Form	879
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Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (S	ID)
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	name

Spouse's name	Spouse's social security number
ROHAN K MUKHERJEE	720-34-2486
Taxpayer's name	Social security number

Part	I Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only)		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR,		
	line 37)	1	6,679.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .	2	0.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40;		
	Form 1040EZ, line 7; Form 1040NR, line 62a)	3	1,146.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;		
	Form 1040NR, line 73a)	4	1,146.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	
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Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

×	l authorize GLOBAL TAXES LLC	to enter or generate my	PIN 4 2 4 8 6
	ERO firm name		Enter five digits, but
	as my signature on my tax year 2017 electronically filed income ta	x return.	don't enter all zeros
	I will enter my PIN as my signature on my tax year 2017 electroni entering your own PIN and your return is filed using the Practitione		
Your sig	gnature	Date 🕨	
Spouse	e's PIN: check one box only		
	l authorize	to enter or generate my	PIN
	ERO firm name		Enter five digits, but
	as my signature on my tax year 2017 electronically filed income ta	x return.	don't enter all zeros
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Spouse	's signature ►	Date ►	
	Practitioner PIN Method Returns 0	nly—continue below	
Part II	Certification and Authentication – Practitioner PIN N	lethod Only	
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s	elected PIN. 5 8 7	7 2 7 8
		<u> </u>	Don't enter all zeros
the taxp	that the above numeric entry is my PIN, which is my signature for bayer(s) indicated above. I confirm that I am submitting this return i I and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Ind	n accordance with the rec	quirements of the Practitioner PIN
ERO's s	signature 🕨	Date 🕨	
	ERO Must Retain This Form —		
	Don't Submit This Form to the IRS Un	ess Requested To Do	So

Department of the Treasury-Internal Revenue Service

Form

Income	Тах	Return	for S	ingle	and
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2017

here. 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. 2 Enclose, but do not attach, any payment. 3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). 3 4 Add lines 1, 2, and 3. This is your adjusted gross income. 4 6, 679. 5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(se) below and enter the amount from the worksheet on back. 9 9 You Spouse 5 10, 400. 6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0. 6 0. 7 Federal income tax withheld from Form(s) W-2 and 1099. 7 1, 146. 8a Earned income credit (EIC) (see instructions) No 8a 9 Add lines 7 and 8a. These are your total payments and credits. 9 1, 146. 10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. The netter the tax from the table on this line. 10 0. 11 Health care: individual responsibility (see instructions) Full-year coverage X 11 12 Add lines 10 and 11. This is your total tax. 12 0. 13a If line 9 is	1040EZ	Jo	int Filers With M	No Depende	ents	(99) 2	2017			OMB No. 1	545-0074
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

Tax History Report

► Keep for your records

Name(s) Shown on Return ROHAN K MUKHERJEE

	Five Year Tax History:					
	2013	2014	2015	2016	2017	
Filing status					Single	
Total income					6,679.	
Adjustments to income					_	
Adjusted gross income					6,679.	
Tax expense					_	
Interest expense					_	
Contributions					_	
Miscellaneous deductions					_	
Other Itemized						
Total itemized/ standard deduction					6,350.	
Exemption amount					4,050.	
Taxable income					0.	
Тах					_	
Alternative min tax					_	
Total credits					_	
Other taxes					_	
Payments					1,146.	
Form 2210 penalty					_	
Amount owed					_	
Applied to next year's estimated tax .					_	
Refund					1,146.	
Effective tax rate %					0.00	
**Tax bracket %					10.0	

**Tax bracket % is based on Taxable income.

IRS *e-file* Authentication Statement

Keep for your records

Name(s) Shown on Return	Social Security Number
ROHAN K MUKHERJEE	720-34-2486

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.

