

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>BHEEMA R MEKALA</b>	Social security number <b>021-53-2978</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>20,852.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>1,105.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<b>1,777.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>672.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

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

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

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

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

3	2	9	7	8
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

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

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

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

5	8	7	2	7	8					
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Form  
**1040EZ**

**Income Tax Return for Single and Joint Filers With No Dependents** (99)

**2017**

OMB No. 1545-0074

Your first name and initial BHEEMA R	Last name MEKALA	<b>Your social security number</b> 021 53 2978	
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>	
Home address (number and street). If you have a P.O. box, see instructions. 827 PAVONIA AVE		Apt. no.	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). JERSEY CITY NJ 07306			
Foreign country name	Foreign province/state/county	Foreign postal code	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

<b>Income</b>  <b>Attach Form(s) W-2 here.</b>  Enclose, but do not attach, any payment.	<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	20,852.
	<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
	<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	20,852.
	<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if <b>single</b> ; \$20,800 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	10,400.
	<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	10,452.
	<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	1,777.
	<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions) No	<b>8a</b>	
	<b>b</b>	Nontaxable combat pay election. 8b		
	<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	1,777.
	<b>10</b>	<b>Tax</b> . Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	1,105.
	<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>11</b>	
	<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	1,105.
	<b>Refund</b>	<b>13a</b> If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	672.
	▶ <b>b</b> Routing number 0 6 1 0 0 0 0 5 2 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	▶ <b>d</b> Account number 3 3 4 0 4 8 2 6 3 7 2 7			
<b>Amount You Owe</b>	<b>14</b> If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>		

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

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**Sign Here** Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. <input type="checkbox"/>	Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Keep a copy for your records. <input type="checkbox"/>	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 05/22/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196			
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678) 965-9729			

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return  
BHEEMA R MEKALA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					20,852.
Adjustments to income					
Adjusted gross income					20,852.
Tax expense . . . . .					1,058.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					6,350.
Exemption amount . .					4,050.
Taxable income . . . .					10,452.
Tax . . . . .					1,105.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					1,777.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					672.
Effective tax rate % . .					5.30
**Tax bracket % . . . .					15.0

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (BHEEMA R MEKALA) and Social Security Number (021-53-2978)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 32978 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/16/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . MEKALA  
 First name . . . . . BHEEMA R  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 021-53-2978  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 06/27/1983 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 34  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . mekalakushu@gmail.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (404)803-9048  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . \_\_\_\_\_  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . \_\_\_\_\_

**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . \_\_\_\_\_ Taxpayer cell phone (404)803-9048  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 827 PAVONIA AVE Apt no. . . . . \_\_\_\_\_  
 City . . . . . JERSEY CITY State . . . . . NJ ZIP code . . . . . 07306

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

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

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

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

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

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

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

## Identity Verification Worksheet

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return <b>BHEEMA R MEKALA</b>	Social Security Number <b>021-53-2978</b>
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### Driver's License or State Id Information

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

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

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

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

- Taxpayer                      **Note:** Alabama does not allow this option  
 Spouse

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

- Taxpayer                      **Note:** Alabama, New Mexico, New York and Ohio do not allow this option  
 Spouse

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . .

**Note:** Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

### Driver's License Detail

#### Taxpayer:

Issuing state . . . . . GA  
 License number . . . . . 060676551  
 Issue date . . . . . 09/08/2017  
 Expiration date . . . . . 09/08/2017  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
 License number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

### State Identification Card Detail

#### Taxpayer:

Issuing state . . . . . \_\_\_\_\_  
 Identification number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
 Identification number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

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

### Additional Verification Information

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

#### Client Status:

- New client  
 Returning client to same preparer and firm  
 Returning client to same firm

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

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

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

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

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

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

# Electronic Filing Information Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return  
BHEEMA R MEKALA

Social Security Number  
021-53-2978

**Payment by Check (Form 1040-V) – Federal Balance Due**

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

**Electronic Return Originator Information**

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. . . . . ▶ 587278  
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ▶ \_\_\_\_\_

ERO Name <u>GLOBAL TAXES LLC</u>	ERO Electronic Filers Identification Number (EFIN) <u>587278</u>
ERO Address <u>2530 Pebble Creek Ln</u>	ERO Employer Identification Number <u>30-1017196</u>
City <u>Cumming</u>	ERO Social Security Number or PTIN _____
State <u>GA</u>	
ZIP Code <u>30041</u>	
Country _____	

**Paid Preparer Information**

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

**Non Paid Preparer Information**

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed . . . . . ▶

IRS-prepared . . . . . ▶

Prepared by taxpayer or other non-paid preparer . . . . . ▶

**Amended Returns**

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

State/City *	
<input type="checkbox"/>	<u>New York</u>
<input type="checkbox"/>	<u>Vermont</u>
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . . Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
Kosovo Operation
Afghanistan/Enduring Freedom
Desert Storm
Haiti
Former Yugoslavia
UN Operation
Joint Guard
Joint Forge
Northern Watch
Operation Allied Force
Northern Forge
Combat Zone
Deployment Date

