

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>BALA CHANDU MEDASANI</b>	Social security number <b>760-25-1883</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>69,294.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>7,783.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<b>10,855.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>3,072.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

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

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

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

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

5	1	8	8	3
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 as my signature on my tax year 2017 electronically filed income tax return.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

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

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

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

5	8	7	2	7	8					
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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: **BALA CHANDU** Last name: **MEDASANI** Your social security number: **760-25-1883**

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. **2740 INTERNATIONAL DRIVE** Apt. no. **723C**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **YPSILANTI MI 48197**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

▲ Make sure the SSN(s) above and on line 6c are correct.

**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 . . . . .

**Boxes checked on 6a and 6b** **1**

**c Dependents:**

(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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**No. of children on 6c who:**  
• lived with you \_\_\_\_\_  
• did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

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

**Add numbers on lines above** **1**

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	70,865.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	29.
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount . . . . .	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	70,894.

**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	1,600.
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	1,600.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	69,294.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	69,294.
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> <input type="checkbox"/> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked</b> ▶ <b>39a</b> <input type="checkbox"/>		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b>	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	17,094.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>41</b> Subtract line 40 from line 38	<b>41</b>	52,200.
• All others: Single or Married filing separately, \$6,350	<b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	48,150.
Head of household, \$9,350	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	7,783.
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	7,783.
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	7,783.
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	7,783.
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	10,855.
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b> <input type="checkbox"/> <b>NO</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	10,855.
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	3,072.
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	3,072.
Direct deposit? See instructions.	<b>b</b> Routing number 1 1 1 0 0 0 0 2 5 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 4 8 8 0 4 7 9 3 3 5 9 0		
	<b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶ <b>77</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

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

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

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

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	Preparer's signature <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	Date <b>05/25/2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P02090332</b>
Firm's name ▶ <b>GLOBAL TAXES LLC</b>	Firm's EIN ▶ <b>30-1017196</b>		Phone no. <b>(678)965-9729</b>	
Firm's address ▶ <b>2530 Pebble Creek Ln Cumming GA 30041</b>				

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://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

BALA CHANDU MEDASANI

760-25-1883

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

<b>5</b>	State and local ( <b>check only one box</b> ):		
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	3,012.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Personal property taxes . . . . .	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8 . . . . .	<b>9</b>	3,012.

**Interest You Paid**

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

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	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 ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14 . . . . .	<b>15</b>	

**Gifts to Charity**

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

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

**Casualty and Theft Losses**

<b>20</b>	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 . . . . .	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	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> . . . . .	<b>21</b>	15,468.
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	15,468.
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 69,294.		
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	1,386.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>	14,082.

**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?		
	<input checked="" type="checkbox"/> <b>No.</b> 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.	<b>29</b>	17,094.
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		

# Unreimbursed Employee Business Expenses

Department of the Treasury  
Internal Revenue Service (99)

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

▶ **Go to [www.irs.gov/Form2106EZ](http://www.irs.gov/Form2106EZ) for the latest information.**

Your name <b>BALA CHANDU MEDASANI</b>	Occupation in which you incurred expenses <b>SOFTWARE ENGINEER</b>	Social security number <b>760-25-1883</b>
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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**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	1,412.
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	10,800.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	1,056.
<b>5</b> Meals and entertainment expenses: \$ <u>4,400.</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.)	<b>5</b>	2,200.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.) . . . . .	<b>6</b>	15,468.

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

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business 2,640 **b** Commuting (see instructions) \_\_\_\_\_ **c** Other 14,360
- 9** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**  **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? . . . . .  **Yes**  **No**
- 11a** Do you have evidence to support your deduction? . . . . .  **Yes**  **No**
- b** If "Yes," is the evidence written? . . . . .  **Yes**  **No**

## Moving Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

2017

Attachment  
Sequence No. **170**

Name(s) shown on return

BALA CHANDU MEDASANI

Your social security number

760-25-1883

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

1    Transportation and storage of household goods and personal effects (see instructions) . . . . .	1	1,000.
2    Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	2	600.
3    Add lines 1 and 2 . . . . .	3	1,600.
4    Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	4	
5    Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	5	1,600.