B – Signature of Electronic Return Originator

ERO Declaration:

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

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

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)	_
Spouse's PIN (5 numbers)	-
Date	_

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)

Х

Part I – Personal Inf	orma	tion				
Taxpayer: Last name MI First name RC Middle initial K Social security no. 72 Occupation SC Date of birth SC Date of beath Eegally blind Legally blind RC Work phone C Fax number C	DHAN 20 - 34 DFTW2 12/06 29 Dhan 754)7	Suffix	Middle initial Social security Occupation Date of birth Age as of 1-1- Date of death Legally blind E-mail addres Work phone Cell phone	y no.	· · · · · · · · · · · · · · · · · · ·	(mm/dd/yyyy) Ext
Best contact phone num Print phone number on F	ber . Form 1	040 · · · E · · · · · · · · · · · · · · ·	ne Taxpayer o ne Taxpayo	cel: erwo	l phone ork Spou	<u>(754)715-3130</u> se work
US Address: Address: 654 City	eck thi	s box to use foreign a	iddress ► Foreign			Ant no
APO/FPO/DPO address	••□	_ APO FPO	D DPO			
Part II – Federal Filin	ng Sta	atus				
 Taxpay Head of hous If qualifying puchild's First n Child's social Qualifying wic Year spouse If the 'qualifying Child's First n 	separa er did er eligi ehold erson i ame securi died ng pers ame securi	not live with spouse a ble to claim spouse's is child but not depend ty number) 2015 son' is your child but r ty number	exemption (see He dent: Last Na 2016 not your dependent Last Na	ilp) me : me		Suff
First name Last name	<u>MI</u> Suff 	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	AGE E-C	Dependent Identity Protection PIN (see tax help) Lived with Educ taxpyr Tuition in and U.S. Fees	Qualified child and dependent care expenses incurred and paid in 2017 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

Name(s) Shown on Return	Social Security Number
ROHAN K MUKHERJEE	720-34-2486

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.

Taxp	ayer/Spouse does no	ot have a dri	ver's license or state id
Х	Taxpayer	Note:	Alabama does not allow this option
	Spouse		
Тахр	ayer/Spouse did not	provide driv	ver's license or state id information
	Taxpayer	Note:	Alabama, New Mexico, New York and Ohio do not allow this option
	Spouse		

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

State Identification Card Detail

Taxpayer: Issuing state. Identification number. Issue date.	Spouse: Issuing state
Expiration date	Expiration date

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

Additional Verification Information

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

Client Status:

New client

Returning client to same preparer and firm

Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

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2017

Name(s) Shown on Return ROHAN K MUKHERJEE			Social Security Number 720-34-2486
Payment by Check (Form 1040-V) – Feder Date Form 1040-V was given to client			· · · · · · •
Electronic Return Originator Information			
The ERO Information below will automatically ca Federal Information Worksheet.	lculate based o	n the preparer code en	tered on the
Calculates to the EFIN for the ERO that is responsible preparer code. For returns that are marked as a "Self-Prepared" (XSP) can be changed but is reprised for returns that are marked as a "Non-Paid Prepenter a PIN for the ERO that is responsible for fill	"Non-Paid Prep quired parer" (XNP) or	parer" (XNP) or 	
ERO Name		ERO Electronic Filers Ide	entification Number (EFIN)
GLOBAL TAXES LLC ERO Address 2530 Pebble Creek Ln		587278 ERO Employer Identifica 30-1017196	tion Number
- ,	ZIP Code	ERO Social Security Nur	nber or PTIN
Cumming GA	30041		
Paid Preparer Information			
Firm Name GLOBAL TAXES LLC Name APPANA RUPA VENKATA SATYA SAI MAN	IT KIIMAR	Social Security Number of P02090332 Employer Identification N 30-1017196	
Address	<u>iii itoinnt</u>	Phone Number	Fax Number
2530 Pebble Creek Ln	710.0.1	(678)965-9729	
City State 2 Cumming GA	ZIP Code 30041		
Country		E-mail Address kumar@gtaxfile.	com
Non Paid Preparer Information			
If the return was prepared or reviewed through a taxpayer, or was prepared by another person wh following boxes that applies to this return.			
IRS-reviewed			
Amended Returns			

