

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

2017 California e-file Return Authorization for Individuals

8453

Your first name and initial FNU		Last name RANJAN KUMAR YADAV		Suffix	Your SSN or ITIN 368-55-3166
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 14 EMERALD BAY DR		Apt. no./ste. no.	PMB/private mailbox		Daytime telephone number
City OLDSMAR		State FL		ZIP code 34677	
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions.	1	24,700.
2 Refund or no amount due. See instructions.	2	278.
3 Amount you owe. See instructions.	3	

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

4 Direct deposit of refund 5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

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

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

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

8 Amount of refund to be directly deposited to account below _____ 278.	12 The remaining amount of my refund for direct deposit _____
9 Routing number _____ 102001017	13 Routing number _____
10 Account number _____ 3370062977	14 Account number _____
11 Type of account: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here		Date		Date
	Your signature			Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>

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

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date 06/12/2018	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA			FEIN 30-1017196
					ZIP code 30041

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

Paid Preparer Must Sign	Paid preparer's signature	Date 06/12/2018	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P02090332
	Firm's name (or yours if self-employed) and address	APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA		

APE

368-55-3166 RANJ
FNU RANJAN KUMAR YADAV

17

A
R
RP

14 EMERALD BAY DR
OLDSMAR FL 34677

12-18-1990

- Filing Status**
- 1 Single
 - 2 Married/RDP filing jointly. See inst.
 - 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____
 - 4 Head of household (with qualifying person). See instructions.
 - 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____
- If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$114 = \$ 114

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$114 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . 9 X \$114 = \$

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

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

Total dependent exemptions 10 X \$353 = \$

11 **Exemption amount:** Add line 7 through line 10 11 \$ 114

12 Total California wages from your Form(s) W-2, box 16 12 24700 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 27645 00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 27645 00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 27645 00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 44; **OR** Your California **standard deduction**. See instructions 18 4236 00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 23409 00

Total Taxable Income

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 _____ 464 00
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. ● 32 _____ 24700 00
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 ● 35 _____ 20915 00
	36 CA Tax Rate. Divide line 31 by line 19 ● 36 <u>0</u> <u>0</u> <u>1</u> <u>9</u> <u>8</u>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. ● 37 _____ 414 00
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● 38 <u>0</u> <u>8</u> <u>9</u> <u>3</u> <u>5</u>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions. ● 39 _____ 102 00
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ● 40 _____ 312 00
	41 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 _____ 00
	42 Add line 40 and line 41. ● 42 _____ 312 00

Special Credits	50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 ● 50 _____ 00
	51 Credit for joint custody head of household. See instructions. ● 51 _____ 00
	52 Credit for dependent parent. See instructions. ● 52 _____ 00
	53 Credit for senior head of household. See instructions. ● 53 _____ 00
	54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. ● 54 _____
	55 Credit amount. See instructions. ● 55 _____ 00
	58 Enter credit name _____ code ● _____ and amount. ● 58 _____ 00
	59 Enter credit name _____ code ● _____ and amount. ● 59 _____ 00
	60 To claim more than two credits. See instructions. ● 60 _____ 00
	61 Nonrefundable renter's credit. See instructions. ● 61 _____ 00
62 Add line 50 and line 55 through 61. These are your total credits ● 62 _____ 00	
63 Subtract line 62 from line 42. If less than zero, enter -0- ● 63 _____ 312 00	

Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 _____ 00
	72 Mental Health Services Tax. See instructions. ● 72 _____ 00
	73 Other taxes and credit recapture. See instructions. ● 73 _____ 00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 _____ 312 00

Payments	81 California income tax withheld. See instructions. ● 81 _____ 590 00
	82 2017 CA estimated tax and other payments. See instructions. ● 82 _____ 00
	83 Withholding (Form 592-B and/or 593). See instructions. ● 83 _____ 00
	84 Excess SDI (or VPDI) withheld. See instructions. ● 84 _____ 00
	85 Earned Income Tax Credit (EITC) ● 85 _____ 00
	86 Add lines 81 through 85. These are your total payments. See instructions. ● 86 _____ 590 00

Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 ● 101 _____ 278 00
	102 Amount of line 101 you want applied to your 2018 estimated tax. ● 102 _____ 0 00
	103 Overpaid tax available this year. Subtract line 102 from line 101. ● 103 _____ 278 00
	104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74. ● 104 _____ 00

Your name: RANJAN KUMAR YADAV Your SSN or ITIN: 368-55-3166

Contributions

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

California Adjustments — 2017 Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return: F N U R A N J A N K U M A R Y A D A V SSN or ITIN: 3 6 8 5 5 3 1 6 6

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

During 2017:

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

	Yourselves	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> FL	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input type="radio"/> ___	<input type="radio"/> ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/> ___	<input type="radio"/> ___
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> FL	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> ___	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2017: I was a CA resident for the period of	<input type="radio"/> -	<input type="radio"/> -

Part II Income Adjustment Schedule

Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 7	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/> 24,700.
8 Taxable interest. (b) _____ 8(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> _____ 9(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Alimony received. See instructions. 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> _____ 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> _____ 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20 Social security benefits. (a) <input checked="" type="radio"/> _____ 20(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input checked="" type="radio"/>	{ a <input checked="" type="radio"/> b <input checked="" type="radio"/> c _____ d <input checked="" type="radio"/> e <input checked="" type="radio"/> f <input checked="" type="radio"/> }	a _____ b _____ c <input checked="" type="radio"/> d _____ e _____ f <input checked="" type="radio"/>	21 <input checked="" type="radio"/> 21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/> 21 <input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/> 24,700.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E. 22b	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/> 24,700.
23	Educator expenses. 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Tuition and fees 34	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
35	Domestic production activities deduction . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 27,645.	<input checked="" type="radio"/> 24,700.

Part III Adjustments to Federal Itemized Deductions

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) <input checked="" type="radio"/> 38	599.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. <input checked="" type="radio"/> 39	599.
40	Subtract line 39 from line 38 <input checked="" type="radio"/> 40	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____ <input checked="" type="radio"/> 41	
42	Combine line 40 and line 41 <input checked="" type="radio"/> 42	0.
43	Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$187,203 Head of household \$280,808 Married/RDP filing jointly or qualifying widow(er) \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 <input checked="" type="radio"/> 43	0.
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions <input checked="" type="radio"/> 44	4,236.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E <input checked="" type="radio"/> 45	24,700.
46	Enter your deductions from line 44 <input checked="" type="radio"/> 46	4,236.
47	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- <input checked="" type="radio"/> 47 <u>0</u> . <u>8</u> <u>9</u> <u>3</u> <u>5</u>	
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 <input checked="" type="radio"/> 48	3,785.
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- <input checked="" type="radio"/> 49	20,915.

California Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer:

Last Name RANJAN KUMAR YADAV
 First Name FNU
 Middle Initial _____ Suffix _____
 Social Security No. 368-55-3166
 Date of Birth 12/18/1990 (mm/dd/yyyy)
 or age as of 1-1-2018 27
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____
 Home phone _____

Spouse/RDP:

Last name (if different) _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____ (mm/dd/yyyy)
 or age as of 1-1-2018 _____
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____

Check to print phone number on Form 540. Home Taxpayer work Spouse/RDP work
 Check to print email address on Form 540, 540NR or 540X Taxpayer Spouse

c/o Address _____
 Street Address . . . 14 EMERALD BAY DR
 Unit Description _____ Unit Number _____ Private Mailbox (PMB) _____
 City OLDSMAR State FL ZIP Code 34677
 Foreign province/country _____ Foreign postal code _____
 Foreign country _____

Military Filers:

APO FPO
 For Military Extension:
 Military indicator . . ▶ Taxpayer _____ Spouse/RDP _____

Part II — Main Form

Form 540: Resident Income Tax Return ▶
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return ▶
 Enter the state of residence as of December 31, 2017 FL
 Resident entire year
 Resident part of year
 Date taxpayer established residence in state above _____
 In which state (or foreign country) did taxpayer reside before this change? _____
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ _____

