3 Capital gain 4 Federal tax withheld
5 Contributns/Desig Roth/Insur 6 Net unrealized appreciation
7 Distribution code(s) G IRA/SEP/SIMPLE [] Roth IRA []

12 -1 State tax withheld 13 -1 State NJ Payer's state No. 041590850/000
14 -1 State distribution State use code (See Help)
I confirm that the state withholding identification number(s) are accurate []

15 -1 Local tax withheld 16 -1 Name of locality
17 -1 Local distribution

Check if NOT from a qualified retirement plan or IRA (see Help) []
If box 7 code is J or T, check if a qualified Roth IRA distribution (see Help) []
If box 7 code is J, enter amount used for first time home purchase

Rollovers Enter rollovers, conversions and recharacterizations on lines B and C on page 2.

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) []
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) []
Spouse and not treat as recipient's own (taxable amount must be in box 2a) []
Someone other than a spouse (taxable amount must be in box 2a) []

Insurance Amount of insurance premiums deductible on Schedule A
Amount of health savings account (HSA) funding distributions
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization

RMD If this is a Required Minimum Distribution (RMD) (See Help),
Entire gross is RMD [] or the amount of gross distbn that is RMD

8 Other %
9a Percentage of total distribution
9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
Account number
FATCA filing requirement []

12 -2 State tax withheld 13 -2 State Payer's state No.
14 -2 State distribution State use code (See Help)
15 -2 Local tax withheld 16 -2 Name of locality
17 -2 Local distribution

Recipient information: Correct to match recipient information on Form 1099-R

Recipient's name SAISREE SAVARALA Recipient's federal ID. 588-83-6930
Address 274 KINGS HIGHWAY City CLARKSBORO St NJ ZIP code 08020
Foreign: Province/County Postal Code Foreign Country

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Name

SAISREE SAVARALA

588-83-6930 Page 2

Payer's Name MASSACHUSETTS MUTUAL LIFE INSURANCE

Additional Distribution Information

See Help for important information about Roth conversions and recharacterizations.

Verify Box 7 Distribution Codes (See Help)

- A 1 Early distribution except Roth or SIMPLE (first 2 years), but **no code 1**
- A 2 Early distribution from Roth but **no code J**
- A 3 Early SIMPLE distribution in first 2 years, but **no code S**
- A 4 Return of excess contribution before return due date, but **no code 8**
- A 5 Code P or R on a **2018** Form 1099-R

Rollovers, Roth Conversions, Roth Rollovers, and Recharacterizations

Rollover: Enter traditional IRA or pension distribution that was rolled over to a pension or traditional IRA. Enter Roth IRA rollover or conversion on lines B5 or B6 below.

- B 1 Entire distribution rolled over **B 2** _____
- B 2 or amount of partial rollover. **B 2** _____
- B 3 If box 7 code is **B** or **H**, check if rolled over into a Roth IRA **B 3** _____
- Roth IRA Rollover or Conversion:**
- B 4 Amount of **this** distribution that may be rolled or converted to a Roth IRA **B 4** _____
- B 5 Full amount of line B4 rolled or converted to Roth IRA **B 5** _____
- B 6 Amount of partial Roth conversion of line B4 **B 6** _____
- B 7 If box 7 code is **G**, check if in-plan Roth rollover to a designated Roth **B 7** _____
- B 8 Previously taxed contributions, if different than box 5, for rollover from a qualified retirement plan to Roth IRA or an in-plan Roth rollover to a designated Roth **B 8** _____

Recharacterization:
Complete line C2 or C3 only for amount of this distribution indicated on line C1. Disregard earnings and losses.

- C 1 Amount of **this** distribution that can be recharacterized **C 1** _____
- C 2 Full amount on line C1 recharacterized **C 2** _____
- C 3 If partial recharacterization, enter the amount that was **not** recharacterized **C 3** _____

Pensions and Annuities

Lump-Sum Distribution Averaging:

- D 1 Check this box if you wish to use 10-year averaging (or make the capital gain election) on Form 4972 for this distribution **D 2** _____
- D 2 If averaging elected, federal estate taxes paid (see Help) **D 2** _____
- D 3 If averaging elected, death benefit exclusion (see Help) **D 3** _____
If multiple recipients, see Help.