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

State/City *
New York Vermont

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.
Enter an 'in care of addressee' if applicable
Name of personal representative for deceased returns
If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No
Check this box if your client is in the U.S. Armed Forces with a stateside address
Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. Iraqi Freedom
Desert Storm Haiti Former Yugoslavia UN Operation Joint Guard Joint Forge Northern Watch
Operation Allied Force Northern Forge Combat Zone

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

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

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848. Power of Attorney and Declaration of Representative Form 3468, Historic Structure Certificate Form 3468, Historic Structure Certificate Form 4136, Credit for Federal Tax Paid on Fuels Form 4136, Credit for Federal Tax Paid on Fuels Form 4136, Credit for Federal Tax Paid on Fuels Form 8283, Noncash Charitable Contributions (Declaration of Appraiser) Form 7098-C, Contributions of Motor Vehicles, Boats and Airplanes Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc Form 8885, Health Coverage Tax Credit Form 8949. Sales and Other Disp of Capital Assets.(or a stmt w/the same information) Form 3115, Change in Accounting Method		
These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es).	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report		
Form 8858, Foreign Disregarded Entities.		

Name(s) Shown on Return ROHAN K MUKHERJEE Social Security Number 720-34-2486

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
TATA CONSULTANCY SERVICES LIMITED		6,679.	1,146.		
·					
Totals		6,679.	1,146.		

Form W-2 Summary

Box No	o. Description	Taxpayer	Spouse	Total
1 Tota	Il wages, tips and compensation:			
	n-statutory & statutory wages not on Sch C	6,679.		6,679.
Sta	atutory wages reported on Schedule C			
Fo	reign wages included in total wages			
Un	reported tips	0.		0.
2	Total federal tax withheld	1,146.		1,146.
3&7	Total social security wages/tips	6,679.		6,679.
4	Total social security tax withheld	414.		414.
5	Total Medicare wages and tips	6,679.		6,679.
6	Total Medicare tax withheld	97.		97.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
С	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
С	Roth contrib. to 401(k), 403(b), 457(b) plans.			
d	Deferrals to government 457 plans			
е	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
ĥ	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
I	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
С	Total deductible employee expenses			
d	Total RR Compensation			
е	Total RR Tier 1 tax			-
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			-
ĥ	Total RR Additional Medicare tax			-
i				
j	Total other items from box 14	-		- [
16	Total state wages and tips			-
17	Total state tax withheld			
19	Total local tax withheld.			· [

Form 1040

Form W-2 Worksheet ► Keep for your records 2017

Name as show ROHAN K M					Social Sec 720-34	curity Number -2486
	Employer Street Address o City . <u>Edison</u> Foreign Province Foreign Postal C	EIN 98-04 Name TATA Name (cont.)	CONSULTANCY HORNALL STF State <u>NJ</u>	REET ZIP <u>08837</u>	IMITED	
Autom		e lines 3 through 6 and leferred compensatior	l line 16.	ot transfer this N es 3 through 6 au		-
5 Medicare 7 Social se 13 b Re Fo	e wages and tips ecurity tips tirement plan	<u>6 , 67</u> <u>6 , 67</u> <u>6 , 67</u> <u>6 , 67</u> <u>6 , 67</u> <u>6 , 67</u> <u>6 , 67</u>	9. 4 Socia 9. 6 Medi 8 Alloc	al sec tax withheld care tax withheld ated tips	d	97.
Box 12 Code	Box 12 Amount	M: Enter am P: Double o R: Enter MS W: Enter HS	iount attributable iount attributable lick to link to Fo SA contribution for SA contribution for	e to RRTA Tier 2 rm 3903, line 4 or Taxpayer Spouse or Taxpayer	tax	
Box 15 State	Emp	loyer's state I.D. no.	State v	Box 16 wages, tips, etc.	_	ncome tax
I confirm th		nolding identification n				
	Box 20 Locality name	• Loca	Box 18 Il wages, tips, et	tc. Local inco		Associated State
10 Depend Depend 11 Distribu	dent care benefits dent care benefits utions from Sectio	Check if employer fu - Amount forfeited fro n 457 and other nonqu d Tax Credit, or IRAs.)	m flexible spend ualified plans (S	ling account	9 10 11	
	ption or Code ual Form W-2	Amount	(Identify this	s Identification of D s item by selecting t own list. If not on th	the identifica	tion from