Part III — Filing Status

Single
 Married/RDP filing joint return
 Married/RDP filing separate return
 Taxpayer **did not** live with spouse at any time during the year
Yes No
 If filing electronically, is spouse a CA Nonresident?
 If filing electronically, is spouse Active Duty Military?
 Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is child but **not** dependent:
 Child's name _____
 Child's social security number _____
 Qualifying widow(er)
 Year spouse/RDP died . . 2015 2016
 Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

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

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

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

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

Name of Financial Institution (optional) CHASE BANK
Account type Checking Savings
Routing number 102001017
Account number 3370062977

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

Total refund available 278.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional) CHASE BANK
Account type Checking Savings
Routing number 102001017
Account number 3370062977
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125.

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

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

Part IX – California Contributions

Table with 3 columns: Line number (1-25), Fund Name, and Amount. Funds include California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, Rare and Endangered Species Preservation Program, etc.

Part X – Preparer Information

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

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

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

Part XI – Extension Status

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

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

File Extension Payment electronically?

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

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

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

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

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

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

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

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name FNU RANJAN KUMAR YADAV	Social Security Number 368-55-3166
--------------------------------	---------------------------------------

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	590.
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	590.
15	Date return will be filed and balance paid	15	

California Electronic Filing Information Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>FNU RANJAN KUMAR YADAV</u>	Social Security Number <u>368-55-3166</u>
--	--

Electronic Return Originator Information

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

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

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u>	Employer Identification Number <u>30-1017196</u>	
Address <u>2530 Pebble Creek Ln</u>	Phone Number <u>(678)965-9729</u>	Fax Number _____
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country _____	E-mail Address <u>kumar@gtaxfile.com</u>	

Electronic Filing Review Check

		Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	▶	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2017 California Tax Return

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

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

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

Form 540NR California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>590.</u>
B	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 81. Subtract line B from line A <u>590.</u>

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

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
1	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is not entered <u>24,700.</u>



178453 11555

DR 8453 (10/12/17)
COLORADO DEPARTMENT OF REVENUE
 Denver, CO 80261-0005
 Colorado.gov/Tax

State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue Retain with your records

Taxpayer SSN		Spouse SSN (If Joint Return)		Submission ID	
368-55-3166					
Taxpayer Last Name			Taxpayer First Name		Middle Initial
RANJAN KUMAR YADAV			FNU		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		
Street Address				Phone Number	
14 EMERALD BAY DR					
City				State	Zip
OLDSMAR				FL	34677

Part I — Tax Return Information

1. Total Income, line 22 from your federal form 1040, line 15 on form 1040A, or line 4 on form 1040EZ	1	\$	27645
2. Taxable Income, line 43 on federal form 1040, line 27 on form 1040A, line 6 on form 1040EZ	2	\$	17245
3. Colorado Tax, Line 15 on Colorado form 104	3	\$	70
4. Colorado Tax Withheld, Line 16 on Colorado form 104	4	\$	9
5. Refund, Line 30 Colorado form 104	5	\$	
6. Amount You Owe, Line 35 on Colorado form 104	6	\$	61

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2017 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2017 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2017 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Check if also Preparer

Date (MM/DD/YY)
06/12/18



170900 11555

DR 0900 (06/06/17)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0008
Colorado.gov/Tax

(0011)

2017 Individual Income Tax Payment Form (Calendar year — Due April 17, 2018)

Caution!

This form **MUST** accompany your payment if you filed electronically and wish to pay by check.

The Department strongly recommends that you file using Revenue Online (Colorado.gov/RevenueOnline) or another electronic filing method and remit your payment electronically or by EFT. Information on EFT can be found at Colorado.gov/Revenue/EFT

To pay by mail, make the check or money order payable to the "Colorado Department of Revenue." Be sure to round your payment to the nearest dollar. Clearly write

your Social Security number and "2017 DR 0104" on the memo line. Be sure to keep a copy of the money order or note the check number with your tax records.

Complete the form below. The amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account.

DO NOT submit a paper 104 return if you have already filed electronically.

