

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 ASHOK		Last name TUNIKIPATI		Suffix	Your SSN or ITIN 162-88-4042
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 1748 KIRTS BLVD		Apt. no./ste. no. APT 204	PMB/private mailbox		Daytime telephone number
City TROY			State MI	ZIP code 48084	
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	21,560.
2 Refund or no amount due. See instructions.	2	1,398.
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 1,398.	12 The remaining amount of my refund for direct deposit _____
9 Routing number 322271724	13 Routing number _____
10 Account number 42016322697	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

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

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

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

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

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

ERO Must Sign	ERO's signature	Date 06/08/2018	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA		FEIN 30-1017196	ZIP code 30041

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

Paid Preparer Must Sign	Paid preparer's signature	Date 06/08/2018	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P02090332
	Firm's name (or yours if self-employed) and address	APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA		FEIN 30-1017196 ZIP code 30041

APE

162-88-4042 TUNI ASHOK TUNIKIPATI

17

A R RP

1748 KIRTS BLVD TROY MI 48084 APT 204

04-06-1989

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

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

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

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [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: First Name, Last Name, SSN, Dependent's relationship to you.

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

11 Exemption amount: Add line 7 through line 10 11 [] X \$114 = \$ 114

12 Total California wages from your Form(s) W-2, box 16 12 21560 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 22580 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 22580 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 22580 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 18344 00

Total Taxable Income

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	284	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	21560	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	17515	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 1 5 5
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	271	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	9 5 4 8
	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	109	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	162	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	162	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	162	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	162	00
Payments	81	California income tax withheld. See instructions	81	1560	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 VPD) 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	1560	00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	1398	00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102	0	00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	1398	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: TUNIKIPATI

Your SSN or ITIN: 162-88-4042

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: TUNIKIPATI Your SSN or ITIN: 162-88-4042

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** 1 3 9 8 . **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
3 2 2 2 7 1 7 2 4 Savings 4 2 0 1 6 3 2 2 6 9 7 1 3 9 8 . **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)

GLOBAL TAXES LLC

Firm's address

2530 PEBBLE CREEK LN CUMMING GA 30041

● PTIN

P 0 2 0 9 0 3 3 2

● FEIN

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

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: A S H O K, T U N I K I P A T I
SSN or ITIN: 1 6 2 8 8 4 0 4 2

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

During 2017:

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

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Section A — Income

Main table for Section A with columns A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows 7-22a detailing various income sources and adjustments.

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.	24,080.			24,080.	21,560.
23	Educator expenses.					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.					
25	Health savings account deduction.					
26	Moving expenses.	1,500.			1,500.	0.
27	Deductible part of self-employment tax.					
28	Self-employed SEP, SIMPLE, and qualified plans.					
29	Self-employed health insurance deduction.					
30	Penalty on early withdrawal of savings.					
31a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ .					
32	IRA deduction.					
33	Student loan interest deduction.					
34	Tuition and fees.					
35	Domestic production activities deduction.					
36	Add line 23 through line 35 in each column, A through E.	1,500.			1,500.	0.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions.	22,580.			22,580.	21,560.

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 type="radio"/> 38	1,861.
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 type="radio"/> 39	1,861.
40	Subtract line 39 from line 38.	<input type="radio"/> 40	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____	<input type="radio"/> 41	
42	Combine line 40 and line 41.	<input 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 type="radio"/> 43	0.
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions.	<input type="radio"/> 44	4,236.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E.	<input type="radio"/> 45	21,560.
46	Enter your deductions from line 44.	<input 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 type="radio"/> 47	0.9548
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47.	<input type="radio"/> 48	4,045.
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 type="radio"/> 49	17,515.

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) CITI BANK
Account type Checking [X] Savings
Routing number 322271724
Account number 42016322697

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

Total refund available 1,398.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional) CITI BANK
Account type Checking [X] Savings
Routing number 322271724
Account number 42016322697
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 ASHOK TUNIKIPATI	Social Security Number 162-88-4042
--------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,560.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,560.
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>ASHOK TUNIKIPATI</u>	Social Security Number <u>162-88-4042</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>1,560.</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>1,560.</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>21,560.</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 ASHOK	M.I.	Last Name TUNIKIPATI	2. Filer's Full Social Security No. (Example: 123-45-6789) 162 — 88 — 4042
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Home Address (Number, Street, or P.O. Box) 1748 KIRTS BLVD, APT. 204			4. School District Code (5 digits – see page 60) 63150
City or Town TROY	State MI	ZIP Code 48084	

<p>5. STATE CAMPAIGN FUND 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.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2017 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p>	<p>8. 2017 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>

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
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					22580	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11	12.					22580	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.					20060	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.					2520	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					446	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.					2074	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.					88	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:50px;" type="text" value="00"/>
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:50px;" type="text" value="00"/>
20. Income Tax. 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.	88 00

Filer's Full Social Security Number

162 — 88 — 4042

21. Enter amount of Income Tax from line 20.....	21.	88	00
22. Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23	24.	88	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	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). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	107	00
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00
31. 2017 AMENDED RETURNS ONLY. Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .			
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
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	107	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"/> 00 and penalty <input type="text"/> <input type="text"/> 00	YOU OWE		
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	19	00
35. Credit Forward. 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.....	REFUND	19	00

DIRECT DEPOSIT

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

a. Routing Transit Number	b. Account Number	c. Type of Account	
322271724	42016322697	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.