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

BALA CHANDU MEDASANI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					70,894.
Adjustments to income					1,600.
Adjusted gross income					69,294.
Tax expense . . . . .					3,012.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					14,082.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					17,094.
Exemption amount . .					4,050.
Taxable income . . . .					48,150.
Tax . . . . .					7,783.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					10,855.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					3,072.
Effective tax rate % . .					11.23
**Tax bracket % . . . .					25.0

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (BALA CHANDU MEDASANI) and Social Security Number (760-25-1883)

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) . . . . . 51883 Spouse's PIN (5 numbers) . . . . . Date . . . . . 03/02/2018

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 . . . . . MEDASANI  
 First name . . . . . BALA CHANDU  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 760-25-1883  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 06/09/1992 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 25  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . BALACHANDUSANI@GMAIL.COM  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (210) 816-3751  
 Home phone . . . . . (309) 857-6418  
 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 (210) 816-3751  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 2740 INTERNATIONAL DRIVE Apt no. . . . . 723C  
 City . . . . . YPSILANTI State . . . . . MI ZIP code . . . . . 48197

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

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

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (BALA CHANDU MEDASANI) and Social Security Number (760-25-1883)

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a 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: MI
License number: M325081012432
Issue date: 10/04/2016
Expiration date: 09/24/2018
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:

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

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

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

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

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return

BALA CHANDU MEDASANI

Social Security Number

760-25-1883

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
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . .

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; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN:

Paid Preparer Information

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

Form with header 'State/City \*' and checkboxes for New York, Vermont, and blank lines.

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".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: 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. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

Name(s) Shown on Return  
BALA CHANDU MEDASANI

Social Security Number  
760-25-1883

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
RELIABLE SOFTWARE RESOURCES INC		70,865.	10,855.	70,865.	3,012.
<b>Totals</b> . . . . .		70,865.	10,855.	70,865.	3,012.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	70,865.		70,865.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	10,855.		10,855.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	12,836.		12,836.
<b>4</b>	Total social security tax withheld . . . . .	796.		796.
<b>5</b>	Total Medicare wages and tips . . . . .	12,836.		12,836.
<b>6</b>	Total Medicare tax withheld . . . . .	186.		186.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	70,865.		70,865.
<b>17</b>	Total state tax withheld . . . . .	3,012.		3,012.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return  
BALA CHANDU MEDASANI

Social Security Number  
760-25-1883

**Employer EIN** . . . . . 65-1218462  
**Employer Name** . . . . . RELIABLE SOFTWARE RESOURCES INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 22260 HAGGERTY RD  
**City** NORTHVILLE **State** MI **ZIP** 48167  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

<b>1</b> Wages, tips, other comp . . . . .	70,865.	<b>2</b> Federal tax withheld . . . . .	10,855.
<b>3</b> Social security wages . . . . .	12,836.	<b>4</b> Social sec tax withheld . . . . .	796.
<b>5</b> Medicare wages and tips . . . . .	12,836.	<b>6</b> Medicare tax withheld . . . . .	186.
<b>7</b> Social security tips . . . . .	_____	<b>8</b> Allocated tips . . . . .	_____

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MI	65-1218462	70,865.	3,012.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

<b>9</b> Verification Code . . . . .	_____	<b>9</b> 736c-ac93-5a2c-04e4
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . .	<input type="checkbox"/>	<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .	_____	<b>11</b> _____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	_____	<b>11</b> _____

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

Keep for your records

BALA CHANDU MEDASANI	760-25-1883 Page 2
<b>Employer Name . . . .</b> RELIABLE SOFTWARE RESOURCES INC	

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

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

**Part IV Substitute Form W-2**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**Part V Inmate In a Penal Institution**

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

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

**13 c**  Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

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

Employee's SSN. . . . . 760-25-1883

First name M.I. Last name Suff.