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

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

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

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es), Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

Name(s) Shown on Return BHEEMA R MEKALA	Social Security Number 021-53-2978
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SERENITY INFO TECH INC		20,852.	1,777.	20,852.	1,058.
<b>Totals</b> . . . . .		<u>20,852.</u>	<u>1,777.</u>	<u>20,852.</u>	<u>1,058.</u>

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	20,852.		20,852.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	1,777.		1,777.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	20,852.		20,852.
<b>4</b>	Total social security tax withheld . . . . .	1,293.		1,293.
<b>5</b>	Total Medicare wages and tips . . . . .	20,852.		20,852.
<b>6</b>	Total Medicare tax withheld . . . . .	302.		302.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	525.		525.
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	525.		525.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	20,852.		20,852.
<b>17</b>	Total state tax withheld . . . . .	1,058.		1,058.
<b>19</b>	Total local tax withheld. . . . .			

Name as shown on return BHEEMA R MEKALA	Social Security Number 021-53-2978
--	---------------------------------------

**Employer EIN** . . . . . 59-3481002  
**Employer Name** . . . . . SERENITY INFO TECH INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 950 SCALES RD STE 104  
**City** SUWANEE **State** GA **ZIP** 30024  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

<b>1</b> Wages, tips, other comp . . . . .	20,852.	<b>2</b> Federal tax withheld . . . . .	1,777.
<b>3</b> Social security wages . . . . .	20,852.	<b>4</b> Social sec tax withheld . . . . .	1,293.
<b>5</b> Medicare wages and tips . . . . .	20,852.	<b>6</b> Medicare tax withheld . . . . .	302.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	525.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
		M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
GA	2027331-FZ	20,852.	1,058.

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

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

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

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

Keep for your records

BHEEMA R MEKALA

021-53-2978 Page 2

Employer Name . . . . . SERENITY INFO TECH INC

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . .
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference . . . . .

Part V Inmate In a Penal Institution

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

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

13 c [ ] Third-party sick pay
[ ] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[ ] Corrected W-2
[ ] Income from Paid Family Leave
Control number (optional) . . . . .

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

Employee's SSN. . . . . 021-53-2978
First name M.I. Last name Suff.
BHEEMA R MEKALA
Address City St ZIP code
827 PAVONIA AVE JERSEY CITY NJ 07306
Foreign Province/County Foreign Postal Code
Foreign Country

# Healthcare Entry Sheet

**2017**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>BHEEMA R MEKALA</b>	Social Security Number <b>021-53-2978</b>
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			1,777.	1,058.	
11	Forms W-2G . . . . .					
12	Forms 1099-R . . . . .					
13	Forms 1099-MISC, 1099-K and 1099-G . . . . .					
14	Schedules K-1 . . . . .					
15	Forms 1099-INT, DIV and OID . . . . .					
16	Social Security and Railroad Benefits . . . . .					
17	Form 1099-B . . . . .	St	Loc			
18 a	Other withholding . . . . .	St	Loc			
b	Other withholding . . . . .	St	Loc			
c	Other withholding . . . . .	St	Loc			
d	Additional Medicare Tax . . . . .					
19	<b>Total Withholding</b> Lines 10 through 18d . . . . .			1,777.	1,058.	
20	<b>Total Tax Payments for 2017</b> . . . . .			1,777.	1,058.	

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>BHEEMA R MEKALA</b>	Social Security Number <b>021-53-2978</b>
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<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

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

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	20,852.	_____	20,852.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	20,852.	_____	20,852.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	20,852.	_____	20,852.
11 Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
12 SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	20,852.	_____	20,852.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	20,852.	_____	20,852.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received. . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	20,852.	_____	20,852.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	20,852.	_____	20,852.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	20,852.	_____	20,852.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return BHEEMA R MEKALA	Social Security Number 021-53-2978
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**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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



Other Tax and Income Information		2016	2017
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		1,058.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		20,852.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		1,105.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2017 . . . . .
		b	2016 . . . . .
		c	2015 . . . . .
		d	2014 . . . . .
		e	2013 . . . . .
		f	2012 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017 . . . . .
		b	2016 . . . . .
		c	2015 . . . . .
		d	2014 . . . . .
		e	2013 . . . . .
		f	2012 . . . . .

# Tax Summary Report

2017

Name(s) Shown on Return

BHEEMA R MEKALA

Filing status . . . . . Single

Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	20,852.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	20,852.

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 20,852.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	1,058.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	1,058.
Standard deduction . . . . .	6,350.
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 10,452.