Disability Payments:

- E If code 3 in box 7 (disability), check if the recipient is under the minimum retirement age

Charitable Gift Annuities:

If code F in box 7

- F 1 Enter amount of box 3 that is taxed at maximum 28% rate. **F 1** _____
- F 2 Enter amount of box 3 that is unrecaptured section 1250 gain. **F 2** _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SAISREE SAVARALA	Social Security Number 588-83-6930
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	22,314.	6,626.	
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	22,314.	6,626.	
20 Total Tax Payments for 2017	22,314.	6,626.	

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

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Name(s) Shown on Return
SAISREE SAVARALA

Social Security Number
588-83-6930

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 6,626.
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>	17 176.
18	Total Add lines 1 through 17	18 6,802.
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 6,802.

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

Charitable Contributions Summary

2017

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Name(s) Shown on Return SAISREE SAVARALA	Social Security Number 588-83-6930
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: From Sch A, line 17	100.	100.			

Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions . .	100.		100.			
2 2017 contributions allowed	100.	0.	100.	0.	0.	0.
3 Carryovers from:						
a 2016 tax year						
b 2015 tax year						
c 2014 tax year						
d 2013 tax year						
e 2012 tax year						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 Carryovers to 2018:						
a From 2017	0.		0.	0.	0.	0.
b From 2016						
c From 2015						
d From 2014						
e From 2013						
f From 2012						

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return <u>SAISREE SAVARALA</u>	Social Security Number <u>588-83-6930</u>
--	--

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	125,231.	_____	125,231.
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	125,231.	_____	125,231.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	125,231.	_____	125,231.
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	125,231.	_____	125,231.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	125,231.	_____	125,231.
17 Net self-employment loss	_____	_____	_____
18 Alimony received.	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	125,231.	_____	125,231.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	125,231.	_____	125,231.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	125,231.	_____	125,231.

Federal Carryover Worksheet

2017

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Name(s) Shown on Return <u>SAISREE SAVARALA</u>	Social Security Number <u>588-83-6930</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		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		24,599.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		125,231.
6	Tax liability for Form 2210 or Form 2210-F		18,889.
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
SAISREE SAVARALA

Filing status Single Number of exemptions 2

Gross Income

Wages and salaries	125,231.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	0.
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	125,231.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 125,231.

Itemized/Standard Deductions

Medical and dental	
Taxes	6,802.
Interest	
Contributions	100.
Casualty or theft loss(es)	
Miscellaneous	17,697.
Phaseout of itemized deductions	
Total Itemized Deductions	24,599.
Standard deduction	
Exemption amount	8,100.

Taxable Income 92,532.

Income tax	18,889.
Alternative minimum tax	
Total Taxes before Credits	18,889.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 18,889.

Withholding	22,314.
Estimated tax payments	
Other payments	79.
Total Payments	22,393.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 3,504.

Refund 3,504.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	28.0 %
Effective tax rate	15.08 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>18,889.</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>18,889.</u>

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . <u>79.</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 38 125,231.
- B Nontaxable income entered elsewhere on return 0.
- C Available income: 2016 refundable credits in excess of tax 0.
- D **Enter** any additional nontaxable income _____
- E Total available income for sales taxes 125,231.
- 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
NJ	01/01/17	12/31/17	6.8750	6.8750	0.0000	1,175.	0.	1,175.

- Total general sales taxes from table 1,175.
- H **Enter** additions to table amount (motor vehicle, boat) _____
- I Total sales taxes from table plus additions to table amount 1,175.
- J **Enter** actual sales taxes paid (in lieu of table amount) _____
- K Total income taxes paid 6,802.

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

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

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

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	346.
B Enter employer contributions made in 2017 for the tax year 2016	
C Subtract line B from line A	346.
D Enter employer contributions made in 2018 for the tax year 2017	
E Other employer contributions for 2017 not reported above	
F Employer contributions for 2017. Add lines C, D and E. Enter on line 9	346.

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

Line 18 Smart Worksheet

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

- A 1 Total HSA contribution in 2016 _____
- 2 Excess contribution in 2016 _____
- 3 Net HSA contribution in 2016 _____ 0.