BALA CHANDU MEDASANI

Address City St ZIP code

2740 INTERNATIONAL DRIVE, Apt. 723C YPSILANTI MI 48197

Foreign Province/County Foreign Postal Code

Foreign Country



# Healthcare Entry Sheet

**2017**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

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

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

			<i>Short Gap Eligible*</i>												
			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. . . . . ▶ \_\_\_\_\_

# Interest and Dividends Summary

2017

▶ Keep for your records

Name(s) Shown on Return  
BALA CHANDU MEDASANI

Social Security Number  
760-25-1883

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . . . .				
2 From Schedule B, Part I . . . . .	29 .			
3 From Schedule B, Part II . . . . .				
4 From K-1 Worksheets . . . . .				
5 Exempt-int.divs (net of adj.) . . . . .				
6 From Forms 6252 . . . . .				
7 From Forms 8814 . . . . .				
8 <b>Subtotal</b> . . . . .	29 .			
<b>Less Adjustments:</b>				
9 U.S. savings bond interest previously reported . . . . .				
10 Nominee distribution . . . . .				
11 OID adjustment . . . . .				
12 ABP adjustment . . . . .				
13 Accrued interest . . . . .				
14 Other adjustment . . . . .				
15 Series EE & I bond exclusion . . . . .				
16 <b>Total Adjustments</b> . . . . .				
17 Total to Schedule B, line 2 ▶	29 .			
18 Total to Form 1040, line 8b ▶				
19 Total U.S. govt. interest . . . ▶				
20 Total to Form 6251, line 12 ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B . . . . .				
2 From K-1 Worksheets . . . . .				
<b>Subtotal</b> . . . . .				
<b>Less Adjustments:</b>				
4 Nominee distribution . . . . .				
5 Other adjustment . . . . .				
6 <b>Total Adjustments</b> . . . . .				
7 Total to Schedule B, line 6 ▶				
8 Total qualified dividends. . . ▶				
9 Total capital gains . . . . . ▶				
10 Total nontaxable dividends . ▶				

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B . . . . .				
<b>Less Adjustments:</b>				
2 Nominee distribution . . . . .				
3 Other adjustment . . . . .				
4 <b>Total Adjustments</b> . . . . .				
5 Total to Schedule D . . . . . ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B . . . . .		
<b>Less Adjustments:</b>		
2 Nominee distribution . . . . .		
3 Other adjustment . . . . .		
4 <b>Total Adjustments</b> . . . . .		
5 Total to Schedule D . . . . . ▶		

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>BALA CHANDU MEDASANI</b>	Social Security Number <b>760-25-1883</b>
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			10,855.	3,012.	
11	Forms W-2G . . . . .					
12	Forms 1099-R . . . . .					
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .					
14	Schedules K-1 . . . . .					
15	Forms 1099-INT, DIV and OID . . . . .					
16	Social Security and Railroad Benefits . . . . .					
17	Form 1099-B . . . . .	St	Loc			
18 a	Other withholding . . . .	St	Loc			
b	Other withholding . . . .	St	Loc			
c	Other withholding . . . .	St	Loc			
d	Additional Medicare Tax . . . . .					
19	<b>Total Withholding</b> Lines 10 through 18d . . . . .			10,855.	3,012.	
20	<b>Total Tax Payments for 2017</b> . . . . .			10,855.	3,012.	

