

**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>NAVEEN SAKHAMURI</b>	Social security number <b>737-18-4763</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>76,483.</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>9,445.</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>13,931.</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>4,486.</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 

8	4	7	6	3
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 as my signature on my tax year 2017 electronically filed income tax return.  
ERO firm name  
**Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

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

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

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

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

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

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

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

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

Your first name and initial: **NAVEEN** Last name: **SAKHAMURI** Your social security number: **737-18-4763**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **29319 DEER TRAIL** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **ALPHARETTA GA 30004**

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

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). (See instructions.)  
 If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

**d Total number of exemptions claimed** . . . . . **1**

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

**No. of children on 6c who:**

- lived with you \_\_\_\_\_
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

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

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

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	76,483.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	76,483.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	76,483.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	76,483.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked</b> ▶ <b>39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	17,596.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	58,887.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	54,837.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	9,445.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	9,445.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	9,445.
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	9,445.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	13,931.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	13,931.
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	4,486.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	4,486.
<b>b</b>	Routing number 0 8 1 0 0 0 0 3 2 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 3 5 5 0 0 4 2 0 6 4 4 5		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

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

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

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

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

**Paid Preparer Use Only**

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/04/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196		Phone no. (678)965-9729	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

NAVEEN SAKHAMURI

737-18-4763

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) . . . . .	1		
	2	Enter amount from Form 1040, line 38 <u>2</u>			
	3	Multiply line 2 by 7.5% (0.075). . . . .	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4		
<b>Taxes You Paid</b>	5 State and local ( <b>check only one box</b> ):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	4,186.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions) . . . . .	6		
	7	Personal property taxes . . . . .	7		
	8	Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8 . . . . .		9	4,186.	
	<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098	10	
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12		Points not reported to you on Form 1098. See instructions for special rules . . . . .	12		
13		Mortgage insurance premiums (see instructions) . . . . .	13		
14		Investment interest. Attach Form 4952 if required. See instructions	14		
15		Add lines 10 through 14 . . . . .	15		
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17		
	18	Carryover from prior year . . . . .	18		
	19	Add lines 16 through 18 . . . . .	19		
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u> . . . . .	21	14,940.	
	22	Tax preparation fees . . . . .	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23 . . . . .	24	14,940.	
	25	Enter amount from Form 1040, line 38 <u>25</u> 76,483.			
	26	Multiply line 25 by 2% (0.02) . . . . .	26	1,530.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	27	13,410.	
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ▶	28		
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,596.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ▶ <input type="checkbox"/>			

**Unreimbursed Employee Business Expenses**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form2106EZ](http://www.irs.gov/Form2106EZ) for the latest information.**

Your name <b>NAVEEN SAKHAMURI</b>	Occupation in which you incurred expenses <b>SOFTWARE ENGINEER</b>	Social security number <b>737-18-4763</b>
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**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

**Caution:** You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	12,000.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	540.
<b>5</b> Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) . . . . .	<b>5</b>	2,400.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	14,940.

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

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

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return  
NAVEEN SAKHAMURI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					76,483.
Adjustments to income					
Adjusted gross income					76,483.
Tax expense . . . . .					4,186.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					13,410.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					17,596.
Exemption amount . .					4,050.
Taxable income . . . .					54,837.
Tax . . . . .					9,445.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					13,931.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					4,486.
Effective tax rate % . .					12.35
**Tax bracket % . . . .					25.0

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (NAVEEN SAKHAMURI) and Social Security Number (737-18-4763)

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 (checked for Primary Taxpayer's PIN)

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) . . . . . 84763 Spouse's PIN (5 numbers) . . . . . Date . . . . . 03/20/2018

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 . . . . . SAKHAMURI  
 First name . . . . . NAVEEN  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 737-18-4763  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 05/02/1991 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 26  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . SAKHAMURI.USAPP@GMAIL.COM  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (660) 215-0762  
 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 (660) 215-0762  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 29319 DEER TRAIL Apt no. . . . . \_\_\_\_\_  
 City . . . . . ALPHARETTA State . . . . . GA ZIP code . . . . . 30004

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

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

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

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

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

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

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



**Part-Year Resident State Allocation Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return <u>NAVEEN SAKHAMURI</u>	Social Security Number <u>737-18-4763</u>
--	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .	76,483.	<u>GA</u>	<u>GA</u>	70,719.
		<u>TX</u>	<u>TX</u>	1.
		<u>MA</u>	<u>MA</u>	5,763.
<b>S</b> Wages, salaries, tips . . . . .		—	—	
		—	—	
		—	—	
		—	—	

\* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>2 T</b> Taxable interest . . . . .						
<b>S</b> Taxable interest . . . . .						
<b>3 T</b> Dividends . . . . .						
<b>S</b> Dividends . . . . .						
<b>4 T</b> State/local tax refund . . . . .						
<b>S</b> State/local tax refund . . . . .						
<b>5 T</b> Alimony received . . . . .						
<b>S</b> Alimony received . . . . .						

\* Enter the state of source for this income

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
<b>6 T</b> Business inc or loss .							
<b>S</b> Business inc or loss .							
<b>7 T</b> Farm income or loss .							
<b>S</b> Farm income or loss .							
<b>8 Total Schedule E. T</b>			See Sch E Income Allocation Smart Worksheet				
<b>S</b>							

\* Enter the state of source for this income (See Tax Help)

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>9 T</b> Capital gain or loss . . . . .						
<b>S</b> Capital gain or loss . . . . .						
<b>10 T</b> Other gains/losses . . . . .						
<b>S</b> Other gains/losses . . . . .						
<b>11 T</b> Unemployment compensation .						
<b>S</b> Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
<b>12 T</b> Taxable IRA distributions . . . .					
<b>S</b> Taxable IRA distributions . . . .					
<b>13 T</b> Taxable pensions/annuities . . .					
<b>S</b> Taxable pensions/annuities . . .					
<b>14a T</b> Taxable social security benefits .					
<b>S</b> Taxable social security benefits .					
<b>b T</b> Taxable railroad retirements . .					
<b>S</b> Taxable railroad retirements . .					
<b>15 Total other income . . . . . T</b>					
<b>S</b>					
<b>16 Total Income. . . . . T</b>	76,483.				
<b>S</b>					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>17 T</b> Educator expenses . . . . .					
<b>S</b> Educator expenses . . . . .					
<b>18 T</b> Certain business expenses . . . . .					
<b>S</b> Certain business expenses . . . . .					
<b>19 T</b> Health savings account deduction . . .					
<b>S</b> Health savings account deduction . . .					
<b>20 T</b> Moving expenses . . . . .					
<b>S</b> Moving expenses . . . . .					
<b>21 T</b> Penalty - early withdrawal of savings . .					
<b>S</b> Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>22 T</b> Alimony paid . . . . .					
<b>S</b> Alimony paid . . . . .					
<b>23 T</b> IRA deduction . . . . .					
<b>S</b> IRA deduction . . . . .					
<b>24 T</b> Student loan interest deduction . . .					
<b>S</b> Student loan interest deduction . . .					
<b>25 T</b> Tuition and fees deduction . . . . .					
<b>S</b> Tuition and fees deduction . . . . .					

\* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>26 T</b> Self-employment tax . . . . .						
<b>S</b> Self-employment tax . . . . .						
<b>27 T</b> SEP, SIMPLE and qualified plans .						
<b>S</b> SEP, SIMPLE and qualified plans .						
<b>28 T</b> Self-employed health insurance . .						
<b>S</b> Self-employed health insurance . .						
<b>29 T</b> Domestic production activities . . .						
<b>S</b> Domestic production activities . . .						
<b>30</b> Other adjustments . . . . . <b>T</b>						
<b>31</b> Total adjustments . . . . . <b>T</b>						
<b>32</b> Adjusted gross income . . . . . <b>T</b>						76,483.