DO NOT CUT – Return Full Page

DR 0900 (06/06/17)			
Return the DR 0900 with check or money order payable to the "Colorado Department of Revenue", Denver, Colorado 80261-0008. Write your Social Security number and "2017 DR 0104" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.			
SSN			
368-55-3166			
Your Last Name	First Name	Middle Initial	
RANJAN KUMAR YADAV	FNU		
Spouse's SSN			
Spouse's Last Name (if joint)	Spouse's First Name	Middle Initial	
Address			
14 EMERALD BAY DR			
City	State	ZIP	
OLDSMAR	FL	34677	
IF NO PAYMENT IS DUE, DO NOT FILE THIS FORM. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.			Amount of Payment
			\$ 61.00

DO NOT CUT – Return Full Page

REV 11/13/17 PRO

15550011 12312017 00 000000000000 01 00368553166 10



170104 11555

DR 0104 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

(0013)



2017 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) Mark if Abroad on due date – see instructions
*Must attach DR 0104PN

Your Last Name		Your First Name		Middle Initial
RANJAN KUMAR YADAV		FNU		
Deceased <input type="checkbox"/>		Date of Birth (MM/DD/YYYY)	SSN	
<input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.		12/18/1990	368-55-3166	
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0445	09/20/17
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
Deceased <input type="checkbox"/>		Spouse's Date of Birth (MM/DD/YYYY)		Spouse's SSN
<input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.				
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
Mailing Address			Phone Number	
14 EMERALD BAY DR				
City	State	Zip Code	Foreign Country (if applicable)	
OLDSMAR	FL	34677		
Round To The Next Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6, 1040A line 27, 1040 line 43			• 1	17245 00
Staple W-2s and 1099s with CO withholding here. ◀				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions)			• 2	00
3. Other Additions, explain (see instructions)			• 3	00
Explain:				



170104 21555

Name		SSN
FNU RANJAN KUMAR YADAV		368-55-3166
4. Subtotal, sum of lines 1 through 3	4	17245 00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.	• 5	00
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	17245 00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN		
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 7	70 00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.	• 8	00
9. Recapture of prior year credits	• 9	00
10. Subtotal, sum of lines 7 through 9	10	70 00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	00
12. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 1366 with your return.	• 12	00
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13	70 00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 14	00
15. Net Colorado Tax, sum of lines 13 and 14	15	70 00
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 16	9 00
17. Prior-year Estimated Tax Carryforward	• 17	00
18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 18	00
19. Extension Payment remitted with the DR 0158-I	• 19	00
20. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 20		00
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 21	00
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 22	0 00
23. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	• 23	00
24. Subtotal, sum of lines 16 through 23	24	9 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37	• 25	27645 00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	26	00
27. Estimated Tax Credit Carryforward to 2018 first quarter, if any	• 27	00



170104 31555

Name	SSN
FNU RANJAN KUMAR YADAV	368-55-3166

28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return.	• 28	00
29. Subtotal, add lines 27 and 28	29	00
30. Refund, subtract line 29 from line 26 (see instructions)	• 30	00

Direct Deposit

Routing Number Type: Checking Savings CollegeInvest 529

Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.

31. Net Tax Due, subtract line 24 from line 15, then add line 28	31	61.00
32. Delinquent Payment Penalty (see instructions)	• 32	00
33. Delinquent Payment Interest (see instructions)	• 33	00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 34	00
35. Amount You Owe, sum of lines 31 through 34	• 35	61.00

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Third Party Designee

Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? No Yes. Complete the following:

Designee's Name	Phone Number
<input type="text"/>	<input type="text"/>

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>		
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)		
<input type="text"/>	<input type="text"/>		
Paid Preparer's Name	Paid Preparer's Phone		
GLOBAL TAXES LLC	(678) 965-9729		
Paid Preparer's Address	City	State	Zip
2530 PEBBLE CREEK LN	CUMMING	GA	30041

REV 12/15/17 PRO

<p>If you are filing this return with a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return without a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



170104PN11555

DR 0104PN (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax



Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2017

Taxpayer's Name	SSN
FNU RANJAN KUMAR YADAV	368-55-3166

Use this form if you and/or your spouse were a resident of another state for all or part of 2017. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 6 of the DR 0104. If you filed federal form 1040NR, see the instructions.

