

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

2017 California e-file Return Authorization for Individuals

8453

Your first name and initial SREE NIHARIKA		Last name RAVILLA		Suffix	Your SSN or ITIN 701-42-5988
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 503 PLAZA DR			Apt. no. /ste. no.	PMB/private mailbox	Daytime telephone number
City WOODBIDGE				State NJ	ZIP code 07095
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. **1** 13,142.

2 Refund or no amount due. See instructions **2** 590.

3 Amount you owe. See instructions **3** _____

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

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

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

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

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

8 Amount of refund to be directly deposited to account below 590. 12 The remaining amount of my refund for direct deposit _____

9 Routing number 021000322 13 Routing number _____

10 Account number 483062327733 14 Account number _____

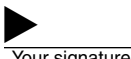
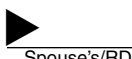
11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

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


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

Sign Here


 Your signature _____ Date _____
  Spouse's/RDP's signature. If filing jointly, both must sign. Date _____
It is unlawful to forge a spouse's/RDP's signature.

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

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

ERO Must Sign	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
		<u>06/14/2018</u>			
	Firm's name (or yours if self-employed) and address	FEIN			
	<u>GLOBAL TAXES LLC</u> <u>2530 PEBBLE CREEK LN CUMMING GA</u>	<u>30-1017196</u>			ZIP code <u>30041</u>

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

Paid Preparer Must Sign	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
		<u>06/14/2018</u>		<u>P02090332</u>	
	Firm's name (or yours if self-employed) and address	FEIN			
	<u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u> <u>2530 PEBBLE CREEK LN CUMMING GA</u>	<u>30-1017196</u>			ZIP code <u>30041</u>

APE

701-42-5988 RAVI SREENIHARIK RAVILLA

17

A R RP

503 PLAZA DR WOODBRIDGE NJ 07095

07-28-1993

- 1 [X] Single 4 [] Head of household (with qualifying person). See instructions. 2 [] Married/RDP filing jointly. See inst. 5 [] Qualifying widow(er) with dependent child. Enter year spouse/RDP died 3 [] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

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

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

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

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

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 [] X \$353 = \$

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

12 Total California wages from your Form(s) W-2, box 16 12 13142 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 13142 00

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 13142 00

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

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 13142 00

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

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 8906 00

Total Taxable Income

Exemptions

Filing Status

Your name: RAVILLA

Your SSN or ITIN: 701-42-5988

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 _____ 96 00
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. ● 32 _____ 13142 00
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 ● 35 _____ 8906 00
	36 CA Tax Rate. Divide line 31 by line 19 ● 36 <u>0</u> <u>0</u> <u>1</u> <u>0</u> <u>8</u>
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. ● 37 _____ 96 00
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● 38 <u>1</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions. ● 39 _____ 114 00
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ● 40 _____ 0 00
41 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● 41 _____ 00	
42 Add line 40 and line 41. ● 42 _____ 0 00	

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

Other Taxes	71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 _____ 00
	72 Mental Health Services Tax. See instructions. ● 72 _____ 00
	73 Other taxes and credit recapture. See instructions. ● 73 _____ 00
	74 Add line 63, line 71, line 72, and line 73. This is your total tax. ● 74 _____ 0 00

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

Overpaid Tax/Tax Due	101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 ● 101 _____ 590 00
	102 Amount of line 101 you want applied to your 2018 estimated tax. ● 102 _____ 00
	103 Overpaid tax available this year. Subtract line 102 from line 101. ● 103 _____ 590 00
	104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74. ● 104 _____ 00



Contributions

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

Your name: RAVILLA Your SSN or ITIN: 701-42-5988

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **121** **00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

122 Interest, late return penalties, and late payment penalties. **122** **00**
123 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** . ● **123** **00**
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124** **00**

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **125** **5 9 0 .00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Checking
 Savings
0 2 1 0 0 0 3 2 2 4 8 3 0 6 2 3 2 7 7 3 3 **5 9 0 .00**
● Routing number ● Type ● Account number ● **126** Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Checking
 Savings
..... **00**
● Routing number ● Type ● Account number ● **127** Direct deposit amount