**Identity Verification Worksheet**

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return NAVEEN SAKHAMURI	Social Security Number 737-18-4763
---	---------------------------------------

**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**

<b>Taxpayer:</b> Issuing state . . . . . _____ License number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____	<b>Spouse:</b> Issuing state . . . . . _____ License number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____
---	---

**State Identification Card Detail**

<b>Taxpayer:</b> Issuing state . . . . . _____ Identification number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____	<b>Spouse:</b> Issuing state . . . . . _____ Identification number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> 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: NAVEEN SAKHAMURI; Social Security Number: 737-18-4763

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

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

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

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

State/City \*
New York
Vermont

Miscellaneous Electronic Filing Items

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

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

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

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

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

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

- Iraqi Freedom
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  
NAVEEN SAKHAMURI

Social Security Number  
737-18-4763

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
COLLABORATE SOLUTIONS INC		76,483.	13,931.	76,482.	4,186.
<b>Totals</b> . . . . .		76,483.	13,931.	76,482.	4,186.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	76,483.		76,483.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	13,931.		13,931.
3 & 7	Total social security wages/tips . . . . .	76,483.		76,483.
4	Total social security tax withheld . . . . .	4,742.		4,742.
5	Total Medicare wages and tips . . . . .	76,483.		76,483.
6	Total Medicare tax withheld . . . . .	1,109.		1,109.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	Total deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	76,482.		76,482.
17	Total state tax withheld . . . . .	4,186.		4,186.
19	Total local tax withheld. . . . .			

Name as shown on return NAVEEN SAKHAMURI	Social Security Number 737-18-4763
---	---------------------------------------

**Employer EIN** . . . . . 26-2135579  
**Employer Name** . . . . . COLLABORATE SOLUTIONS INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 415 BOSTON TPKE STE 302  
**City** SHREWSBURY **State** MA **ZIP** 01545  
**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 . . . . .	76,483.	<b>2</b> Federal tax withheld . . . . .	13,931.
<b>3</b> Social security wages . . . . .	76,483.	<b>4</b> Social sec tax withheld . . . . .	4,742.
<b>5</b> Medicare wages and tips . . . . .	76,483.	<b>6</b> Medicare tax withheld . . . . .	1,109.
<b>7</b> Social security tips . . . . .	_____	<b>8</b> Allocated tips . . . . .	_____

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
GA	3059368-VD	70,719.	3,915.
MA	262-135-579	5,763.	271.
_____	_____	_____	_____

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> 79dd-6661-c9e5-ce3b
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . .	<input type="checkbox"/>	<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .	_____	<b>11</b> _____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	_____	<b>11</b> _____

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

Keep for your records

NAVEEN SAKHAMURI

737-18-4763 Page 2

Employer Name . . . . . COLLABORATE SOLUTIONS INC

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Part V Inmate In a Penal Institution

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

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

**13 c**  Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

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

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

Employee's SSN. . . . . 737-18-4763

First name M.I. Last name Suff.

NAVEEN SAKHAMURI

Address City St ZIP code

29319 DEER TRAIL ALPHARETTA GA 30004

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>NAVEEN SAKHAMURI</b>	Social Security Number <b>737-18-4763</b>
--	--

**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 . . . . .			13,931.	4,186.	
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 . . . . .			13,931.	4,186.	
20	<b>Total Tax Payments for 2017</b> . . . . .			13,931.	4,186.	

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 <u>NAVEEN SAKHAMURI</u>	Social Security Number <u>737-18-4763</u>
--	--

<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

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	76,483.		76,483.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	76,483.		76,483.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	76,483.		76,483.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	76,483.		76,483.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	76,483.		76,483.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	76,483.		76,483.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	76,483.		76,483.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	76,483.		76,483.



# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return NAVEEN SAKHAMURI	Social Security Number 737-18-4763
---	---------------------------------------

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		17,596.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		76,483.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		9,445.
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  
 NAVEEN SAKHAMURI

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

**Gross Income**

Wages and salaries . . . . .	76,483.
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> . . . . .	76,483.

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 76,483.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,186.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	13,410.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	17,596.
Standard deduction . . . . .	_____
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 54,837.

Income tax . . . . .	9,445.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	9,445.
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 9,445.

Withholding . . . . .	13,931.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	13,931.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 4,486.

**Refund** . . . . . 4,486.

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

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

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	12.35 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>9,445.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>9,445.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**State and Local Taxes Smart Worksheet**

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38 . . . . . 76,483.
- B Nontaxable income entered elsewhere on return . . . . .           .
- C Available income: 2016 refundable credits in excess of tax . . . . . 0.
- D **Enter** any additional nontaxable income . . . . .           .
- E Total available income for sales taxes . . . . . 76,483.
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).  
If AZ, CO, LA, MS, NY or SC column (a):

**QuickZoom** to Misc Global Options to enter default locality . . . . . ►           

**or** Double-click in column (d) to select your locality for each state entered.

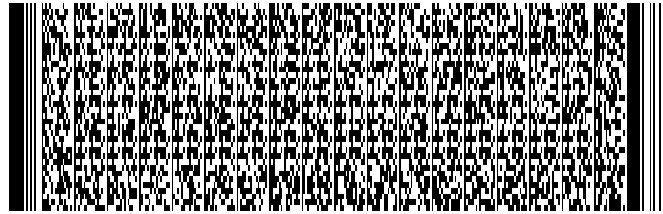
(a) ST	(b) Lived in State From	(c) Lived in State To	(d) <b>Enter</b> Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MA	01/01/17	02/14/17	6.2500	6.2500	0.0000	657.	0.	81.
GA	02/15/17	12/31/17	4.0000	4.0000	0.0000	494.	0.	433.

- Total general sales taxes from table . . . . . 514.
- H **Enter** additions to table amount (motor vehicle, boat) . . . . .           .
- I Total sales taxes from table plus additions to table amount . . . . . 514.
- J **Enter** actual sales taxes paid (in lieu of table amount) . . . . .           .
- K Total income taxes paid . . . . . 4,186.





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

STATE ISSUED

YOUR FIRST NAME  
1. NAVEEN

MI YOUR SOCIAL SECURITY NUMBER  
737-18-4763

LAST NAME  
SAKHAMURI

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. 29319 DEER TRAIL

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

STATE ZIP CODE  
GA 30004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **4. 2**  
1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 02/15/2017 TO 12/31/2017 3. NONRESIDENT

Residency Status

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**

Filing Status

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



YOUR SOCIAL SECURITY NUMBER  
737-18-4763

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)

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**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. 76483  
(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.





1800411538

**YOUR SOCIAL SECURITY NUMBER**  
 737-18-4763

- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... ▶ 11a.  
 (See IT-511 Tax Booklet)
- b. Self: 65 or over?  Blind?  Total x 1,300=..... ▶ 11b.
- Spouse: 65 or over?  Blind?
- c. Total Standard Deduction (Line 11a + Line 11b)..... ▶ 11c.  
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A
  - 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.
- 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A ▶ 14a.  
 or D OR multiply by \$3,700 for filing status B or C
- 14b. Enter the number from Line 7a. Multiply by \$3,000..... ▶ 14b.
- 14c. Add Lines 14a. and 14b. Enter total..... ▶ 14c.
- 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. 52204
- 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... ▶ 16. 2945
- 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. 2945
- 23. **Georgia Income Tax Withheld on Wages and 1099s** ..... ▶ 23. 3915  
 (Enter Tax Withheld Only and include W-2s and/or 1099s)
- 24. **Other Georgia Income Tax Withheld**..... ▶ 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  
737-18-4763

- 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.

970

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking  Savings  Routing Number 081000032

Account Number 355004206445

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



1807411518

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 76483	1. WAGES, SALARIES, TIPS, etc 5764	1. WAGES, SALARIES, TIPS, etc 70719
2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 76483	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 5764	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 70719
6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 76483	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 5764	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 70719
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶	9.	92.46 % Not to exceed 100%
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See IT-511 Tax Booklet).....▶	10a.	17325
10b. Additional Standard Deduction 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=	10b.	
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or 500X 1 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a.	2700
11b. Enter the number on Line 7a. from Form 500 or 500X multiply by \$3,000..▶	11b.	
11c. Add Lines 11a. and 11b. Enter total.....▶	11c.	2700
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c.....▶	12.	20025
13. Multiply Line 12 by Ratio on Line 9 and enter result.....▶	13.	18515
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500 or Form 500X.....▶	14	52204

List the state(s) in which the income in Column B was earned and/or to which it was reported.

Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . NAVEEN
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . SAKHAMURI
Social Security No. . . . . 737-18-4763
Occupation . . . . . SOFTWARE ENGINEER
Date of Birth . . . . . 05/02/1991
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 . . . . . 29319 DEER TRAIL . . . . . Apartment No. . . . .
City . . . . . ALPHARETTA . . . . . State . GA . . . . . ZIP Code . . . . . 30004
Country, if foreign . . . . .
Taxpayer email address . . . . . SAKHAMURI.USAPP@GMAIL.COM

Part II – Main Form

- Form 500: Resident Tax Return (Long form)
Form 500: Nonresident Tax Return
[X] Form 500: Part-Year Resident Tax Return . . . From 02/15/2017 To 12/31/2017
Schedule 3: Enter Nonresident and Part-year resident allocations

Part III – Filing Status

- [X] 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.

- [X] 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.

Table with 2 columns: 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
[ ] [X] 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
[X] [ ] 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 [X] Savings [ ]
Routing number . . . . . 081000032
Account number. . . . . 355004206445
Payment date to withdraw from the account above . . . . .
State balance-due amount from this return . . . . .

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.?

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
[ ] [X] 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 <u>NAVEEN SAKHAMURI</u>	Social Security Number <u>737-18-4763</u>
---------------------------------	--

	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
<b>Income</b>				
<b>1</b> Wages . . . . .	70,719.		5,764.	
<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 NAVEEN SAKHAMURI	Social Security Number 737-18-4763
--------------------------	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,915.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,915.
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

Additional Information Smart Worksheet	
<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>



# Form M-8453 Individual Income Tax Declaration for Electronic Filing

**2017**  
**Massachusetts**  
**Department of**  
**Revenue**

**Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2017.**

Your first name and initial	Last name	Your Social Security number
NAVEEN SAKHAMURI		737-18-4763

If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number

Present street address (and apartment number)  
29319 DEER TRAIL

City/Town/Post Office	State	Zip	Filing status: <input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly
ALPHARETTA	GA	30004	<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Head of household

### Part 1. Tax Return Information for Electronic Filing

1	Total 5.1% income (from Form 1, line 10, or Form 1-NR/PY, line 12) . . . . .	1	5763
2	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) . . . . .	2	0
3	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) . . . . .	3	0
4	Massachusetts income tax withheld (from Form 1, line 37, or Form 1-NR/PY, line 41) . . . . .	4	271
5	Refund amount (from Form 1, line 48, or Form 1-NR/PY, line 52) . . . . .	5	271
6	Tax due (from Form 1, line 49, or Form 1-NR/PY, line 53) . . . . .	6	

### Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2017 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, <b>both</b> must sign)	Date

### Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and 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 declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
	06042018	30-1017196	

Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="checkbox"/> Check if also paid preparer
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN	CUMMING	GA	30041	

### Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
P02090332	06042018	30-1017196	

Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN	CUMMING	GA	30041	



**2017 Form 1-NR/PY**

MA17006011555

Massachusetts Nonresident/Part-Year Resident  
Income Tax Return

For the year January 1–December 31, 2017 or other taxable

Year beginning Ending

NAVEEN

SAKHAMURI

737-18-4763

29319 DEER TRAIL

ALPHARETTA

GA 30004

Fill in if:  Original return  Amended return  Amended return due to federal change

Apt. no.

**State Election Campaign Fund:**

\$1 You \$1 Spouse TOTAL 0

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name/address changed since 2016

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income

76483

b. Federal adjusted gross income

76483

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From 01/01/17 To 02/14/17

3. Total days as Massachusetts resident 45 ÷ 365 = .1233 3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

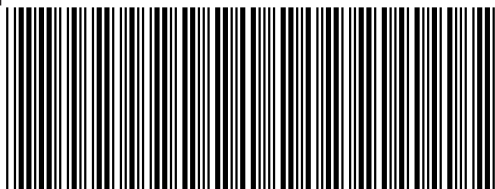
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 2017 Form 1-NR/PY, pg. 2

MA17006021555

Massachusetts Nonresident/

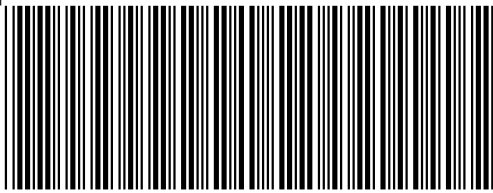
Part-Year Resident Income Tax Return

737-18-4763

## 4. Exemptions:

a. Personal exemptions		<b>4a</b>	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ <b>4b</b>	0
c. Age 65 or over before 2018	You + Spouse =	$\times \$700 =$ <b>4c</b>	0
d. Blindness	You + Spouse =	$\times \$2,200 =$ <b>4d</b>	0
e. Medical/dental		<b>4e</b>	0
f. Adoption		<b>4f</b>	0
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	4400
5. Wages, salaries, tips		<b>5</b>	5763
6. Taxable pensions and annuities		<b>6</b>	0
7. Mass. bank interest: a.	0 - b. exemption 0	<b>= 7</b>	0
8. Business/profession income/loss a.	0 + b. Farming income/loss	<b>= 8</b>	0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		<b>9</b>	0
10a. Unemployment		<b>10a</b>	0
10b. Mass. lottery winnings		<b>10b</b>	0
11. Other income		<b>11</b>	0
12. <b>TOTAL 5.1% INCOME</b>		<b>12</b>	5763
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You <b>cannot</b> apportion Mass. wages as shown on Form W-2. Do <b>not</b> use this worksheet if you know the exact amount of your Mass. source income. <b>Only</b> use when income from employment/business is earned both inside and outside Mass. <b>and</b> the exact Mass. amount is not known. Basis: working days miles sales other:			
Working days (or other basis) outside Massachusetts		<b>13a</b>	0
Working days (or other basis) inside Massachusetts		<b>13b</b>	0
Total working days		<b>13c</b>	0
Nonworking days (holidays, weekends, etc.)		<b>13d</b>	0
Massachusetts ratio		<b>13e</b>	.0000
Total income being apportioned. You <b>cannot</b> apportion Massachusetts wages as shown on Form W-2		<b>13f</b>	0
Massachusetts income		<b>13g</b>	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2017 Form 1-NR/PY, pg. 3

MA17006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

NAVEEN

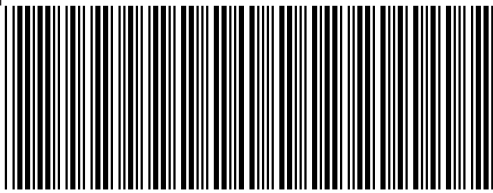
SAKHAMURI

737-18-4763

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.1% income	14a	0
b. Interest income	14b	0
c. Total capital gain income	14c	0
d. Total income this return	14d	0
e. Non-Massachusetts source income. <b>Not less than "0"</b>	14e	0
f. Total income	14f	0
g. Deduction and exemption ratio	14g	0.0000
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	2000
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	0
16. Child under age 13, or disabled dependent/spouse care expenses	16	0
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/17, or disabled dependent(s) <b>Not more than two.</b> a. <input type="checkbox"/> × \$3,600 = b. <input type="checkbox"/> Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	0
18. Rental deduction. a. <input type="checkbox"/> 0 + 2 = 18	18	0
Nonresidents, during 2017, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do <b>not</b> qualify for this deduction.		
19. Other deductions from Schedule Y, line 19	19	12000
20. <b>Total deductions.</b> Add lines 15 through 19	20	14000
21. <b>5.1% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	21	0
22. Exemption amount. a. <input type="checkbox"/> 4400	22	543
23. <b>5.1% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	23	0
24. <b>INTEREST AND DIVIDEND INCOME</b>	24	0
25. <b>TOTAL TAXABLE 5.1% INCOME.</b> Add lines 23 and 24	25	0
26. <b>TAX ON 5.1% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2017 Form 1-NR/PY, pg. 4**

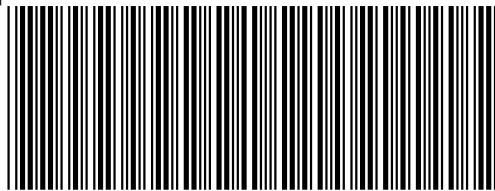
MA17006041555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