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return BALA CHANDU MEDASANI	Social Security Number 760-25-1883
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

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

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	70,865.	_____	70,865.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	70,865.	_____	70,865.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	70,865.	_____	70,865.
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 . . . . .	70,865.	_____	70,865.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	70,865.	_____	70,865.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received. . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	70,865.	_____	70,865.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	70,865.	_____	70,865.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	70,865.	_____	70,865.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return BALA CHANDU MEDASANI	Social Security Number 760-25-1883
---	---------------------------------------

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		17,094.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		69,294.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		7,783.
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  
BALA CHANDU MEDASANI

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	70,865.
Interest and dividend income . . . . .	29.
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>70,894.</b>

**Adjustments to Income** . . . . . 1,600.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 69,294.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	3,012.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	14,082.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>17,094.</b>
Standard deduction . . . . .	_____
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 48,150.

Income tax . . . . .	7,783.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>7,783.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 7,783.

Withholding . . . . .	10,855.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>10,855.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 3,072.

**Refund** . . . . . 3,072.

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

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

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	11.23 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>7,783.</u>
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>7,783.</u>





SMART WORKSHEET FOR: Form 3903 : Moving Expenses

<b>Travel Expenses Smart Worksheet</b>	
Enter your travel expenses:	
<b>A</b> Travel and lodging expenses for this move (excluding auto expenses) . . . . .	<u>600.</u>
<b>B</b> Parking fees and tolls . . . . .	<u>          </u>
<b>C</b> Gasoline and oil . . . . .	<u>          </u>
<b>D</b> Miles driven traveling to new home . . . . .	<u>          </u>

# 2017 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 17, 2018.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name <b>BALA CHANDU</b>	M.I.	Last Name <b>MEDASANI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>760 — 25 — 1883</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>
Home Address (Number, Street, or P.O. Box) <b>2740 INTERNATIONAL DRIVE, APT. 723C</b>			4. School District Code (5 digits – see page 60) <b>81020</b>
City or Town <b>YPSILANTI</b>	State <b>MI</b>	ZIP Code <b>48197</b>	

<b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <table style="margin-left: 20px;"> <tr> <td>a.</td> <td><input type="checkbox"/></td> <td>Filer</td> </tr> <tr> <td>b.</td> <td><input type="checkbox"/></td> <td>Spouse</td> </tr> </table>	a.	<input type="checkbox"/>	Filer	b.	<input type="checkbox"/>	Spouse	<b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.
a.	<input type="checkbox"/>	Filer					
b.	<input type="checkbox"/>	Spouse					

<b>7. 2017 FILING STATUS.</b> Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="margin-left: 20px;">                     * If you check box "c," complete line 3 and enter spouse's full name below:  <input style="width: 200px; height: 20px;" type="text"/> </div>	<b>8. 2017 RESIDENCY STATUS.</b> Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * <div style="margin-left: 20px;">                     * If you check box "b" or "c," you must complete and include Schedule NR.                 </div>
---	--

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	<input style="width: 30px; text-align: center;" type="text" value="1"/>	x	\$4,000	9a.	4000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.	<input style="width: 30px;" type="text"/>	x	\$2,600	9b.		00
c. Number of qualified disabled veterans .....	9c.	<input style="width: 30px;" type="text"/>	x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above .....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....	9e.				9e.	4000	00
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					69294	00
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11.						00
<b>12. Total.</b> Add lines 10 and 11 .....	12.					69294	00
<b>13. Subtractions from Schedule 1, line 27. Include Schedule 1</b> .....	13.						00
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14.					69294	00
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.					4000	00
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.					65294	00
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17.					2775	00

**NON-REFUNDABLE CREDITS**

		AMOUNT		CREDIT	
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<input style="width: 100px;" type="text"/>		18b.	<input style="width: 100px;" type="text"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<input style="width: 100px;" type="text"/>		19b.	<input style="width: 100px;" type="text"/>
<b>20. Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....	20.			20.	2775

Filer's Full Social Security Number

760 — 25 — 1883

21. Enter amount of Income Tax from line 20.....	21.	2775	00
22. Voluntary Contributions from Form 4642, line 7. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	2775	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 7. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	3012	00
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00
31. <b>2017 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include <b>Schedule AMD (see instructions)</b> .			
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
31c.			00
<b>32. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	3012	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....	33.		00
<b>YOU OWE</b>			
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	237	00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	237	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
111000025	488047933590	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2016, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02090332

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Preparer's Name (print or type)  
APPANA RUPA VENKATA SATYA SAI

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

2530 PEBBLE CREEK LN  
CUMMING GA 30041

By checking this box, I authorize Treasury to discuss my return with my preparer.