Income tax . . . . .	1,105.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	1,105.
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 1,105.

Withholding . . . . .	1,777.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	1,777.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 672.

**Refund** . . . . . 672.

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

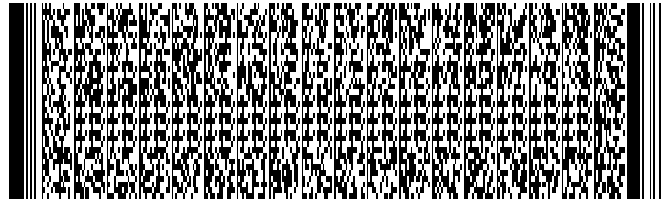
**Amount Due** . . . . . 0.

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	5.30 %





1800411518



Georgia Form **500** (Rev. 06/22/17) Page 1

Individual Income Tax Return  
Georgia Department of Revenue  
**2017** (Approved software version)

Fiscal Year  
Beginning

Fiscal Year  
Ending

YOUR DRIVER'S LICENSE/STATE ID 060676551

STATE ISSUED GA

YOUR FIRST NAME  
1. BHEEMA R

MI YOUR SOCIAL SECURITY NUMBER  
021-53-2978

LAST NAME  
MEKALA

SUFFIX

SPOUSE'S FIRST NAME

MI SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)  CHECK IF ADDRESS HAS CHANGED  
2. 827 PAVONIA AVE

CITY (Please insert a space if the city has multiple names)  
3. JERSEY CITY

STATE ZIP CODE  
NJ 07306

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **4. 1**

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **5. A**

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself  6b. Spouse  6c. 1



1800411528

YOUR SOCIAL SECURITY NUMBER  
021-53-2978

7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a.

7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a) .....▶ 7b. 1

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 20852

(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1 and 2.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet ).....▶ 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10. 20852



1800411538

**YOUR SOCIAL SECURITY NUMBER**  
 021-53-2978

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	▶ 11a.	2300
<b>(See IT-511 Tax Booklet)</b>		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Total x 1,300=.....	▶ 11b.	
c. Total Standard Deduction (Line 11a + Line 11b).....	▶ 11c.	2300
<b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A</b>		
a. Federal Itemized Deductions (Schedule A-Form 1040) .....	▶ 12a.	
b. Less adjustments: (See IT-511 Tax Booklet) .....	▶ 12b.	
c. Georgia Total Itemized Deductions.....	▶ 12c.	
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	▶ 13.	18552
14a. Enter the number from Line 6c. <b>1</b> Multiply by \$2,700 for filing status A or D <b>OR</b> multiply by \$3,700 for filing status B or C	▶ 14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	▶ 14b.	
14c. Add Lines 14a. and 14b. Enter total.....	▶ 14c.	2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	15852
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	▶ 16.	761
17. Low Income Credit 17a. 17b. ....	▶ 17c.	
18. Other State(s) Tax Credit (Include a copy of the other state(s) return).....	▶ 18.	
19. Credits used from IND-CR Summary Worksheet .....	▶ 19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits .....	▶ 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....	▶ 21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero .....	▶ 22.	761
23. <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....	▶ 23.	1058
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. <b>Other Georgia Income Tax Withheld</b> .....	▶ 24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		

**PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.**

REV 11/13/17 PRO

**Pages (1-5) are Required for Processing**





YOUR SOCIAL SECURITY NUMBER  
021-53-2978

- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... ▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... ▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00) ..... ▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00)..... ▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00) ..... ▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ..... ▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00)..... ▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program ..... ▶ 37.  
(No gift of less than \$1.00)
- 38. Public Safety Memorial Grant (No gift of less than \$1.00)..... ▶ 38.
- 39. Form 500 UET (Estimated tax penalty)  500 UET exception attached.... ▶ 39.
- 40. (If you owe) Add Lines 27, 30 thru 39  
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. ▶ 40.
- 41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28  
THIS IS YOUR REFUND..... ▶ 41.

297

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking  Savings  Routing Number 061000052

Account Number 334048263727

If you do not enter Direct Deposit information or if you are a first time filer a paper check will be issued.

(PAYMENT) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740399  
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER  
GEORGIA DEPARTMENT OF REVENUE  
PO BOX 740380  
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN  
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number

REV 11/13/17 PRO

I authorize DOR to discuss this return with the named preparer.