737-18-4763

27.	12% INCOME. Not less than "0."	a.	0		$\times .12 = 27$	0
28.	<b>TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS				<b>28</b>	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28					
29.	Credit recapture amount (from Credit Recapture Schedule)				<b>29</b>	0
30.	Additional tax on installment sale				<b>30</b>	0
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32					
32.	<b>TOTAL INCOME TAX.</b> Add lines 26 through 30				<b>32</b>	0
33.	Limited Income Credit				<b>33</b>	0
34.	Income tax due to another state or jurisdiction				<b>34</b>	0
35.	Other credits (from Credit Manager Schedule)				<b>35</b>	0
36.	<b>INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. <b>Not less than "0"</b>				<b>36</b>	0
37.	<b>Voluntary Contributions</b>					
	a.	Endangered Wildlife Conservation			<b>37a</b>	0
	b.	Organ Transplant Fund			<b>37b</b>	0
	c.	Massachusetts AIDS Fund			<b>37c</b>	0
	d.	Massachusetts U.S. Olympic Fund			<b>37d</b>	0
	e.	Massachusetts Military Family Relief Fund			<b>37e</b>	0
	f.	Homeless Animal Prevention and Care			<b>37f</b>	0
	Total. Add lines 37a through 37f				<b>37</b>	0
38.	Use tax due on Internet, mail order and other out-of-state purchases				<b>38</b>	0
39.	Health care penalty a. You 0 + b. Spouse 0 - c. Fed. health care penalty 0				<b>39</b>	0
40.	<b>INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 39				<b>40</b>	0



2017 Form 1-NR/PY, pg. 5

MA17006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
737-18-4763

Table with 3 columns: Line number, Description, and Amount. Includes lines 41-52 for tax credits and payments.

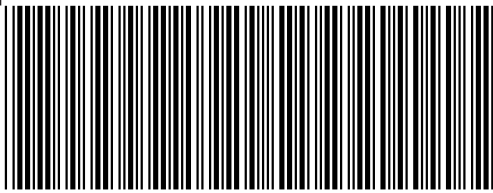
Direct deposit of refund. Type of account X checking savings

RTN # 081000032 account # 355004206445

Table with 3 columns: Line number, Description, and Amount. Includes line 53 for tax due.

May the Department of Revenue discuss this return with the preparer shown here? Yes
I do not want preparer to file my return electronically (this may delay your refund)
Print paid preparer's name Date Check if self-employed SSN/PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMA 06/04/18 P02090332
Paid preparer's signature Paid preparer's phone Paid preparer's EIN
APPANA RUPA VENKATA SATYA SAI MANI KUMA 678-965-9729 30-1017196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2017 Schedule X & Y**

MA17SXY011555

NAVEEN

SAKHAMURI

737-18-4763

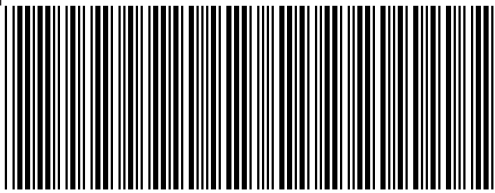
**Schedule X. Other Income**

1. Alimony received	1	0
2. Taxable IRA/Keogh and Roth IRA conversion distributions	2	0
3. Other gambling winnings. <b>Not less than "0."</b> Certain gambling losses are deductible under Massachusetts law	3	0
4. Fees and other 5.1% income. <b>Not less than "0"</b>	4	0
5. Total other 5.1% income. Add lines 1 through 4. <b>Not less than "0"</b>	5	0

**Schedule Y. Other Deductions**

1. Allowable employee business expenses	1	12000
2. Penalty on early savings withdrawal	2	0
3. Alimony paid	3	0
4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F Income exempt under U.S. tax treaty	4	0
5. Moving expenses	5	0
6. Medical savings account deduction	6	0
7. Self-employed health insurance deduction	7	0
8. Health care accounts deduction	8	0
9. Certain qualified deductions from U.S. Form 1040 Certain business expenses from U.S. Form 1040	9	0
10. Student loan interest	10	0
11. College Tuition Deduction	11	0
12. Undergraduate student loan interest deduction	12	0
13. Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	13	0
14. Claim of right deduction	14	0
15. Commuter deduction	15	0
16. Human organ donation deduction (full-year residents only)	16	0
17. Certain gambling losses	17	0
18. Prepaid tuition or college savings program deduction	18	0
19. Total other deductions. Add lines 1 through 18	19	12000





**2017 Schedule INC**

MA17INC011555

NAVEEN

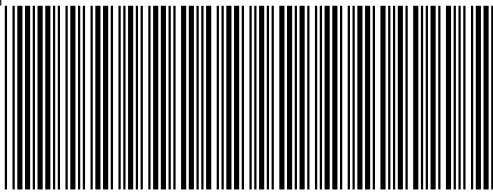
SAKHAMURI

737-18-4763

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
26-2135579	271	5763	5851	0	W2

TOTALS	271	5763	5851	0	
--------	-----	------	------	---	--



# 2017 Schedule NTS-L-NR/PY

MA17021011555

No Tax Status and Limited Income Credit

737-18-4763

## Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1. Total 5.1% income	1	5763
2. Adjustments to income	2	12000
3. Adjusted 5.1% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	0
4. Interest exemption used	4	0
5. Adjusted gross interest, dividends and certain capital gains	5	0
6. Long-term capital gain	6	0
7. Additional income/loss while a nonresident/part-year resident	7	70720
8. Total income. Combine lines 3 through 7	8	70720
9. Additional adjustments to income while a nonresident/part-year resident	9	0
10. Massachusetts Adjusted Gross Income (AGI)	10	70720
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	0
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	0
13. No Tax Status threshold	13	0
14. Income for Limited Income Credit	14	0
15. Tax before adjustments	15	0
16. Tax for Limited Income Credit	16	0
17. Limited Income Credit	17	0

**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . NAVEEN  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . SAKHAMURI  
 Social Security No. . . . . 737-18-4763  
 Occupation SOFTWARE ENGINEER  
 Date of Birth . . . . . 05/02/1991  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_  
 Print phone number on vouchers  TP work  TP home  Spouse work  Spouse home

**Spouse:**

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_  
 Use home phone for spouse . . . . . \_\_\_\_\_

Address . . . . . 29319 DEER TRAIL Apt . . . . . \_\_\_\_\_  
 City . . . . . ALPHARETTA State . . . . . GA ZIP Code . . . . . 30004  
 In care of Address . . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP Code . . . . . \_\_\_\_\_  
 Foreign state . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

**Part II – Main Form**

- Form 1: Resident Tax Return . . . . . ► \_\_\_\_\_
  - Form 1-NR/PY: Nonresident Return . . . . . ► \_\_\_\_\_
  - Form 1-NR/PY: Nonresident and Part-Year Resident Return (**Sch R/NR**) . . . . . ► \_\_\_\_\_
  - Form 1-NR/PY: Part-year Resident Return . . . . . ► \_\_\_\_\_
- Residency dates . . . . . From 01/01/2017 To 02/14/2017

**Part III – Filing Status**

- Single
  - Married filing joint return
  - Married filing separate return
  - Head of household
- Spouse federal Total Income (If MFS and living together) . . . . . \_\_\_\_\_  
 Spouse federal AGI (If MFS and living together) . . . . . \_\_\_\_\_  
 Total dependents claimed (If MFS and living together) . . . . . \_\_\_\_\_  
 Check here if the taxpayer is a victim of domestic abuse, is married filing separate and wants to claim EITC  
 If claiming exception above. Amount of EIC as calculated from EIC Worksheet . . . . . 0  
 If claiming exception above. Number of qualifying children used to calculate EIC . . . . . 0

**Part IV – Dependent Information**

Full Name	Relationship	Age	Disabled?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**Part V – Electronic Filing Information**

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

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

- State return will be filed electronically
- Tax return was prepared by taxpayer or other non-paid preparer

Enter the date return was EFiled . . . . . ► \_\_\_\_\_  
 Enter the date return was accepted by the state . . . . . ► \_\_\_\_\_  
 Enter the date Form PV was given to client . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form M-8453 Additional Information SmartWorksheet . . . . . ► \_\_\_\_\_

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want **electronic funds withdrawal** of **state tax payment** (Electronic Filing Only)?