646-727-7157

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 33 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

**2017 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name <b>BALA CHANDU</b>	M.I.	Last Name <b>MEDASANI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>760 — 25 — 1883</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		65-1218462	RELIABLE SOFTWARE	70865	00	3012	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
<b>4. SUBTOTAL.</b> Enter total of Table 1, column E. ....						<b>4.</b>	3012 00

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS**

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
<b>5. SUBTOTAL.</b> Enter total of Table 2, column E. ....						<b>5.</b>	00

# Michigan Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name . . . . . MEDASANI  
 First Name . . . . . BALA CHANDU  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 760-25-1883  
 Date of Birth . . . . . 06/09/1992 (mm/dd/yyyy)  
 Age as of 12/31/2017 25  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . SOFTWARE ENGINEER  
 Work Phone . . . . . \_\_\_\_\_  
 Home Phone . . . . . (309) 857-6418

### Spouse:

Last Name . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 12/31/2017 \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Work Phone . . . . . \_\_\_\_\_

Print phone number on city returns  Home  TP work  Spouse work

c/o Name . . . . . \_\_\_\_\_  
 Address . . . . . 2740 INTERNATIONAL DRIVE Apt No. 723C  
 City . . . . . YPSILANTI State . . MI ZIP Code . . . . . 48197  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_  
 School District Code . . . . . ▶ 81020

## Part II – Main Form

<b>Taxpayer</b>	<b>Spouse</b> (if different)	Form MI-1040: Full-Year Resident . . . . . ▶ _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Nonresident . . . . . ▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Part-Year Resident . . . . . ▶ _____

Enter Nonresident and Part-Year Resident allocations on Schedule NR. . . . . ▶ \_\_\_\_\_

Taxpayer residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

Spouse residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

### City Resident Status (complete if filing a city income tax return):

<b>Detroit</b>	Full-year resident	Nonresident	Part-year resident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

### Other cities:

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

**Important:** Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion      • Battle Creek      • Big Rapids      • Flint      • Grand Rapids      • Grayling
- Hamtramck      • Highland Park      • Ionia      • Jackson      • Lansing      • Lapeer
- Muskegon      • Muskegon Heights      • Pontiac      • Portland      • Saginaw      • Springfield
- Walker

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2017 Michigan tax return
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet . . . . . ▶ \_\_\_\_\_

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

Description	Filename

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

EF Status Dates:

Date return was EFiled . . . . . \_\_\_\_\_

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

Date Form MI-1040-V was given to client . . . . . \_\_\_\_\_

QuickZoom to Form MI-8453 Additional Information Smart Worksheet . . . . . ▶ \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund on an amended return.

State Information:

- Yes No
- Use direct deposit for any state tax refund
  - Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

State balance-due amount from this return . . . . . \_\_\_\_\_  
Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

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

Bank Information (State and City):

For any of the above options, fill out information below:  
For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . . . . BANK OF AMERICA

Account type . . . . . Checking  Savings

Routing number . . . . . 111000025

Account number . . . . . 488047933590

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 VIII – Additional Return Information

Exemptions:

Taxpayer

Spouse

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

- Use federal Form 1310 in place of Form MI-1310
- Personal Representative
- Claimant

First Name . . . \_\_\_\_\_ Middle Initial . . . \_\_\_\_\_ Last Name . . . \_\_\_\_\_  
Address . . . . . \_\_\_\_\_  
City . . . . . \_\_\_\_\_ State . . . \_\_\_\_\_ ZIP Code . \_\_\_\_\_