Filer's Signature	Date
Spouse's Signature	Date

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

Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
646-727-7157

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

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 Schedule 1 Additions and Subtractions

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: Ø 1 4 7
Include with Form MI-1040.

Attachment 01

Filer's First Name ASHOK	M.I.	Last Name TUNIKIPATI	Filer's Full Social Security No. (Example: 123-45-6789) 162 — 88 — 4042
-----------------------------	------	-------------------------	--

Additions to Income (all entries must be positive numbers)

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797.....	3.		00
4. Losses attributable to other states (see instructions).....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797.....	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11.....	9.	0.	00

**Continue on page 2.
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.**

2017 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name ASHOK	M.I.	Last Name TUNIKIPATI	Filer's Full Social Security No. (Example: 123-45-6789) 162 — 88 — 4042
-----------------------------	------	-------------------------	--

Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	20060	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions)	15.		00
16. Michigan state and local income tax refunds received in 2017 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Michigan Net Operating Loss	21.		00
22. Miscellaneous subtractions (see instructions). Describe:	22.		00

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2017)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2017)	F. Check if SSA Exempt
	1989	28	<input type="checkbox"/>			<input type="checkbox"/>

24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1951, and reached age 67 on or before December 31, 2017. Do not complete lines 25 and 26	24.		00
25. Retirement benefits. Enter amount from line 15, 26, 27 or 28 of Form 4884, <i>Michigan Pension Schedule</i> . Include Form 4884	25.		00
26. Dividend/interest/capital gains deduction for taxpayers 72 years and older . Deduction is limited to \$11,259 for single or married filing separately filers and \$22,518 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13	27.	20060.	00
--	-----	--------	----

2017 MICHIGAN Nonresident and Part-Year Resident 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: 0 1 4 7

Include with Form MI-1040. Read all instructions before completing this form.

Attachment 02

1. Filer's First Name ASHOK	M.I.	Last Name TUNIKIPATI	2. Filer's Full Social Security No. (Example: 123-45-6789) 162 — 88 — 4042
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2017 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2017*

*Dates of Michigan residency in 2017 (Enter dates as MM-DD-YYYY, Example: 04-15-2017)

	FROM:	FILER	SPOUSE
		11 — 12 — 2017	— — 2017
	TO:	12 — 31 — 2017	— — 2017

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	24080 00	2520 00	21560 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11.....	24080 00	2520 00	21560 00
13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe: <u>MOVING EXPENSES</u>	1500 00	0 00	1500 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	22580 00	2520 00	20060 00

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9e		4000	00	
16. Enter Michigan source income from line 14, column B	16.	2520	00	
17. Enter total income from line 14, column A.....	17.	22580	00	
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	11.16	%	
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19.	446	00	

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 ASHOK	M.I.	Last Name TUNIKIPATI	2. Filer's Full Social Security No. (Example: 123-45-6789) 162 — 88 — 4042
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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		20-3772278	GLOBAL ENTERPRIS	2520	00	107	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	107 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
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00

Michigan Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name TUNIKIPATI
 First Name ASHOK
 Middle Initial _____ Suffix _____
 Social Security No. 162-88-4042
 Date of Birth 04/06/1989 (mm/dd/yyyy)
 Age as of 12/31/2017 28
 Date of death _____
 Occupation SOFTWARE ENGINEER
 Work Phone _____
 Home Phone _____

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 1748 KIRTS BLVD Apt No. 204
 City Troy State . . MI ZIP Code 48084
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 63150

Part II – Main Form

<p>Taxpayer</p> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>Spouse (if different)</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Form MI-1040: Full-Year Resident ▶ _____ Form MI-1040: Nonresident ▶ _____ Form MI-1040: Part-Year Resident ▶ _____ Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____</p>
--	--	--

Taxpayer residency dates From 11/12/2017 To 12/31/2017
 Spouse residency dates From _____ To _____

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

Detroit	Full-year resident <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Part-year resident <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) 18,000.
 TP's Prior Year Refund or Tax Due Amount (See Help) 220.
 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 CITI BANK
 Account type Checking Savings
 Routing number 322271724
 Account number 42016322697

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 ▶ _____

QuickZoom to Form MI-1040: Individual Income Tax Return ▶ _____

Total Household Resources Worksheet

2017

▶ Keep for your records

Name as Shown on Return ASHOK TUNIKIPATI	Social Security Number 162-88-4042
---	---------------------------------------