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature _____ Date _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____
X _____ X _____

Your email address. Enter only one email address. Preferred phone number _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.
Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)
APPANA RUPA VENKATA SATYA SAI MANI KUMAR
Firm's name (or yours, if self-employed) ● PTIN
GLOBAL TAXES LLC P 0 2 0 9 0 3 3 2
Firm's address ● FEIN
2530 PEBBLE CREEK LN CUMMING GA 30041 3 0 1 0 1 7 1 9 6
Do you want to allow another person to discuss this tax return with us? See instructions. . . . ● Yes No
Print Third Party Designee's Name Telephone Number

2017 California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return: S R E E, N I H A R I K A, R A V I L L A
SSN or ITIN: 7 0 1 4 2 5 9 8 8

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

During 2017:

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

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information with state codes (NJ, N) and checkboxes.

Part II Income Adjustment Schedule

Section A — Income

Main table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows 7-22 detailing income items like wages, interest, dividends, etc.

Income Adjustment Schedule	A	B	C	D	E
Section B — Adjustments to Income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Side 1, line 22a, col. A through col. E. 22b	<input checked="" type="radio"/> 13,142.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 13,142.	<input checked="" type="radio"/> 13,142.
23 Educator expenses. 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses. 26	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> - - - - - Last name <input checked="" type="radio"/> . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Tuition and fees 34	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
35 Domestic production activities deduction . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36 Add line 23 through line 35 in each column, A through E 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22b in each column, A through E. See instructions. 37	<input checked="" type="radio"/> 13,142.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 13,142.	<input checked="" type="radio"/> 13,142.

Part III Adjustments to Federal Itemized Deductions

38 Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) <input checked="" type="radio"/> 38	708.
39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. <input checked="" type="radio"/> 39	708.
40 Subtract line 39 from line 38 <input checked="" type="radio"/> 40	0.
41 Other adjustments including California lottery losses. See instructions. Specify <input checked="" type="radio"/> 41	
42 Combine line 40 and line 41 <input checked="" type="radio"/> 42	0.
43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?	
Single or married/RDP filing separately \$187,203	
Head of household \$280,808	
Married/RDP filing jointly or qualifying widow(er) \$374,411	
No. Transfer the amount on line 42 to line 43.	
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 <input checked="" type="radio"/> 43	0.
44 Enter the larger of the amount on line 43 or your standard deduction. See instructions <input checked="" type="radio"/> 44	4,236.

Part IV California Taxable Income

45 California AGI. Enter your California AGI from line 37, column E <input checked="" type="radio"/> 45	13,142.
46 Enter your deductions from line 44 <input checked="" type="radio"/> 46	4,236.
47 Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- <input checked="" type="radio"/> 47	1.0000
48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 <input checked="" type="radio"/> 48	4,236.
49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- <input checked="" type="radio"/> 49	8,906.

California Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name: RAVILLA
First Name: SREE NIHARIKA
Middle Initial: Suffix
Social Security No.: 701-42-5988
Date of Birth: 07/28/1993
Date of Death: 24
Legally blind:
Work Phone: Ext
Home phone:

Spouse/RDP:

Last name (if different)
First Name
Middle Initial: Suffix
Social Security No.
Date of Birth: (mm/dd/yyyy)
Date of Death: (mm/dd/yyyy)
Legally blind:
Work Phone: Ext

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

c/o Address
Street Address: 503 PLAZA DR
Unit Description: Unit Number Private Mailbox (PMB)
City: WOODBRIDGE State: NJ ZIP Code: 07095
Foreign province/country Foreign postal code
Foreign country

Military Filers:

APO FPO
For Military Extension:
Military indicator: Taxpayer Spouse/RDP

Part II - Main Form

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

Part III - Filing Status

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

Part IV - Dependent Information

Table with 5 columns: First Name, I, Last Name, Social Security Number, Relationship. Multiple rows for dependent information.