Form 1040

Form W-2 Worksheet Additional Information ► Keep for your records

ROHAN K MUKHERJEE	720-3	4-2486	Page 2			
Employer Name TATA CONSULTANCY SERVICES LIMITED						
Part I Statutory employees	I					
 A Box 13a. Statutory employee B Deducting expenses in connection with this income C If deducting expenses, double click to link to Schedule C	с					
Part II Clergy, church employees, members of recognized religious sects						
Clergy only: D Designated housing or parsonage allowance	DE					
Part III Unreported Tip Income						
H 1 Tips \$20 or more in a month which were not reported to employer H1 2 Tips less than \$20 in a month which were not required to be reported H2 3 Value of non-cash tips, such as tickets or passes, not reported H3 4 Actual amount of allocated tips if different than the amount in box 8 H4 5 Tips paid out through a tip-sharing arrangement H4 6 Employer is a federal, state, or local government and tips are only subject to Medicare tax H1						
Part IV Substitute Form W-2						
I 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 c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	7 of Forr	m 4852?"				
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 He	lp)					
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						
First nameM.I. Last nameSuff.ROHANKMUKHERJEE						
Address City 6540 NE 18th AVE FORT LAUDERDALE		St ZIP cod L 33334				
Foreign Province/County Foreign Postal Code Foreign Country						

Healthcare Entry Sheet

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

Х

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

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

				Shor Eligil Yes												
	a. Name of covered	individual(s)	Covered all													
	b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1				Sho	rt gap	:	Yes		No							
2				Sho	rt gap	:	Yes		No							
_																
3			_	Sho	rt gap		Yes		No							
4				Sho	rt gap		Yes		No							
5				<u>Sh</u> o	r <u>t ga</u> p		Yes		No							
6				Sho	rt gap	:	Yes		No							

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

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

Tax Payments Worksheet

Keep for your records

2017

Name(s) Shown on Return ROHAN K MUKHERJEE

24

Other (amended returns, installment payments, etc) . .

Social Security Number 720-34-2486

Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

	Fee	deral	State				Local				
	Date	Amount	Date	Am	ount	ID	Dat	e	Amount	ID	
	04/18/17 06/15/17 09/15/17 01/16/18 Unit Estimated		 	<u>17</u> <u>17</u>			04/18 06/19 09/19	5/17 5/17			
	-	D ther Than With s, see Tax Help)	holding	Federal		Sta	ate	ID	Local	ID	
6 7 8 9	Credited by Totals Line 2017 extens	nts applied to 20 estates and trust es 1 through 7 . ions	s								
Taxes Withheld From: 10 Forms W-2				<u>1,14</u> <u>1,14</u> <u>1,14</u>	6.	State					
		s or localities, see				Sta	ate	ID	Local	ID	
22	21 Tax paid with 2016 extensions						_				

Earned Income Worksheet

2017

Keep for your records

	Name(s) Shown on ReturnSocial SecROHAN K MUKHERJEE720-34-						
Part	I – Earned Income Credit Wks Computation	Taxpayer	Sp	ouse	Total		
1 b c d e 2 a b c 3	Optional Method and Church Employee income Add lines 1a and 1b One-half of self-employment tax Subtract line 1d from line 1c If not required to file Schedule SE: Net farm profit or (loss) Net nonfarm profit or (loss) Add lines 2a and 2b If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ						
4	Add lines 1e, 2c and 3. To EIC Wks, line 5						

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 6	Net self-employment earnings (line 4 above) Wages, salaries, and tips less distributions			
7 0	from nonqualified or section 457 plans, etc Taxable employer-provided adoption benefits	6,679.		6,679.
	Foreign earned income exclusion			
8	Add lines 5 through 7b. To Form 2441, lines 19			
	and 20	6,679.		6,679.
9 a	Taxable dependent care benefits			
b	Nontaxable combat pay			
10	Add lines 8, 9a & 9b . To Form 2441, lines			
	4 and 5	6,679.		6,679.
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	6,679.		6,679.