APPANA RUPA VENKATA SATYA SAI MANI  
Signature of Preparer

Preparer's Phone Number  
678-965-9729

Name of Preparer Other Than Taxpayer  
APPANA RUPA VENKATA SATYA

Preparer's FEIN  
30-1017196

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02090332



► Keep for your records

**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . BHEEMA R  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . MEKALA  
 Social Security No. . . 021-53-2978  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of Birth . . . . . 06/27/1983  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_  
 Print phone number on Form 500  Home

**Spouse:**

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Taxpayer work  Spouse work

Street Address . . . 827 PAVONIA AVE Apartment No. . . \_\_\_\_\_  
 City . . . . . JERSEY CITY State . NJ ZIP Code . . 07306  
 Country, if foreign . . \_\_\_\_\_  
 Taxpayer email address mekalakushu@gmail.com

**Part II – Main Form**

- Form 500: Resident Tax Return (Long form) . . . . . ► \_\_\_\_\_
- Form 500: Nonresident Tax Return . . . . . ► \_\_\_\_\_
- Form 500: Part-Year Resident Tax Return . . . From \_\_\_\_\_ To \_\_\_\_\_
- Schedule 3: Enter Nonresident and Part-year resident allocations . . . . . ► \_\_\_\_\_

**Part III – Filing Status**

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

**Part IV – Other Information**

- The address above is different than last year
- Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
- Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

**Form 500UET calculations (Underpayment of Estimated Tax Penalty):**

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

**Part V – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the Georgia Department of Revenue, as applicable by law.

- Filed the Georgia return electronically

**Electronic PDF Attachments**

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

Description	Filename

**EF Status Dates:**

Enter the date return was EFiled . . . . . \_\_\_\_\_  
 Enter the date return was accepted by the state . . . . . \_\_\_\_\_  
 Enter the date Form 525-TV was given to client . . . . . \_\_\_\_\_

**QuickZoom** to Form GA-8453: Additional Information Smart Worksheet . . . . . ► \_\_\_\_\_

**Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information**

**\*\*Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.**

**Yes No**  
  Is this your first time filing a Georgia income tax return?  
 \*\* Check "Yes" if you have not filed a Georgia tax return within the last five years.

**Yes No**  
  Elect direct deposit of **state** tax refund  
  Use electronic funds withdrawal for state tax payments (EF Only)

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

Name of Financial Institution (optional) . . . . . BANK OF AMERICA  
Account type . . . . . Checking  Savings   
Routing number . . . . . 061000052  
Account number. . . . . 334048263727  
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.?

**Note:** If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead. For refund information see <https://dor.georgia.gov/wheres-my-refund>.

**Part VII – Paid Preparer Information**

Enter Preparer Code from Firm/Preparer Info . . . 1  
**QuickZoom** to Firm/Preparer Info . . . . . ► \_\_\_\_\_

**Part VIII – Extension Status**

**Yes No**  
  Tax return due date extended?  
 Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form IT-303: Application for Extension of Time for Filing . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form IT-560: Extension Payment Voucher . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 500: Income Tax Return (Long form) . . . . . ► \_\_\_\_\_

# Income and Retirement Worksheets

**2017**

▶ Keep for your records

Name <b>BHEEMA R MEKALA</b>	Social Security Number <b>021-53-2978</b>
--------------------------------	--

	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
<b>Income</b>				
<b>1</b> Wages . . . . .	20,852.		0.	
<b>2</b> Federal Interest . . . . . - Georgia Adjustments to federal taxable Interest				
<b>3</b> Dividends . . . . . - Georgia Adjustments to federal taxable Dividends				
<b>4</b> Capital/other gains or (losses) . . . . .				
<b>5</b> Income from federal Schedules C and F . . . . .				
<b>6 a</b> Rental/K-1 etc. income . . . . . <b>b</b> - income above subject to FICA or S.E. tax, or S corp income in which you materially participated . . . . .				
<b>7 a</b> Pension/Annuity and IRA/SEP distributions . . . . . <b>b</b> Lump-sum distributions . . . . . <b>c</b> RRB-1099-R <b>d</b> Other Subtraction #2, withdrawals with GA/Fed tax difference <b>e</b> Other Subtraction #7, income exempt from state tax <b>f</b> Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
<b>8</b> Alimony received . . . . .				
<b>9</b> Social security . . . . .				
<b>10 a</b> State income tax refund . . . . . <b>b</b> Unemployment compensation . . . . .				
<b>11</b> Other income - Gambling winnings . . . . . - Home mortgage debt forgiveness relief - NOL Carryover - Other . . . . . Federal Form 8814 income included in other income . . . . .				
<b>Adjustments</b>				
<b>12</b> IRA deductions . . . . .				
<b>13</b> Educator expenses . . . . .				
<b>14</b> Tuition and fees deduction . . . . .				
<b>15</b> Other federal adjustments . . . . .				

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name BHEEMA R MEKALA	Social Security Number 021-53-2978
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	1,058.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	1,058.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form GA-8453: <i>Form W-2 (Georgia Copy)</i> _____ _____ _____
<b>D</b>	Documents to attach to the BACK of Form GA-8453: _____ _____ _____ _____
<b>E</b>	<b>Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES</b>