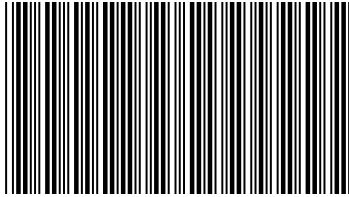
B Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

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

- C 1 Total maximum allowable contribution for 2016 _____
- 2 Amount allocated to spouse in 2016 _____
- 3 Net maximum allowable contribution for 2016 _____

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

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

SAVARALA SAISREE

274 KINGS HIGHWAY

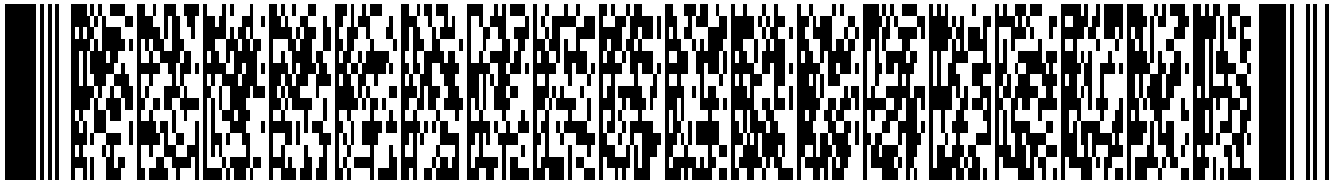
CLARKSBORO NJ 08020 0806

1555

588836930

P02090332 301017196

S09076840058751



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

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

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

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

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

> _____
Your Signature Date

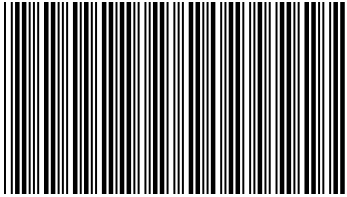
> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

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

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

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



040MP02170

SAVARALA SAISREE

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

FILING STATUS

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

X

EXEMPTIONS

- 6. REGULAR 1
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 1
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1
12C. VETERAN EXEMPTION

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER
VETERAN EXEMPTION YOURSELF SPOUSE/CU PARTNER

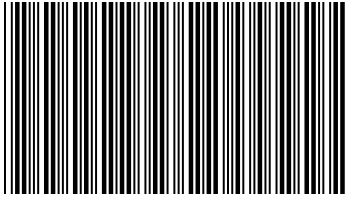
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Row 1: A. GURRAMKONDA, TAROSH, 941-95-6501, 2002

GUBERNATORIAL ELECTIONS FUND

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

Main tax form table with 36 rows. Includes categories like WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, PENSIONS, and TOTAL INCOME. Total taxable income is 125268.



040MP03170

SAVARALA SAISREE

588836930

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	2160 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	2160 .
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	123108 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	5716 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	695 .
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	07 .
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	5021 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	. .
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	5021 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	. .
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	5021 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	5541 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	. .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	. .
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	. .
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	. .
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	. .
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	. .
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	5541 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	. .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	520 .
58.	YOUR 2018 TAX	58.	. .
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	. .
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	. .
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	. .
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	. .
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	. .
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	. .
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	. .
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	520 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	021200025
dd5.	ACCOUNT NUMBER	dd5.	7207358990
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2017

Name(s) as shown on Form NJ-1040 SAVARALA, SAISREE	Your Social Security Number 588-83-6930
--	---

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 40. (Indicate jurisdiction name <u>Connecticut</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	15,526.		
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	127,768.		
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1)	3.	12.1517%		
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT, ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	125,268.	4.	125,268.
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet G, line 1. See instructions page 34. Property Tax Deduction. Enter the amount from Worksheet G, line 2. See instructions page 35.	5.	2,160.	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	123,108.	6.	125,268.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	5,716.	7.	5,853.
8. Allowable Credit (Line 3 times Line 7)	8.	695.	8.	711.
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).	9.	695.	9.	711.

- If you are not eligible for a Property Tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a Property Tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

Schedule B 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.

1.	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)
2.	Capital Gains Distributions					2.
3.	Other Net Gains					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.

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 SAVARALA, SAISREE	Social security number 588-83-6930
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

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

1 New Jersey Taxable income	1	123,108.
2 Total tax	2	5,021.
3 New Jersey income tax withheld	3	5,541.
4 Refund	4	520.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN

3	6	9	3	0
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.

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

Your signature ▶ _____ Date ▶ 06/04/2018

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN

--	--	--	--	--	--

 as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.