Do you want to elect **direct deposit** of **state tax refund**?

**Extension** - Do you want **electronic funds withdrawal** of **tax due** (Electronic Filing Only)?

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

Name of Financial Institution (optional) . . . . . ▶ BANK OF AMERICA

Check the appropriate box:

Checking . . . . . ▶

Routing number . . . . . ▶ 081000032

Savings . . . . . ▶

Account number . . . . . ▶ 355004206445

International ACH Transactions

Yes No

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

Additional information for electronic funds withdrawal:

Electronic funds withdrawal amount due with **return** information (*Electronic Filing Only*):

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

State balance-due amount from this return . . . . . \_\_\_\_\_

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

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_

State balance-due amount paid with this extension Form M-4868 . . . . . \_\_\_\_\_

Part VII – Additional Return Information

1 State Election Campaign Fund:

TP wants \$1 to go to Massachusetts Election Campaign Fund

Spouse wants \$1 to go to Massachusetts Election Campaign Fund

2 Non-Custodial Parent:

Non-custodial parent

3 Schedule TDS:

Filing Schedule TDS

4 First Time Filer:

First time filer with Massachusetts Department of Revenue

5 Address/Name Change:

Name or address changed since 2016

6 Farmer and Fisherman Status:

Farmer and fisherman

7 Rental Deduction/Circuit Breaker Credit:

Rent paid in Massachusetts during 2017 . . . . . \_\_\_\_\_

a Senior Circuit Breaker Credit:

Living in Public or Subsidized housing.

8 Payments to Retirement Systems made during 2017:

a Social security and medicare tax withholding . . . . . \_\_\_\_\_

b Federal self-employment tax . . . . . \_\_\_\_\_

c Massachusetts retirement systems (including political subdivisions) . . . . . \_\_\_\_\_

d U.S. retirement systems (other than social security, medicare, self-employment and railroad retirement included in lines a or b) . . . . . \_\_\_\_\_

e Total payments to retirement systems . . . . . \_\_\_\_\_

Taxpayer	Spouse
5851	
5851	

9 Wages Taxed by More Than One State (Massachusetts Resident)

Exclude **Non-Massachusetts wages** from Form 1 (see Tax Help)

10 Form EFO:

Print Massachusetts Form EFO

Not required to file Massachusetts Form EFO

**Part VIII – Preparer Information**

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

**Yes No**

May Department of Revenue discuss return with preparer?

**Part IX – Extension Status**

**Yes No**

Tax return due date extended?

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

First extension will be filed electronically (Form M-4868)

**Filing and Acceptance Information (Electronic Filing Only):**

Extension accepted

Extension filing date . . . . . \_\_\_\_\_

Extension acceptance date . . . . . \_\_\_\_\_

**QuickZoom** to Form M-4868: Automatic Six-Month Extension of Time To File Income Tax. . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 1 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 1-NR/PY . . . . . ▶ \_\_\_\_\_

Name as Shown on Return NAVEEN SAKHAMURI	Social Security No. 737-18-4763
---	------------------------------------

**Part I – Income**

	All States	Massachusetts Portion	Non-Massachusetts Portion
<b>1 a</b> Allocated tips (Form W-2, box 8) . . . . .			
<b>b</b> State wages (W-2, box 16 - <b>PY res only</b> ) . . .	76,483.	5,763.	70,720.
<b>2</b> Other employee compensation . . . . .			
<b>3</b> Taxable pensions and annuities . . . . .			
<b>4</b> Alimony received . . . . .			
<b>5</b> Farm Income . . . . .			
<b>6</b> Unemployment compensation . . . . .			
<b>7</b> IRA/Keogh distributions for:			
<b>a</b> taxpayer . . . . .			
<b>b</b> spouse . . . . .			
<b>8</b> Jury duty pay . . . . .			
<b>9 a</b> Gambling income . . . . .			
<b>b</b> Prizes and awards . . . . .			
<b>c</b> Tribal Gaming . . . . .			
<b>10</b> Alaska Permanent Fund . . . . .			
<b>11</b> Other income from Form 1099-MISC or K . . .			
<b>12</b> Bartering income not reported elsewhere . . .			
<b>13</b> Substitute payments in lieu of interest or dividends, from Form 1099-MISC . . . . .			
<b>14</b> Taxable qualified tuition program distributions . . . . .			
<b>15 a</b> Archer Medical Savings Accounts and Long-Term Care Insurance Contracts . . . . .			
<b>15 b</b> Health Savings Accounts . . . . .			
<b>16</b> Grants . . . . .			
<b>17</b> Taxable Coverdell ESA Distributions . . . . .			
<b>18</b> Refunds of dedns claimed in a prior year:			
<b>19</b> Income from the rental of personal property . .			
<b>20</b> Other Income from Schedule(s) K-1 . . . . .			
<b>21</b> Income from the Cancellation of Debt			
<b>22</b> Totals . . . . .	76,483.	5,763.	70,720.

**Part II – Deductions**

	<b>All States</b>	<b>Massachusetts Portion</b>	<b>Non-Massachusetts Portion</b>
<b>1</b> Amount <b>you</b> paid in 2017 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement. . . . .	5,851.	5,851.	0.
<b>2</b> Amount <b>spouse</b> paid in 2017 to social security (FICA), railroad, Medicare, U.S., Massachusetts retirement. . . . .			
<b>3</b> Penalty on early savings withdrawal . . . . .			
<b>4</b> Alimony paid . . . . .			

# Tax Payments Worksheet

**2017**

► Keep for your records

Name NAVEEN SAKHAMURI	Social Security Number 737-18-4763
--------------------------	---------------------------------------

## 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	271.
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	271.
15	Date return will be filed and balance paid . . . . .	15	



**Schedule Y  
Line 1**

**Massachusetts Employee Business  
Expense Deduction Worksheet**

**2017**

► Keep for your personal records

Name as Shown on Return NAVEEN SAKHAMURI	Social Security No. 737-18-4763
---	------------------------------------

Outside salesperson

<b>1</b> Enter the amount from U.S. Form 2106, line 10 or 2106-EZ, line 6 . . . . .	<b>1</b>	<u>14940</u>
<b>2</b> If you are an employee other than an outside salesperson, enter the amount of unreimbursed expenses included in U.S. Form 2106 or 2106-EZ, line 4	<b>2</b>	<u>540</u>

<b>Meals and Entertainment Expenses Worksheet</b>		
<b>A</b> Meals and entertainment expenses included in U.S. Form 2106, line 9, column B or 2106-EZ, line 5. . . . .		<u>2400</u>
<b>B</b> Enter meals included in line A which were incurred while away from home. . . . .		<u>          </u>
<b>C</b> Line B minus line A. This amount is shown on line 3 below . . . . .		<u>2400</u>

<b>3</b> If you are an employee other than an outside salesperson, enter the amount of unreimbursed meals and entertainment expenses included in U.S. Form 2106, line 9, col. B or 2106-EZ, line 5, except for meals incurred while away from home . . . . .	<b>3</b>	<u>2400</u>
<b>4</b> If you are an individual with a disability, enter the amount of impairment-related expenses included in line 1 and claimed on line 28 of U.S. Schedule A . . . . .	<b>4</b>	<u>          </u>
<b>5</b> Add lines 2 through 4. Enter the result here . . . . .	<b>5</b>	<u>2940</u>
<b>6</b> Subtract line 5 from line 1, and enter the result here . . . . .	<b>6</b>	<u>12000</u>
<b>7</b> Enter the amount from U.S. Schedule A, line 27 . . . . .	<b>7</b>	<u>13410</u>
<b>8</b> Enter the smaller amount of line 6 or line 7 here and on Schedule Y, line 1 . . . . .	<b>8</b>	<u>12000</u>

## Smart Worksheets from your 2017 Massachusetts Tax Return

SMART WORKSHEET FOR: Individual Income Tax Declaration for Electronic Filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this 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 M-8453: Form W-2 (Copy 2) _____ _____ _____
<b>D</b>	<b>Retain Form M-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 1-NR/PY: Nonresident and Part-Year Resident Tax Return

<b>Calculation of overpayment or balance due including interest, penalty and underpayment penalty</b>	
Net refund including interest, penalty and underpayment penalty, if any . . . . . ▶	271
Total balance due including interest, penalty and underpayment penalty, if any . . . . . ▶	0