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No

- Does TP want \$3 to go to State Campaign Fund?
- Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1 \_\_\_\_\_

QuickZoom to Firm/Preparer Info . . . . . ► \_\_\_\_\_

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

- self-prepared or
- prepared by a non-paid preparer

Third Party Designee (See Help):

Yes No

- TP authorizes Michigan Department of Treasury to discuss return with preparer (MI-1040 and Detroit returns only)?
- TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
- Preparer is third party designee (CF-1040 only)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) . . . . . \_\_\_\_\_  
Designee's phone number (other than preparer) . . . . . \_\_\_\_\_  
Personal identification number . . . . . \_\_\_\_\_

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 4: Application for extension to file tax returns . . . . . ► \_\_\_\_\_

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns . . . . . ► \_\_\_\_\_

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns . . . . . ► \_\_\_\_\_

Detroit City Extensions:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 5209: Application for extension to file Detroit city tax return . . . . . ► \_\_\_\_\_

Spouse, if Yes No



different   Tax return due date extended?

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

**QuickZoom** to Form 5209: Application for extension to file spouse's **Detroit city** tax return . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form MI-1040: Individual Income Tax Return . . . . . ▶ \_\_\_\_\_

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# Total Household Resources Worksheet

2017

▶ Keep for your records

Name as Shown on Return BALA CHANDU MEDASANI	Social Security Number 760-25-1883
---	---------------------------------------

## Household Income Computation (for full year and part-year residents)

<b>Full year residents:</b> Complete column A only. <b>Part-year residents:</b> Complete columns A and B. <b>QuickZoom</b> to Schedule NR before completing column B . . . ▶ _____	Column A  Total Amount	Column B Received during Michigan residency
<b>1</b> Wages, salaries, tips, sick, strike and SUB pay . . . . . ▶ <b>1</b>	70,865.	
<b>Interest and dividends:</b> <b>2 a</b> Taxable interest and dividend income . . . . . 29. less: interest and dividend income from Schedules K-1 . . . . . <b>b</b> Nontaxable interest . . . . . Interest and dividends (including nontaxable interest) . . . . . ▶ <b>2</b>	29.    29.	
<b>Net business and farm income:</b> <b>3 a</b> U.S. Schedule C income or loss . . . . . <b>b</b> Net farm income or loss . . . . . <b>c</b> Other gains or losses . . . . . <b>d</b> Income from Schedules K-1 . . . . . Net business and farm income . . . . . ▶ <b>3</b>		
<b>Net royalty and rent income:</b> <b>4</b> U.S. Schedule E income (if negative, enter 0). . . . . ▶ <b>4</b>		
<b>Retirement pension and annuity benefits:</b> <b>5 a</b> Pension and IRA distributions . . . . . <b>b</b> Lump-sum distribution . . . . . Name of payer: _____ Retirement pension and annuity benefits . . . . . ▶ <b>5</b>		
<b>Capital gains or (losses):</b> <b>6 a</b> Capital gains less capital losses . . . . . <b>b</b> Excluded gain on sale of residence . . . . . Combine lines 6a and 6b . . . . . ▶ <b>6</b>		
<b>Alimony and other taxable income:</b> <b>7 a</b> Gambling/lottery winnings. . . . . <b>b</b> Prizes and awards from Form 1099-MISC . . . . . <b>c</b> Combine lines 7a and 7b . . . . . <b>d</b> Line 7c minus \$300 . . . . . <b>e</b> Other income from Form 1099-MISC . . . . . <b>f</b> Alimony received. . . . . <b>g</b> Other taxable income . . . . . <b>h</b> Combine lines 7d through 7g . . . . . less: prior year Michigan Property Tax Credit (see tax help) . . . . . Total. Describe: _____ . . . . . ▶ <b>7</b>		
<b>Social security, SSI and railroad retirement benefits:</b> <b>8 a</b> Social security or railroad retirement benefits . . . . . <b>b</b> Less deductions for medicare premiums. . . . . <b>c</b> Supplemental security income . . . . . <b>d</b> Death benefits and amounts received for minor children or other dependent adults who live with you . . . . . Combine lines 8a through 8d . . . . . ▶ <b>8</b>		
<b>9</b> Child support and foster parent payments . . . . . ▶ <b>9</b>		
<b>10</b> Unemployment compensation . . . . . ▶ <b>10</b>		
<b>11</b> Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 . . . . . ▶ <b>11</b>		