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

Spouse's signature ▶ _____ Date ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

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

do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ 06/04/2018

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 SAVARALA
First Name SAISREE
Middle Initial Suffix
Social Security No. 588-83-6930
Date of Birth 08/26/75
Age as of 12/31/2017 42
Date of Death
Daytime Phone *
Home Phone *

Spouse:

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

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

c/o (care of)
Street Address 274 KINGS HIGHWAY Apt. No
City CLARKSBORO State NJ ZIP Code 08020
County/Municipality Code (residents only) 0806

- 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

- X Form NJ-1040: Resident Tax Return
Form NJ-1040NR: Nonresident Tax Return
Enter state of residency
Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. . . From 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

- X 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

Table with 3 columns: You, Spouse/CU Partner, Domestic Partner. Rows include Regular, Age 65 or over, Blind, Disabled, Veteran exemption.

Number of qualifying dependent children 1
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) . . . WELLS FARGO

Checking account

Savings account

Routing number 021200025

Account number. 7207358990

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 ▶

Total Wages Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>SAVARALA, SAISREE</u>	Social Security No. <u>588-83-6930</u>
---	---

Important Information

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

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

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

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

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
<u>HOUGHTON MIFFLIN</u>	_____	60,138.		<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>		61,679.	<input type="checkbox"/>
<u>COGNIZANT TECHNOLOGY SOLUTIONS</u>	_____	65,093.		<input type="checkbox"/>
<u>- State Wages</u>	<u>CT</u>		15,526.	<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>		66,089.	<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"/>
Total federal wages from column C		125,231.		
Total state wages from column D			143,294.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			143,294.	

Worksheet G
Property Tax Deduction/Credit Worksheet

2017

▶ Keep for your records

Name(s) SAVARALA, SAISREE	Social Security No. 588-83-6930
------------------------------	------------------------------------

Worksheet G - Property Tax Deduction/Credit

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

1 Property tax. Enter the property tax you paid in 2017 from line 37a of Form NJ-1040. Senior Freeze (Property tax reimbursement) applicants do not enter the amount from Line 37a. See instructions.	1	2,160.
2 Property tax deduction. Is the amount on line 1 of this worksheet \$10,000 or more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)? <input type="checkbox"/> Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence). <input checked="" type="checkbox"/> No. Enter the amount from line 1. Also enter this amount on line 4, Column A below. See instructions.	2	2,160.

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

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

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

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

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

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name SAVARALA, SAISREE	Social Security Number 588-83-6930
---------------------------	---------------------------------------

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	5,541.
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	5,541.
15	Date return will be filed and balance paid	15	04/17/2018

Worksheet J
Which Property Tax Benefit to Use

2017

▶ Keep for your records

Name SAVARALA, SAISREE	Social Security No. 588-83-6930
---------------------------	------------------------------------

	Column A	Column B
1 Tax. Enter amounts from line 7, Schedule A, columns A and B here	5,716.	5,853.
2 Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule A, Columns A and B. If you completed more than one Schedule A, enter the total of all line 9 amounts (Columns A and B) in the corresponding column.	695.	711.
3 Balance of tax due. Subtract line 2 from line 1	5,021.	5,142.
4 Subtract line 3, Column A from line 3, Column B and enter the result here		121.

5 Is the line 4 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

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

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 5, Column A, Schedule A
Line 39	Line 6, Column A, Schedule A
Line 40	Line 7, Column A, Schedule A
Line 41	Line 2, Column A, Worksheet J
Line 49	Make no entry

No. You receive a greater benefit from the Property Tax Credit. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 6, Column B, Schedule A
Line 40	Line 7, Column B, Schedule A
Line 41	Line 2, Column B, Worksheet J
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents, see instructions.

Smart Worksheets from your 2017 New Jersey Tax Return

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

Property Tax Information Smart Worksheet F

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

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

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

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

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

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

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

B Total rent paid in 2017 12,000
Part-year residents: Enter the amount while a resident of New Jersey _____

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

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

SMART WORKSHEET FOR: Schedule AB: Oth St Tax Crd/Prop Disp Inc

Other State Income and Tax Smart Worksheet

Use column B only if there is an amount in column A.

Carefully review nonresident state amounts and verify that the amounts are what New Jersey requires to calculate the credit.