Part III – IRA Deduction Worksheet Computation

15 16 17 18	Net self-employment income or (loss) Wages, salaries, tips, etc Net self-employment loss Alimony received	6,679.	 6,679.
19 20 21 22	Nontaxable combat pay Foreign earned income exclusion Keogh, SEP or SIMPLE deduction Combine lines 15 through 21. To IRA Wks, In 2		 6,679.

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

23 24	Self-employed, church and statutory employees . Wages, salaries, tips, etc	6,679.	 6,679.
25	Nontaxable combat pay		
26	Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2	6,679.	 6,679.

Federal Carryover Worksheet

Keep for your records

Name(s) Shown on Return	Social Security Number
ROHAN K MUKHERJEE	720-34-2486

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 State Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Extension Information

(a)	(b)
Locality	Paid With Extension

2016 Locality Estimates Information

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

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 Locality Refund Applied Information

(a)	(g)
Locality	Applied Amount

2016 Locality Tax Refund Information

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

Federal Carryover Worksheet page 2

ROHAN K MUKHERJEE

720-34-2486

Oth	Other Tax and Income Information		2016	2017	
1	Filing status			<u>1</u> Single	
2	Number of exemptions for blind or over 65 (0 - 4)	2 3		0.	
3 4	Check box if required to itemize deductions	4			
5	Adjusted gross income	5		6,679	
6	Tax liability for Form 2210 or Form 2210-F	6		0.	
7	Alternative minimum tax	7			
8	Federal overpayment applied to next year estimated tax	8			

QuickZoom to the IRA Information Worksheet for IRA information

Excess Contributions			2016	2017
 9 a Taxpayer's excess Archer MSA contributions as b Spouse's excess Archer MSA contributions as of 10 a Taxpayer's excess Coverdell ESA contributions b Spouse's excess Coverdell ESA contributions as 11 a Taxpayer's excess HSA contributions as of 12/3 b Spouse's excess HSA contributions as of 12/31 	of 12/31 as of 12/31 s of 12/31 31	9 a b 10 a b 11 a b		
Loss and Expense Carryovers Note: Enter all entries as a positive amount			2016	2017
 12 a Short-term capital loss. b AMT Short-term capital loss 13 a Long-term capital loss b AMT Long-term capital loss c AMT Long-term capital loss d Net operating loss available to carry forward b AMT Net operating loss available to carry forward 15 a Investment interest expense disallowed c b AMT Investment interest expense disallowed d Nonrecaptured net Section 1231 losses from: 	a 2017 b 2016 c 2015 d 2014 f 2012	12 a b 13 a b 14 a b 15 a b d f f d f		