Part V – Standard Deduction/Itemized Deductions

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

Part VI – Other Information

Prior Name:

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

Dependent of Someone Else:

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

Interest and Penalties:

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

Farmers and Fishermen:

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

Mandatory Electronic Payments

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

Schedule W-2:

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

Executor/Guardian Information:

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

Third Party Designee:

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

Disasters:

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

Outside of the USA:

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

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

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

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

Description	Filename

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

QuickZoom to Form 8453 Additional Information Smart Worksheet ▶ _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

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

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

Name of Financial Institution (optional) Bank of America
Account type Checking [X] Savings
Routing number 021000322
Account number 483062327733

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

Total refund available 590.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking Savings
Routing number
Account number
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

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

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

International ACH Transactions

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

Part IX – California Contributions

Table with 3 columns: Contribution Number, Contribution Name, and Amount. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, Rare and Endangered Species Preservation Program, etc.

Part X – Preparer Information

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

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

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

Part XI – Extension Status

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

If Yes, enter the extended due date _____

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

File Extension Payment electronically?

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

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

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

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

Enter settlement date to withdraw the extension amount from the account above _____

State balance-due amount paid with this extension (Form 3519) _____

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

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

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>SREE NIHARIKA RAVILLA</u>	Social Security Number <u>701-42-5988</u>
--------------------------------------	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	590.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	590.
15	Date return will be filed and balance paid	15	

California Electronic Filing Information Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>SREE NIHARIKA RAVILLA</u>	Social Security Number <u>701-42-5988</u>
---	--

Electronic Return Originator Information

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

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

Paid Preparer Information

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

Electronic Filing Review Check

		Yes	No
1 If any of the questions below are checked yes, the return may not be filed electronically			
1 Are there more than fifty W-2s, or twenty 1099-Rs?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	▶	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets from your 2017 California Tax Return

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

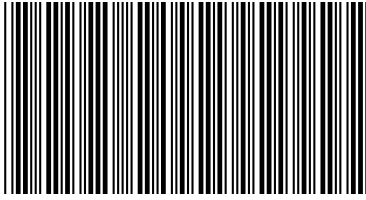
Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form 8453: Form W-2 (Copy 2) _____ _____ _____
D	Retain Form 8453 and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES

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

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

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

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
1	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is not entered <u>13,142.</u>



0130201010

2017 NJ-1040-V PAYMENT VOUCHER

Payment by Credit Card

You may pay your 2017 New Jersey income taxes or make payment of estimated tax for 2018 by credit card by visiting the Division's website at www.nj.gov/treasury/taxation/ and selecting electronic services.

Payment by E-Check

You may pay your 2017 New Jersey income taxes or make a payment of estimated tax for 2018 by e-check. This option is available on the Division's Website at: www.nj.gov/treasury/taxation/ Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2017 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2017 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2018, use separate checks or money orders for each payment. Send your 2018 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax
Resident Payment Voucher
NJ-1040-V

701-42-5988 RAVI
RAVILLA, SREE NIHARIKA
503 PLAZA DR
WOODBIDGE, NJ 07095

1555 2017

Make your check payable to 'State of New Jersey - TGI'.
Write your social security # and tax year on your check.

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 643
Trenton, NJ 08646-0643

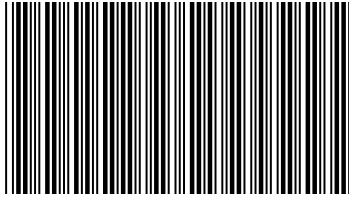
Enter amount of payment here:

170.00



STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

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

RAVILLA SREE NIHARIKA

503 PLAZA DR

WOODBIDGE NJ 07095 1014

1555

701425988

P02090332 301017196

R09177200057931



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

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

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

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

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

> _____
Your Signature Date

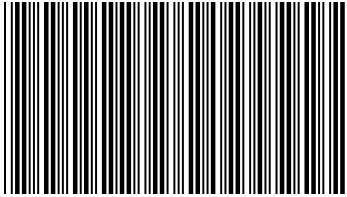
> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