SMART WORKSHEET FOR: Schedule NTS-L-NR/PY: No Tax Status and Limited Income Credit

<b>Additional Adjustments Smart Worksheet</b>			
	<b>A</b> Deduction Calculated as if a full-year resident	<b>B</b> Actual Deduction Allowed on Schedule Y	<b>C</b> Adjustment Column A minus Column B
<b>A</b>	Allowable employee business expenses . . . . . 12000	12000	0
<b>B</b>	Penalty on early savings withdrawal . . . . .	_____	_____
<b>C</b>	Alimony paid . . . . .	_____	_____
<b>D</b>	Amounts excludible under MGL Chapter 41, Section 111F or U.S. tax treaty included in Form 1-NR/PY, line 5 . . . . .	_____	_____
<b>E</b>	Moving expenses . . . . .	_____	_____
<b>F</b>	Medical savings account deduction . . . . .	_____	_____
<b>G</b>	Self-employed health insurance deduction . . . . .	_____	_____
<b>H</b>	Health care accounts deduction . . . . .	_____	_____
<b>I</b>	Certain qualified deductions from U.S. Form 1040 . . . . .	_____	_____
<b>J</b>	Certain business expenses from U.S. Form 1040 . . . . .	_____	_____
<b>K</b>	Student loan interest deduction . . . . .	_____	_____
<b>L</b>	Jury duty pay you gave to your employer . . . . .	_____	_____
<b>M</b>	Total adjustments. Enter here and on line 9 below . . . . .	_____	0

2018 1040ES-ME

VOUCHER 1 for INDIVIDUALS  
DUE APRIL 17, 2018  
2018 ESTIMATED TAX PAYMENT



09

1302320

NAVEEN  
Your First Name

737 18 4763  
Initial Your Social Security Number

SAKHAMURI  
Your Last Name

Spouse's First Name

Initial Spouse's Social Security Number

Spouse's Last Name

29319 DEER TRAIL  
Address (number, street and apt. no.)

ALPHARETTA  
City

GA 30004  
State ZIP Code

1. Check if you are a first-time estimate filer.
2. Check if your address has changed.
3. Amount of payment:  
  
976.00
4. If you are a fiscal year filer,  
enter month/year ending:

**NOTE:** If you are married and plan to file a joint 2018 return with your spouse, enter your spouse's name and social security number in the spaces provided.



Pay electronically using **Maine EZ Pay** at [www.maine.gov/revenue](http://www.maine.gov/revenue) and eliminate the need to file Form 1040ES-ME or detach and mail this voucher with check or money order payable to Treasurer, State of Maine, to: Maine Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101



1555

✂(cut along dotted line)✂

REV 11/13/17 PRO

2018 1040ES-ME

VOUCHER 2 for INDIVIDUALS  
DUE JUNE 15, 2018  
2018 ESTIMATED TAX PAYMENT



09

1302320

NAVEEN  
Your First Name

737 18 4763  
Initial Your Social Security Number

SAKHAMURI  
Your Last Name

Spouse's First Name

Initial Spouse's Social Security Number

Spouse's Last Name

29319 DEER TRAIL  
Address (number, street and apt. no.)

ALPHARETTA  
City

GA 30004  
State ZIP Code

1. Check if you are a first-time estimate filer.
2. Check if your address has changed.
3. Amount of payment:  
  
976.00
4. If you are a fiscal year filer,  
enter month/year ending:

**NOTE:** If you are married and plan to file a joint 2018 return with your spouse, enter your spouse's name and social security number in the spaces provided.



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1555

REV 11/13/17 PRO

2018 1040ES-ME

VOUCHER 3 for INDIVIDUALS  
DUE SEPT 17, 2018  
2018 ESTIMATED TAX PAYMENT



09

NAVEEN  
Your First Name

737 18 4763  
Initial Your Social Security Number

SAKHAMURI  
Your Last Name

Spouse's First Name

Initial Spouse's Social Security Number

Spouse's Last Name

29319 DEER TRAIL  
Address (number, street and apt. no.)

ALPHARETTA  
City

GA 30004  
State ZIP Code

City



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1. Check if you are a first-time estimate filer.
2. Check if your address has changed.
3. Amount of payment:  

976.00
4. If you are a fiscal year filer,  
enter month/year ending:

**NOTE:** If you are married and plan to file a joint 2018 return with your spouse, enter your spouse's name and social security number in the spaces provided.

1555

✂(cut along dotted line)✂

REV 11/13/17 PRO

2018 1040ES-ME

VOUCHER 4 for INDIVIDUALS  
DUE JAN 15, 2019  
2018 ESTIMATED TAX PAYMENT



09

NAVEEN  
Your First Name

737 18 4763  
Initial Your Social Security Number

SAKHAMURI  
Your Last Name

Spouse's First Name

Initial Spouse's Social Security Number

Spouse's Last Name

29319 DEER TRAIL  
Address (number, street and apt. no.)

ALPHARETTA  
City

GA 30004  
State ZIP Code

City



Pay electronically using **Maine EZ Pay** at [www.maine.gov/revenue](http://www.maine.gov/revenue) and eliminate the need to file Form 1040ES-ME or detach and mail this voucher with check or money order payable to Treasurer, State of Maine, to: Maine Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101



1. Check if you are a first-time estimate filer.
2. Check if your address has changed.
3. Amount of payment:  

976.00
4. If you are a fiscal year filer,  
enter month/year ending:

**NOTE:** If you are married and plan to file a joint 2018 return with your spouse, enter your spouse's name and social security number in the spaces provided.

1555

REV 11/13/17 PRO



2017

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



09

01 01 2017 to 12 31 2017

Check here if this is an AMENDED return.

17021V0

See instructions. Print neatly in blue or black ink only.

NAVEEN Your First Name MI 737 18 4763 Your Social Security Number
SAKHAMURI Your Last Name Spouse's Social Security Number

Spouse's First Name MI Home Phone Number

Spouse's Last Name Work Phone Number

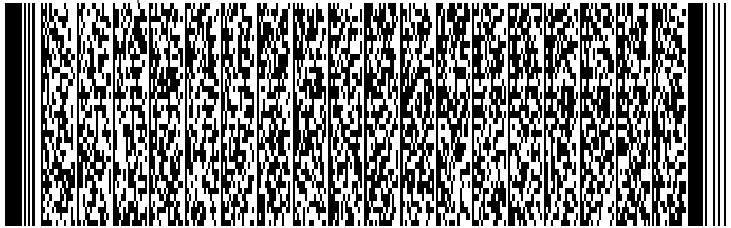
29319 DEER TRAIL ALPHARETTA GA 30004
Current Mailing Address (PO Box, number, street and apartment number) City or Town State ZIP Code

Foreign country name Foreign province/state/county Foreign postal code

A Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only - see Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

1 Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund. You Spouse
2 Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2017

FILING STATUS (Check one)
3 X Single
4 Married filing jointly (Even if only one had income)
5 Married filing separately. Enter spouse's social security number and full name above.
6 Head of household (With qualifying person)
7 Qualifying widow(er) with dependent child (Year spouse died )
Composite Return (Pass-through Entities ONLY)



RESIDENCY STATUS (Check one)
8 X Resident 8a "Safe Harbor" Resident Check here if you are filing Schedule NRH
9 Part-Year Resident 10 Nonresident 11 Nonresident Alien

12 CHECK IF: You were: 12a 65 or over 12b blind Spouse was: 12c 65 or over 12d blind

13 Enter the TOTAL number of EXEMPTIONS claimed on your federal return..... 13 1

Table with 2 columns: Description and Amount. Rows include: 14 FEDERAL ADJUSTED GROSS INCOME (76483.00), 15 INCOME MODIFICATIONS (.00), 16 MAINE ADJUSTED GROSS INCOME (76483.00), 17 DEDUCTION (12251.00), 18 EXEMPTION (4050.00)