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

Full year residents: Complete column A only. Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ▶ _____	Column A Total Amount	Column B Received during Michigan residency
1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1	24,080.	2,520.
Interest and dividends: 2 a Taxable interest and dividend income less: interest and dividend income from Schedules K-1 b Nontaxable interest Interest and dividends (including nontaxable interest) ▶ 2	_____ _____ _____ _____	_____ _____ _____ _____
Net business and farm income: 3 a U.S. Schedule C income or loss b Net farm income or loss c Other gains or losses d Income from Schedules K-1 Net business and farm income ▶ 3	_____ _____ _____ _____	0.
Net royalty and rent income: 4 U.S. Schedule E income (if negative, enter 0) ▶ 4	_____	_____
Retirement pension and annuity benefits: 5 a Pension and IRA distributions b Lump-sum distribution Name of payer: _____ Retirement pension and annuity benefits ▶ 5	_____ _____ _____	_____ _____ _____
Capital gains or (losses): 6 a Capital gains less capital losses b Excluded gain on sale of residence Combine lines 6a and 6b ▶ 6	_____ _____	_____ _____
Alimony and other taxable income: 7 a Gambling/lottery winnings b Prizes and awards from Form 1099-MISC c Combine lines 7a and 7b d Line 7c minus \$300 e Other income from Form 1099-MISC f Alimony received g Other taxable income h Combine lines 7d through 7g less: prior year Michigan Property Tax Credit (see tax help) Total. Describe: _____ ▶ 7	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
Social security, SSI and railroad retirement benefits: 8 a Social security or railroad retirement benefits b Less deductions for medicare premiums c Supplemental security income d Death benefits and amounts received for minor children or other dependent adults who live with you Combine lines 8a through 8d ▶ 8	_____ _____ _____ _____	_____ _____ _____ _____
9 Child support and foster parent payments ▶ 9	_____	_____
10 Unemployment compensation ▶ 10	_____	_____
11 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 ▶ 11	_____	_____

Other nontaxable income:			
12 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer		
d	Minister's housing allowance		
e	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification		
f	Adoption subsidies		
g	Combat pay from W-2, box 12 code Q		
h	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution		
i	Reimbursement from dependent care and/or medical care spending accounts		
j	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049		
k	Other (see <i>Tax Help</i>). Enter description:		
	Total. Describe: ▶ 12		
13	Workers' compensation, veterans' disability compensation ▶ 13		
14	FIP and other MDHHS benefits ▶ 14		
15	Subtotal. Add lines 1 through 14. ▶ 15	24,080.	2,520.
Adjustments:			
16 a	IRA deduction		
b	Moving expenses	1,500.	0.
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal		
g	Alimony paid		
h	Student loan interest deduction		
i	Health savings account deduction		
j	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-		
k	Educator expenses		
l	Tuition and fees deduction		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
n	Domestic production activities deduction		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
16	Total adjustments. Describe: <u>Moving expenses</u> ▶ 16	1,500.	0.
17 a	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only)		
b	Automobile insurance premiums (medical care portion only)		
17	Total medical insurance (line 17a plus line 17b) ▶ 17		
18	Add lines 16 and 17 ▶ 18	1,500.	0.
19	Total Household Resources. Subtract line 18 from line 15. ▶ 19	22,580.	2,520.

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 ASHOK TUNIKIPATI	Social Security Number 162-88-4042
--------------------------	---------------------------------------

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	107.
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	107.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Michigan Tax Return

SMART WORKSHEET FOR: Form 1040 Schedule 1: Additions and Subtractions

Other States Income Smart Worksheet	
Full year residents:	
A Apportioned income from MI-1040H, line 11	_____
B Business income (including rents and royalties) derived solely in another state	_____
Part-year or nonresidents:	
C Enter the amount of income from Schedule NR, line 14, column C	20,060.

SMART WORKSHEET FOR: Form 1040 Schedule NR: Nonresident and Part-Year Resident Schedule

Income Allocation Smart Worksheet		
	Column A Total Income	Column B Michigan Income
1 Wages, salaries, tips, sick, strike and SUB pay	24,080.	2,520.
2 Interest and dividends from U.S. Schedule B		
3 Business income or loss from U.S. Schedule C		
4 Farm income or loss from U.S. Schedule F		
5 Capital gains/losses from U.S. Schedule D		
6 Income reported on U.S. Schedule E		
7 Pension and IRA distributions		
8 Taxable Social Security benefits		
9 State and local tax refunds		
10 Alimony received		
11 Unemployment compensation		
12 Other gains or losses from U.S. Form 4797		
13 Other income		
14 Total income. Add lines 1 through 13	24,080.	2,520.
15 Educator expenses		
16 Certain business expenses of reservists, performing artists, and fee-basis government officials		
17 IRA deduction		
18 Student loan interest deduction		
19 Tuition and fees deduction		
20 Health savings account deduction		
21 Moving expenses	1,500.	0.
22 One-half of self-employment tax		
23 Self-employment health insurance deduction		
24 Self-Employed SEP, SIMPLE or qualified plans		
25 Penalty for early withdrawal of savings		
26 Alimony paid		
27 Domestic production activities deduction		
28 Archer MSA deduction		
29 Jury duty pay given to employer		
30 Other adjustments to income		
31 Total adjustments. Add lines 15 through 30	1,500.	0.
32 Adjusted gross income. Subtract line 31 from line 14	22,580.	2,520.