1. ● Taxpayer is (mark one): Full-Year Nonresident Part-Year Resident from

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident Nonresident 305-day rule Military

2. ● Spouse is (mark one): Full-Year Nonresident Part-Year Resident from

Beginning (MM/YY)	Ending (MM/YY)

Full-Year Resident Nonresident 305-day rule Military

3. ● Mark the federal form you filed: 1040 1040 A 1040 EZ 1040 NR Other

	Federal Information	Colorado Information
4. Enter all income from form 1040 line 7; 1040A line 7; or form 1040EZ line 1. ● 4	27645 00	
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5		2411 00
6. Enter all interest/dividend income from form 1040 lines 8a and 9a; form 1040A lines 8a and 9a; or form 1040EZ line 2 ● 6	00	
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7		00
8. Enter all income from form 1040 line 19; form 1040A line 13; or form 1040EZ line 3 ● 8	00	
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9		00
If you filed federal form 1040EZ, go to line 24. All others continue with line 10.		
10. Enter all income from form 1040 lines 13 and 14; or form 1040A line 10. ● 10	00	



170104PN21555

Name		SSN
FNU RANJAN KUMAR YADAV		368-55-3166
Federal Information		Colorado Information
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11		00
12. Enter all income from form 1040 lines 15b, 16b, and 20b; or form 1040A lines 11b, 12b, and 14b ● 12	00	
13. Enter income from line 12 that was received during that part of the year you were a Colorado resident. ● 13		00
If you filed federal form 1040A, go to line 20. If you filed form 1040, continue with line 14.		
14. Enter all business and farm income from form 1040 lines 12 and 18. ● 14	00	
15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. ● 15		00
16. Enter all Schedule E income from form 1040 line 17. ● 16	00	
17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. ● 17		00
18. Enter all other income from form 1040 lines 10, 11 and 21. ● 18	00	
List Type		
19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. ● 19		00
List Type		
20. Total Income. Enter amount from form 1040 line 22; or form 1040A line 15. ● 20	00	
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. ● 21		00
22. Enter all federal adjustments from form 1040 line 36, or form 1040A line 20. ● 22	00	
List Type		
23. Enter adjustments from line 22 as follows ● 23		00
List Type		
<ul style="list-style-type: none"> • Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income. • Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20). • Domestic production activities deduction is allowed in the Colorado to Federal QPAI ratio. • Penalty paid on early withdrawals made while a Colorado resident. • Moving expenses if you are moving into Colorado, not if you are moving out. 		
For treatment of other adjustments reported on federal form 1040 line 36, see FYI Income 6.		



170104PN31555

DR 0104PN (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Name		SSN	
FNU RANJAN KUMAR YADAV		368-55-3166	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 37; or form 1040A line 21; or form 1040EZ line 4. 24	27645	00	
25. Colorado Adjusted Gross Income. If you filed form 1040 or 1040A, subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. If you filed form 1040EZ, enter the total of lines 5, 7 and 9 of Form 104PN. 25			2411 00
26. Additions to Adjusted Gross Income. Enter the amount from line 3 of Colorado Form 104 excluding any charitable contribution adjustments. 26		00	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident, and/or any lump-sum distribution from a pension or profit-sharing plan received while a Colorado resident. (See FYI Income 6 for treatment of other additions) 27			00
28. Total of lines 24 and 26 28	27645	00	
29. Total of lines 25 and 27 29			2411 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 5 of Colorado Form 104 excluding any qualifying charitable contributions. 30		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: 31			00
<ul style="list-style-type: none"> •The state income tax refund subtraction to the extent included on line 19 above, •The federal interest subtraction to the extent included on line 7 above, •The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above, •The Colorado capital gain subtraction to the extent included on line above, For treatment of other subtractions, see FYI Income 6.			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. 32	27645	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33			2411 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34	8.7213	%	
35. Tax from the tax table based on income reported on the DR 0104 line 6 35			799 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 7. 36	70	00	

Part-Year Resident/Nonresident Allocation Worksheet

2017

▶ Keep for your records

Name(s) as Shown on Return
FNU RANJAN KUMAR YADAV

Your Social Security No.
368-55-3166

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from CO sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	27,645.		27,645.	2,411.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	27,645.		27,645.	2,411.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse →		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from CO sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	27,645.		27,645.	2,411.
	S				

Colorado Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name RANJAN KUMAR YADAV
First Name FNU
Middle Initial Suffix
Social Security No. 368-55-3166
Date of Birth 12/18/1990
Date of Death
Work Phone
Home Phone

Spouse:

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

*Check one of these boxes to print daytime phone number on government forms.