Calculate Your Taxable Income



1702101

Calculate Your Tax and Nonrefundable Credits

19	<b>TAXABLE INCOME.</b> (Line 16 minus lines 17 and 18.).....	19	60182.00
20	<b>INCOME TAX.</b> (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at <a href="http://www.maine.gov/revenue/forms">www.maine.gov/revenue/forms</a> .).....	20	3903.00
20a	<b>TAX CREDIT RECAPTURE AMOUNTS</b> (Enclose worksheet(s) - see instructions). ..	20a	.00
21	<b>TOTAL TAX.</b> (Line 20 plus line 20a) .....	21	3903.00
22	<b>TAX CREDITS.</b> (From Maine Schedule A, line 23.) .....	22	0.00
23	<b>NONRESIDENT CREDIT. (For part-year residents, nonresidents and "Safe Harbor" residents only.)</b> From Schedule NR, line 9 or NRH, line 11 .....	23	.00
(You MUST attach a copy of your federal return and TDY papers, if applicable.)			
24	<b>NET TAX.</b> (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.)..	24	3903.00

Tax Payments/Refundable Credits

25	<b>TAX PAYMENTS.</b>		
	<b>a</b> Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.).....➔	25a	.00
	<b>b</b> 2017 estimated tax payments and 2016 credit carried forward, extension payments and payments with original return. (Include any <b>REAL ESTATE WITHHOLDING</b> tax payments.).....	25b	.00
	<b>c</b> REFUNDABLE TAX CREDITS (from Maine Schedule A, line 7) .....	25c	.00
	<b>d</b> Property Tax Fairness Credit ( <b>Schedule PTFC/STFC, line 13</b> ). (See instructions.)... ( <b>For Maine residents and part-year residents only</b> )	25d	.00
	<b>e</b> Sales Tax Fairness Credit ( <b>Schedule PTFC/STFC, line 14 or 14a</b> ). .....	25e	.00
(See instructions.) ( <b>For Maine residents and part-year residents only</b> )			
	<b>f</b> TOTAL. (Add lines 25a, b, c, d, and e.).....	25f	.00
26	If this is an amended return, enter overpayment, if any, on original return or as previously adjusted.....	26	.00
27	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.) .....	27	.00
28	<b>INCOME TAX OVERPAID.</b> If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.) .....	28	.00
29	<b>INCOME TAX UNDERPAID.</b> If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27 - see instructions.).....	29	3903.00

Calculate Use Tax / Voluntary Contributions / Refund Due

30	<b>USE TAX (SALES TAX).</b> (See instructions.).....	30	.00
30a	<b>SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS.</b> (See instructions.) .....	30a	.00
31	<b>CHARITABLE CONTRIBUTIONS and PARK PASSES.</b> (From Maine Schedule CP, line 10.)	31	.00
32	<b>NET OVERPAYMENT.</b> (Line 28 minus lines 30, 30a and 31.) – NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32	.00
33	Amount of line 32 to be <b>CREDITED to</b> 2018 estimated tax .....	33a	.00 REFUND ➔
		33b	.00

**IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.**

Check here if this refund will go to an account outside the United States. ....

**33c** Routing Number

**33d** Account Number

**33e** Type of Account:            Checking                            Savings



1702111

Name(s) as shown on Form 1040ME

Your Social Security Number

NAVEEN SAKHAMURI

737 18 4763

<b>TAX DUE</b>	<b>34a TAX DUE.</b> (Add lines 29, 30, 30a and 31) - <b>NOTE:</b> If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line .....	34a	3903.00
	<b>b Underpayment Penalty.</b> (Attach Form 2210ME.) Check here if you checked the box on Form 2210, line 17 .....	34b	156.00
	<b>c TOTAL AMOUNT DUE.</b> (Add lines 34a and 34b.) (Pay in full with return.) .....	34c	4059.00



**EZ PAY** at [www.maine.gov/revenue](http://www.maine.gov/revenue) or **ENCLOSE CHECK** payable to: **Treasurer, State of Maine. DO NOT SEND CASH**

**IMPORTANT NOTE**

If taxpayer is <b>deceased</b> , enter <b>date of death</b> . (Month) (Day) (Year)	If spouse is <b>deceased</b> , enter <b>date of death</b> . (Month) (Day) (Year)
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**Third Party Designee** Do you want to allow another person to discuss this return with Maine Revenue Services? **Yes** (complete the following).  **No**.

(See page 5 of the instructions)

Designee's name	Phone no.	Personal identification #:
-----------------	-----------	----------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>SIGN HERE</b> Keep a copy of this return for your records	Your signature	Date signed	SOFTWARE ENGINEER Your occupation
	Spouse's signature (If joint return, <b>both</b> must sign)	Date signed	Spouse's occupation
<b>Paid Preparer's Use Only</b>	APPANA RUPA VENKATA SATYA S Preparer's signature	06 04 2018 Date	678 965 9729 Preparer's phone number
	GLOBAL TAXES LLC Print preparer's name and name of business		P02090332 Preparer's SSN or PTIN

**Avoid errors that delay processing of returns:**

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- **Line A.** Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- **Lines 12 and 17.** If you are over 65 and/or blind, see the instructions on page 4 and claim the additional amount as allowed.
  - **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
  - Double check social security numbers, filing status, and number of exemptions.
  - Double check mathematical calculations.
    - Be sure to sign your return.
  - Enclose W-2 forms with the return.

If requesting a **REFUND**, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066  
 If **NOT** requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067



**SCHEDULE 2  
FORM 1040ME  
2017**

**ITEMIZED DEDUCTIONS  
for Form 1040ME, line 17**



09

Attachment  
Sequence No. 6

Enclose with Form 1040ME  
For more information, visit [www.maine.gov/revenue/forms](http://www.maine.gov/revenue/forms).

1702204

Name(s) as shown on Form 1040ME

Your Social Security Number

NAVEEN SAKHAMURI

737 18 4763

1	Total itemized deductions from federal Form 1040, Schedule A, line 29.....	1	17596 .00
2	a Income taxes imposed by this state or any other taxing jurisdiction or general sales taxes included in line 1 above from federal Form 1040, Schedule A, line 5 .....	2a	4186 .00
	Complete the worksheet below if Form 1040ME, line 14 exceeds \$313,800 if married filing jointly, \$287,650 if head-of-household, \$261,500 if single or \$156,900 if married filing separately.		
	b Deductible costs, included in line 1 above, incurred in the production of Maine exempt income .....	2b	.00
	c Amount included in line 1 attributable to income from an ownership interest in a pass-through entity financial institution .....	2c	.00
	d Medical and dental expenses included in line 1 above from federal Form 1040, Schedule A, line 4.....	2d	.00
3	Deductible costs of producing income exempt from federal income tax, but taxable by Maine.....	3	.00
4	Line 1 minus lines 2a, b, c, and d plus line 3. ....	4	13410 .00
5	Maximum allowable itemized deduction.....	5	28,600 .00
6	Enter the smaller of line 4 or line 5.....	6	13410 .00
7	Add line 2d and line 6. Enter the result here and on Form 1040ME, line 17* .....	7	13410 .00

\*NOTE: If the amount on line 7 above is less than your allowable standard deduction, use the standard deduction. If Married Filing Separately, however, both spouses must either itemize or use the standard deduction.

**CAUTION: Your deduction, on line 7 above may be limited. You must complete the Worksheet for Standard / Itemized Deductions (for Form 1040ME, line 17) to calculate your reduced deduction amount if the amount on Form 1040ME, line 16 is more than \$70,000 if single or married filing separately; \$105,000 if head of household; or \$140,000 if married filing jointly or qualifying widow(er).**

**2017 Worksheet for Maine Schedule 2, line 2a**

For individuals whose federal adjusted gross income exceeds \$313,800 if married filing jointly or qualifying widow(er), \$287,650 if head-of-household, \$261,500 if single or \$156,900 if married filing separately.