Name(s) Shown on Return

2017

Gross Income Wages and salaries Interest and dividend income Business income (loss) Capital gains (losses) Pensions and annuities Rents, royalties, partnerships, etc Farm income (loss) Social security benefits Other income Total Gross Income Adjustments to Income Adjusted Gross Income Itemized/Standard Deductions Medical and dental Taxes Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized Deductions	
Wages and salaries Interest and dividend income Business income (loss) Capital gains (losses) Capital gains (losses) Pensions and annuities Pensions and annuities Pensions and annuities Rents, royalties, partnerships, etc Farm income (loss) Social security benefits Social security benefits Other income Total Gross Income Adjusted Gross Income (Last year's AGI) Itemized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	
Interest and dividend income Business income (loss) Capital gains (losses) Pensions and annuities Rents, royalties, partnerships, etc Farm income (loss) Social security benefits Other income Total Gross Income Adjusted Gross Income Adjusted Gross Income Itemized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	
Business income (loss) Capital gains (losses) Capital gains (losses) Pensions and annuities Pensions and annuities Rents, royalties, partnerships, etc Farm income (loss) Social security benefits Social security benefits Other income Total Gross Income Total Gross Income Adjusted Gross Income (Last year's AGI) Itemized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	
Capital gains (losses)	
Pensions and annuities Rents, royalties, partnerships, etc Farm income (loss) Social security benefits Social security benefits Other income Other income Total Gross Income Adjustments to Income (Last year's AGI) Adjusted Gross Income Interest Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions Phaseout of itemized deductions	
Rents, royalties, partnerships, etc Farm income (loss) Farm income (loss) Social security benefits Social security benefits Other income Other income Total Gross Income Adjustments to Income (Last year's AGI) Adjusted Gross Income (Last year's AGI) temized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	
Farm income (loss) Social security benefits Social security benefits Other income Other income Total Gross Income Adjustments to Income (Last year's AGI) Adjusted Gross Income (Last year's AGI) Adjusted Gross Income Itemized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions Phaseout of itemized deductions	
Social security benefits Other income Other income Total Gross Income Adjustments to Income (Last year's AGI) Adjusted Gross Income (Last year's AGI) Adjusted Gross Income Itemized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions Phaseout of itemized deductions	6,679 6,679 6,679
Social security benefits Other income Other income Total Gross Income Adjustments to Income (Last year's AGI) Adjusted Gross Income (Last year's AGI) Adjusted Gross Income Itemized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions Phaseout of itemized deductions	6,679 6,679 6,679
Other income Total Gross Income Adjustments to Income. Adjusted Gross Income Adjusted Gross Income (Last year's AGI). temized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	6,679 6,679 6,679 6,679
Adjustments to Income	
Adjusted Gross Income	· · · · · 6 , 679
Adjusted Gross Income	<u> </u>
temized/Standard Deductions Medical and dental Taxes Interest Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	· · · · · · · · · · · · · · · · · · ·
Medical and dental Taxes Taxes Interest Interest Contributions Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	· · · · · · · · · · · · · · · · · · ·
Taxes Interest Interest Contributions Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	· · · · · · · · · · · · · · · · · · ·
Taxes Interest Interest Contributions Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	· · · · · · · · · · · · · · · · · · ·
Interest Contributions Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	· · · · · · · · · · · · · · · · · · ·
Contributions Casualty or theft loss(es) Miscellaneous Phaseout of itemized deductions	· · · · · · · · · · · · · · · · · · ·
Casualty or theft loss(es)	
Miscellaneous	· · · · · · · · · · · · · · · · · · ·
Phaseout of itemized deductions	
Total Itemized Deductions	
Lotal Itemized Deductions	· · · · · · · · · · · · · · · · · · ·
Standard deduction	
Exemption amount	
Faxable Income	
Income tax	
Alternative minimum tax	
Total Taxes before Credits	
Nonbusiness credits	· · · · · · · · · · · · · · · · · · ·
Business credits	· · · · · · · · · · · · · · · · · · ·
Total Credits	· · · · · · · · · · · · · · · · · · ·
Self-employment tax	· · · · · · · · · · · · · · · · · · ·
Other taxes	· · · · · · · · · · · · · · · · · · ·
Fotal Tax	
Withholding	1 14
Estimated tax payments	
Other payments	
Total Payments	
Estimated tax penalty	· · · · · · · · · · · · · · · · · · ·
Refund applied to next year's estimated tax	· · · · · · · · · · · · · · · · · · ·
Amount Overpaid	
Refund	
Amount Applied to Estimate.	· · · · · · · · · · · · · · · · · · ·
Amount Due	

Tax bracket	10.0%
Effective tax rate	0.00 %