Address 14 EMERALD BAY DR Apt No.
City OLDSMAR State FL ZIP Code 34677
Foreign Province/County Foreign Postal Code
Foreign Country
Check to confirm address information is correct

Part II - Main Form

- Form 104: Resident Filing
Form 104: Part-Year Resident Filing
[X] Form 104: Nonresident Filing
Complete Form 104PN, Part-Year Resident/Nonresident Tax Calculation Schedule

Resident military service persons who served more than 305 days outside the U.S. may now file as a nonresident on their Colorado income tax return. See Tax Help.

Part III - Filing Status

- [X] Single
Married filing jointly
Married filing separately
Head of household
Qualifying widow(er)

Part IV - Other Information

2017 Federal Adjusted gross income 27,645.
2016 Colorado tax liability

Underpayment Penalty Calculation:

2016 Federal adjusted gross income (for Form 204)
2016 Colorado filing status (for Form 204)

Check this box if you do not want to file Form 204 and want the Colorado Department of Revenue to figure the underpayment penalty (see Tax Help for additional information)

Third Party Designee:

Yes No
Do you want to allow another person to discuss your return with the CO Department of Revenue?
If yes, enter the following:
Designee's Name
Designee's Phone Number

Farmer / Fisherman Calculation:

Yes No

- Check **Yes** to calculate estimated taxes for the farmer/fisherman option.
- Will the **farmer/fisherman** filer file and pay the full amount of tax on or before March 1?

Supporting Document Information:

If supporting documentation is required, How will it be submitted to the Revenue Department?

- Submitting via mail with Form DR 1778
- Uploading documents via the Colorado Revenue website
- ProSeries pdf attachment option

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 Colorado Department of Revenue, as applicable by law.

- The state return will be filed electronically.

Electronic PDF Attachments

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

Description	Filename

EF Status Dates:

- Date return was EFiled _____
- Date return was accepted by the state _____
- Enter the date Form DR 0900 was given to client _____

QuickZoom to DR 8453: Additional Information SmartWorksheet ► _____

Part VI – Direct Deposit and Electronic Funds Withdrawal Information

CAUTION: See tax help for refund expectation

Yes No

- Do you want to elect **direct deposit** of state tax refund?
- Do you want to elect **Electronic Funds Withdrawal** (Electronic Filing Only)?

If your client requests direct deposit or electronic funds withdrawal, fill out the information below.

- Name of Financial Institution CHASE BANK
- Account type Checking Savings CollegeInvest 529
- Routing number 102001017
- Account number 3370062977
- Enter the payment date to withdraw the account above _____
- Enter the amount to withdraw from the account above _____

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 Information

Enter the preparer's assigned initials from Preparer's Information Worksheet 1

Part VIII – Extension Status

If the Colorado tax return can't be filed by April 17, a 6-month automatic extension of time to file is allowed.

Yes No

Will the tax return be filed after April 17?

Extended due date _____

Note: An extension of time to file is **not** an extension of time to pay.

If the Colorado tax return can't be filed by April 17, will the taxpayer(s) be traveling abroad on April 17?

Yes No

If yes, the automatic due date is June 15.

QuickZoom to the DR 158-I, Extension Payment Voucher Worksheet ► _____

FNU RANJAN KUMAR YADAV 368-55-3166 Page **3**

QuickZoom to the Form 104: Individual Income Tax Return ► _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name FNU RANJAN KUMAR YADAV	Social Security Number 368-55-3166
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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	9 .
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	9 .
15	Date return will be filed and balance paid	15	