<b>Other nontaxable income:</b>			
<b>12 a</b>	Compensation for damages to character or for personal injury or sickness . . . . .		
<b>b</b>	An inheritance or life insurance proceeds (from other than spouse) . . . . .		
<b>c</b>	Death benefits paid by or on behalf of an employer . . . . .		
<b>d</b>	Minister's housing allowance . . . . .		
<b>e</b>	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification . . . . .		
<b>f</b>	Adoption subsidies . . . . .		
<b>g</b>	Combat pay from W-2, box 12 code Q . . . . .		
<b>h</b>	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution . . . . .		
<b>i</b>	Reimbursement from dependent care and/or medical care spending accounts . . . . .		
<b>j</b>	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 . . . . .		
<b>k</b>	Other (see <i>Tax Help</i> ). Enter description: . . . . .		
	Total. Describe: _____ ► <b>12</b>		
<b>13</b>	Workers' compensation, veterans' disability compensation . . . . . ► <b>13</b>		
<b>14</b>	FIP and other MDHHS benefits . . . . . ► <b>14</b>		
<b>15</b>	<b>Subtotal.</b> Add lines 1 through 14. . . . . ► <b>15</b>	70,894.	
<b>Adjustments:</b>			
<b>16 a</b>	IRA deduction . . . . .		
<b>b</b>	Moving expenses . . . . .	1,600.	
<b>c</b>	One half of self-employment tax . . . . .		
<b>d</b>	Self-employment health insurance deduction . . . . .		
<b>e</b>	SEP, SIMPLE or qualified plans . . . . .		
<b>f</b>	Penalty for early withdrawal . . . . .		
<b>g</b>	Alimony paid . . . . .		
<b>h</b>	Student loan interest deduction . . . . .		
<b>i</b>	Health savings account deduction . . . . .		
<b>j</b>	Net operating loss deduction: (1) Federal net operating loss deduction . . . . . (2) Federal modified taxable income (see <i>Help</i> ). . . . . (3) Enter the smaller of (1) or (2). If less than zero, enter -0- . . . . .		
<b>k</b>	Educator expenses . . . . .		
<b>l</b>	Tuition and fees deduction . . . . .		
<b>m</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .		
<b>n</b>	Domestic production activities deduction . . . . .		
<b>o</b>	Archer MSA deduction . . . . .		
<b>p</b>	Jury duty pay given to employer . . . . .		
<b>q</b>	Other adjustments . . . . .		
<b>16</b>	Total adjustments. Describe: <u>Moving expenses</u> . . . . . ► <b>16</b>	1,600.	
<b>17 a</b>	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only) . . . . .		
<b>b</b>	Automobile insurance premiums (medical care portion only) . . . . .		
<b>17</b>	Total medical insurance (line 17a plus line 17b) . . . . . ► <b>17</b>		
<b>18</b>	Add lines 16 and 17 . . . . . ► <b>18</b>	1,600.	
<b>19</b>	<b>Total Household Resources.</b> Subtract line 18 from line 15. . . . . ► <b>19</b>	69,294.	

- QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) . . . . . ► \_\_\_\_\_
- QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) . . . . . ► \_\_\_\_\_
- QuickZoom to Form MI-1040CR7 (Home Heating Credit) . . . . . ► \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name BALA CHANDU MEDASANI	Social Security Number 760-25-1883
------------------------------	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,012.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,012.
15	Date return will be filed and balance paid . . . . .	15	