	Column A Amount	Column B* Amount if Different
A Income taxed by New Jersey and the other jurisdiction . . .	15,526.	
B Tax paid to other jurisdiction	839.	

*Use this column only to modify an entry made by the program in column A.

Form CT-1040NR/PY, Page 2 of 4

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• 588836930

19. Amount from Line 18

19. • 839

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a. 13 - 3924155	• 15526	•	1085
20b. -	• 0	•	0
20c. -	• 0	•	0
20d. -	• 0	•	0
20e. -	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C. 20. 1085

21. All 2017 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040CRC, Line 6) 22a. 0

23. **Total payments:** Add Lines 20, 21, 22 and 22a. 23. 1085

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 246

25. Amount of Line 24 you want **applied to your 2018 estimated tax** 25. 0

26. CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. 27. 246

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y N Sv. 27b. Rout. # 021200025 27c. Acct. # 7207358990

27d. Refund going to a bank account outside the U.S. 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 30. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 31. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. **Total amount due:** Add Lines 28 through 31. 32. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Your signature •		Date •	Home/cell telephone number
Spouse's signature (if joint return) •		Date •	Daytime telephone number •
Paid preparer's signature • APPANA RUPA VENKATA SATYA		Date • 060418	Telephone number • 6789659729
Preparer's SSN or PTIN P02090332		Paid preparer's name APPANA RUPA VENKA	
Firm's name, address, and ZIP code • GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041		FEIN 301017196	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Self-employed N

Designee's name •	Telephone number •	Personal identification number (PIN) • _____
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NRPY1217V021555

Form CT-1040NR/PY, Page 3 of 4

NRPY1217V031555



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Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Domestic production activities (from federal Form 1040, Line 35)	38.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of Connecticut teacher's retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0



NRPY1217V041555



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Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	■	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)		62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)		62c.	0
62. Individual use tax: Add Lines 62a, 62b, and 62c.		62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	■	63a.	0
63b. OT		63b.	0
63c. ES/W		63c.	0
63d. BCR		63d.	0
63e. SNS		63e.	0
63f. MR		63f.	0
63g. CBS	■	63g.	0
63h. MHCIA		63h.	0
63. Total Contributions: Add Lines 63a through 63h.		63.	0

Taxpayer email



Schedule CT-SI

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

2017

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial SAISREE	Last name SAVARALA	Your Social Security Number 5 8 8 : 8 3 : 6 9 3 0
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

See instructions on Page 28 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶ 1	15,526	
2. Taxable interest	▶ 2		
3. Ordinary dividends	▶ 3		
4. Alimony received	▶ 4		
5. Business income or (loss)	▶ 5		
6. Capital gain or (loss)	▶ 6		
7. Other gains or (losses)	▶ 7		
8. Taxable amount of IRA distributions	▶ 8		
9. Taxable amount of pensions and annuities	▶ 9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶ 10		
11. Farm income or (loss)	▶ 11		
12. Unemployment compensation	▶ 12		
13. Taxable amount of social security benefits	▶ 13		
14. Other income: See instructions.	▶ 14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶ 15	15,526	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	▶ 16		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	▶ 17		
18. Health savings account deduction	▶ 18		
19. Moving expenses	▶ 19		
20. Deductible part of self-employment tax	▶ 20		
21. Self-employed SEP, SIMPLE, and qualified plans	▶ 21		
22. Self-employed health insurance deduction	▶ 22		
23. Penalty on early withdrawal of savings	▶ 23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ ▶	▶ 24		
25. IRA deduction	▶ 25		
26. Student loan interest deduction	▶ 26		
27. Tuition and fees	▶ 27		
28. <i>Reserved for future use</i>	▶ 28		
29. Total adjustments: Add Lines 16 through 27.	▶ 29		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶ 30	15,526	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 32.

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days: Add Line A and Line B.	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E		
F. Total income being apportioned	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G		

Connecticut Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name SAVARALA
First Name SAISREE
Middle Initial Suffix
Social Security No. 588-83-6930
Date of Birth 08/26/1975
Date of Death
Daytime Phone
Home Phone

Spouse:

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Date of Death
Daytime Phone
Home Phone

* Check one box for taxpayer and one box for spouse to print daytime phone numbers on Form CT-1040 or CT-1040NR, page 2. Check daytime or home box to print on Form CT-1040EXT or CT-1040X.