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

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

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



040MP02170

RAVILLA SREE NIHARIKA

701425988

1555

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

FILING STATUS

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

X

EXEMPTIONS

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

1

1

CHECKBOXES FOR EXEMPTIONS

Table with 3 columns: REGULAR, SPOUSE/CU PARTNER, DOMESTIC PARTNER, AGE 65 OR OLDER, YOURSELF, SPOUSE/CU PARTNER, BLIND OR DISABLED, YOURSELF, SPOUSE/CU PARTNER, VETERAN EXEMPTION, YOURSELF, SPOUSE/CU PARTNER

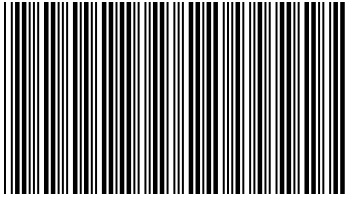
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

GUBERNATORIAL ELECTIONS FUND

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

Main tax schedule table with 36 rows and 3 columns: Description, Line Number, Amount



040MP03170

RAVILLA SREE NIHARIKA

701425988

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	.
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	.
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	.
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	12142 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	170 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	.
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	170 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	170 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	170 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	.
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	.
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	.
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	.
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	170 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	.
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	.
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	.

DIRECT DEPOSIT INFORMATION

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

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name RAVILLA, SREE NIHARIKA	Social security number 701-42-5988
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

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

1 New Jersey Taxable income	1	12,142.
2 Total tax	2	170.
3 New Jersey income tax withheld	3	
4 Refund	4	
5 Amount you owe	5	170.

Part II Declaration and Signature Authorization of Taxpayer

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

Taxpayer's PIN: check one box only

- I authorize _____ to enter my PIN

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

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

(or Civil Union Prtnr's PIN)

- I authorize _____ to enter my PIN

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

 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name
do not 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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

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

do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ 06/14/2018

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

New Jersey Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name RAVILLA
 First Name SREE NIHARIKA
 Middle Initial _____ Suffix _____
 Social Security No. 701-42-5988
 Date of Birth 07/28/93
 Age as of 12/31/2017 24
 Date of Death _____
 Daytime Phone _____ *
 Home Phone _____ *

Spouse:

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

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

c/o (care of) _____
 Street Address 503 PLAZA DR Apt. No _____
 City WOODBIDGE State NJ ZIP Code 07095
 County/Municipality Code (residents only) 1014

- Check this box if taxpayer's name is different on last year's NJ tax return
 Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return ▶ _____
 Form NJ-1040NR: Nonresident Tax Return ▶ _____
 Enter state of residency _____
 Form NJ-1040: Part-Year Resident Tax Return ▶ _____
 Enter dates of New Jersey residency. From _____ To _____
Yes No
 Did you receive any income from New Jersey sources during your period of nonresidence?
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents ▶ _____

Part III – Filing Status

- Single
 Married/Civil Union Couple, filing joint return
 Married/Civil Union Partner, filing separate return
Yes No
 Did the taxpayer maintain the same residence as the spouse?
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28 _____
 Head of household
 Qualifying widow(er)/Surviving Civil Union Partner

Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	
Blind	<input type="checkbox"/>	<input type="checkbox"/>	
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	
Number of qualifying dependent children _____			
Number of other dependents. _____			
Number of dependents attending colleges (must be under age 22) _____			

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled _____
 - 4 Date return was accepted by the state. _____
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

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

Name of Financial Institution (optional) . . . Bank of America

Checking account

Savings account

Routing number 021000322

Account number. 483062327733

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes **No**

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes **No**

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ▶ _____

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Smart Worksheets from your 2017 New Jersey Tax Return

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

Property Tax Information Smart Worksheet F

- 1 Did you live in more than one qualifying New Jersey residence during 2017? Yes No
- 2 Did you share ownership of a principal residence during 2017 with anyone other than your spouse? Yes No
- 3 Did a principal residence you owned during 2017 consist of multiple units? Yes No
- 4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No
- 5 Were you both a homeowner and a tenant during 2017? Yes No

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

QuickZoom to Schedule G-1 _____

A Total property tax paid in 2017 _____

Part-year residents: Enter the amount while a resident of New Jersey _____

B Total rent paid in 2017 _____

Part-year residents: Enter the amount while a resident of New Jersey _____

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?

Answer this question on NJ Information Wks (if Yes, reduce by 50%). Yes No

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