Address 274 KINGS HWY Apt no.
City CLARKSBORO State NJ ZIP Code 08020
Taxpayer email address

Connecticut forms provide only two lines of 30 characters each for the main address (not including City, State, and Zip). We may have abbreviated certain words in your address. If the address below is incorrect or incomplete, please adjust. If using "c/o" or "Attn.", enter these on the first Address line only.

Address, Line 1 274 KINGS HWY
Address, Line 2

Part II - Main Form

Form CT-1040: Resident Tax Return (Long form)
[X] Form CT-1040NR/PY: Nonresident Tax Return
Form CT-1040NR/PY: Part-Year Resident Tax Return
Connecticut residency dates (use MM/DD/YYYY format) From To

Part III - Filing Status

[X] Single
Married filing jointly
Married filing separately
Spouse's full name
Spouse's social security number
Taxpayer did not live with spouse for the entire year
Head of household (with qualifying person)
Qualifying widow(er) with dependent child

Part IV - Other Information

I qualify as a farmer or fisherman
Yes No
My city and zip code of residence are different than what's entered above
If so, enter resident City 5 digit resident Zip code

Part V - Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the DRS, as applicable by law.

[X] The state return will be filed electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

EF Status Dates:

Date return was EFiled
Date return was accepted by the state
Date Form CT-1040V was given to client

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes **No**
 Elect **direct deposit** of state tax refund
 Use **electronic funds withdrawal** of state tax payment (EF Only)

Bank Information:

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

Name of Financial Institution (optional) WELLS FARGO
 Account type Checking Savings
 Routing number 021200025
 Account number 7207358990

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.?

Part VII – Paid Preparer and Third Party Designee Information

Enter Preparer Code from Firm/Preparer Info 1

Preparer is the third party designee
 Do **not** transfer third party designee information from federal return

If Not, Complete the following:

Designee's name _____
 Designee's phone number _____
 Personal identification number _____

Part VIII – Extension Status

Yes **No**
 Tax return due date extended?
 Extended due date _____

QuickZoom to Form CT-1040 EXT: Application for Extension of Time to File Inc Tax Return. . . . ▶ _____
QuickZoom to Form CT-1040: Resident Income Tax Return ▶ _____
QuickZoom to Form CT-1040NR/PY: Nonresident and Part-Year Resident Income Tax Return . . . ▶ _____

Nonresident Income Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>SAISREE SAVARALA</u>	Social Security Number <u>588-83-6930</u>
--	--

Income	Column A Income from Federal Return	Column B Portion of Column A from CT Sources
1 Wages, salaries, tips, etc	125,231.	15,526.
2 Taxable interest income		
3 Dividend income		
4 Alimony received		
5 Business income or (loss) (from federal Schedule C)		
6 Capital gain or (loss) (from federal Schedule D)		
7 Other gains or (losses) (from federal Form 4797)		
8 Taxable amount of IRA distributions		
9 Taxable amount of pensions and annuities	0.	
10 Rent, royalties, partnerships, estates, trusts, etc (from federal Schedule E)		
11 Farm income or (loss) (from federal Schedule F)		
12 Unemployment compensation insurance		
13 Taxable amount of social security benefits	0.	
14 a Other income from federal 1040		
b Lump-sum distributions		
c Other income from CT-1040NR/PY Sch 1		
d Total other income		
15 Add lines 1 through 14	125,231.	15,526.

Adjustments to Income

16 Educator expenses		
17 Certain business expenses		
18 Health savings account deduction	0.	
19 Moving expenses		
20 Deductible part of self-employment tax		
21 Self-employed SEP, SIMPLE, and qualified plans		
22 Self-employed health insurance deduction		
23 Penalty on early withdrawal of savings		
24 Alimony paid		
25 IRA deduction		
26 Student loan interest deduction		
27 Tuition and fees deduction		
28 Reserved for future use		
Other adjustments:		
a Archer MSA Deduction		
b Jury duty pay you gave to your employer		
c Other adjustments		
29 Total adjustments – add lines 16 through 28	0.	
30 Subtract line 29 from line 15	125,231.	15,526.

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>SAISREE SAVARALA</u>	Social Security Number <u>588-83-6930</u>
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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	1,085.
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	1,085.
15	Date return will be filed and balance paid	15	