1	Enter total state and local income taxes or sales taxes (from federal Schedule A, line 5).....	1	\$
2	Enter federal itemized deductions subject to reduction (from federal itemized deductions worksheet, line 3). ....	2	\$
3	Divide line 1 by line 2. Calculate to four decimals. Enter result here. ....	3	
4	Enter federal itemized deductions disallowed (from federal itemized deductions worksheet, line 9).....	4	\$
5	Multiply line 4 by line 3. Enter result here.....	5	\$
6	Subtract line 5 from line 1. Enter result here and on Schedule 2, line 2a .....	6	\$



**Underpayment of Estimated Tax  
by Individuals, Estates or Trusts**  
Enclose with your Form 1040ME or Form1041ME  
(See instructions on back)

For calendar year 2017 or fiscal year beginning \_\_\_\_\_, 2017 and ending \_\_\_\_\_,

Name(s) as shown on Form 1040ME or 1041ME \_\_\_\_\_ Your SSN or EIN (do not enter / or -)  
NAVEEN SAKHAMURI 7, 3, 7, 1, 8, 4, 7, 6, 3,

**Part I — Calculating Your Underpayment**

1. 2017 tax. (Form 1040ME - line 24 minus lines 25c, 25d, and 25e or Form 1041ME - line 6 minus any refundable tax credit included on Form 1041ME, line 7c) ..... **1.** 3903.
2. Multiply tax on line 1 by 90% (66 2/3% for farmers and fishermen) ..... **2.** 3513.
3. 2017 Maine Income Tax Withheld, Form 1040ME, line 25a, or Form 1041ME, line 7a. .... **3.** \_\_\_\_\_
4. Subtract line 3 from line 1. If the result is less than \$1,000, do not complete or file this form..... **4.** 3903.
5. 2016 tax (if short year, enter the amount from line 2): 2016 Form 1040ME, line 24 minus lines 25c, 25d, and 25e or 2016 Form 1041ME, line 6 minus any refundable tax credit included on Form 1041ME, line 7c. If less than \$1,000, do not complete or file this form ..... **5.** \_\_\_\_\_
6. Enter line 2 or line 5, whichever is less ..... **6.** 3513.
7. Multiply the amount on line 6 by .25 (to compute the amount for line 9). Enter result here ..... **7.** 878.

	<b>A</b> <b>April 18, 2017</b>	<b>B</b> <b>June 15, 2017</b>	<b>C</b> <b>Sept. 15, 2017</b>	<b>D</b> <b>Jan. 16, 2018</b>
<b>8. Due dates</b> for estimated tax payments ..... <b>8.</b>				
<b>9. Estimated tax due.</b> Enter amount from line 7 above or line 25 of annualized worksheet under each payment due date ..... <b>9.</b>	878.	878.	878.	879.
<b>10. Less tax payments.</b>				
<b>a. Tax withheld</b> (Enter 25% [0.25] of line 3 in each column)..... <b>10a.</b>				
<b>b. Estimated tax paid</b> by due date on line 8 ..... <b>10b.</b>				
<b>c. Amount carried forward</b> (overpaid) from line 11b, previous column. For column A, enter credit carried forward from previous tax year..... <b>10c.</b>				
<b>d. Total.</b> Add lines 10a, 10b and 10c..... <b>10d.</b>				
<b>11. Subtract</b> line 10d from line 9 (may be a negative amount)..... <b>11.</b>	878.	878.	878.	879.
<b>a. If line 9 is larger</b> than line 10d, enter the <b>underpayment</b> here ..... <b>11a.</b>	878.	878.	878.	879.
<b>b. If line 10d is larger</b> than line 9, enter <b>overpayment</b> here..... <b>11b.</b>				

**Part II — Calculating the Penalty — For Quarters with entries on line 11a**

<b>12.</b> Enter date of payment of the underpayment on line 11a or the 15th day of the fourth month after close of taxable year, whichever is earlier. <b>12.</b>	04-16-2018	04-16-2018	04-16-2018	04-16-2018
<b>13.</b> Number of months from due date of installment (line 8) to date shown on line 12. A part of a month is considered a whole month ..... <b>13.</b>	12	10	7	3
<b>14.</b> Enter the rate from the table on next page..... <b>14.</b>	0.068741	0.056381	0.038107	0.015075
<b>15.</b> Underpayment Penalty — Multiply underpayment on line 11a by the rate on line 14..... <b>15.</b>	60.	50.	33.	13.
<b>16.</b> Total of amounts shown on line 15. Enter result here and on Form 1040ME, line 34b or Form 1041ME, line 8b. .... <b>16.</b> <u>156.</u> (If zero, do not file this form. However, if you used the annualized income installment method, you <u>must</u> file this form even if the penalty amount is zero.)				
<b>17.</b> Check here <u>and</u> on <b>Form 1040ME, line 34b</b> or <b>Form 1041ME, line 8b</b> , if you use the annualized income installment method..... <b>17.</b> <input type="checkbox"/>				

Maine Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . NAVEEN
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . SAKHAMURI
Social Security No. 737-18-4763
Occupation . . . . . SOFTWARE ENGINEER
Date of Birth . . . . . 05-02-1991
Age as of 1-1-2018 26
Date of Death . . . . .
Work Phone . . . . . \*
Home Phone . . . . . \*

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .
Occupation . . . . .
Date of Birth . . . . .
Age as of 1-1-2018. . . . .
Date of Death. . . . .
Work Phone . . . . . \*
\* Check to print phone numbers on income tax form

Street Address . . . 29319 DEER TRAIL Apartment No.
City . . . . . ALPHARETTA State . . GA ZIP Code . . . 30004
Foreign country . . .
Foreign province/county . . Foreign postal code . .

Part II – Resident Status

- X Form 1040ME: Full-Year Resident.
Form 1040ME: "Safe Harbor" Resident
Form 1040ME: Part-Year Resident
Residency dates: From To
Form 1040ME: Nonresident
Form 1040ME: Nonresident alien
Enter Nonresident and Part-year resident allocations on Worksheet B

Part III – Filing Status

- X Single
Married filing jointly
Married filing separately
Head of household
Qualifying widow(er) with dependent child

Schedule NRH filers:

If your filing status on your federal return is Married Filing Jointly, and you qualify and choose to file as Single in Maine, then this return is for the:

- Taxpayer Spouse

Enter Taxpayer/Spouse Allocations for filers of Schedule NRH

**Part IV – Form 2210 Information**

Enter taxable income from 2016 return Form 1040ME, line 19 . . . . . \_\_\_\_\_

**Part V – Other Information**

**Maine Clean Election Fund** - This will **not** increase or reduce your tax

- You want \$3 to go to this fund
- If a joint return, spouse wants \$3 to go to this fund

**Farmer and Fisherman Status**

- At least two-thirds of gross income is derived from farming or fishing
- You are a farmer or fisherman and plan to file your tax return **and** pay all taxes due by due date

**First Time Estimate Filer**

- You are a first-time estimate filer (Form 1040ES-ME)

**Address Change:**

- Address has changed since last year (Form 1040ES-ME)

**Maine Revenue Service to figure the underpayment penalty**

- You want the Maine Revenue Service to figure the underpayment penalty Form 2210ME

**Claimed as a Dependent**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the taxpayer claimed as a dependent on someone else's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the spouse claimed as a dependent on someone else's tax return?   |

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

**See Tax Help for Refund Expectation**

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <b>Yes</b>                          | <b>No</b>                |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Use <b>direct deposit</b> for <b>state tax refund</b> ?                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Use <b>electronic funds withdrawal</b> for <b>state tax payment</b> (EF Only)? |

**Bank Information:**

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

Name of Financial Institution (optional) . . . . . BANK OF AMERICA

Account type . . . . .  Checking  Savings

Routing number . . . . . 081000032

Account number . . . . . 355004206445

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

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.? |
- \_\_\_\_\_ Bank name for International ACH Transaction

**Part VII – Paid Preparer and Third Party Designee Information**

Enter the preparer's assigned number from Preparer's Information Worksheet . . . . . 1  
Check if this tax return was prepared by the taxpayer or another non-paid preparer . . . . .

Would you like to allow another person to discuss this return with Maine Revenue Services?

- Yes, the preparer
- Yes, the Third Party Designee below
- No

Designee's name . . . . . Personal Identification Number (5 digits) . . . . .  
Designee's phone number . . . . .

**Part VIII – Extension Status**

**Yes No**  
  Tax return due date extended?

Extended due date . . . . .  
**QuickZoom** to Form 1040EXT-ME: Extension Payment Voucher . . . . . ▶

**Part IX – Amended Return**

Filing a Maine amended return  
Enter the tax year you are amending . . . . .  
Previous Maine payment made . . . . .  
Previous Maine refund received . . . . .

**QuickZoom** to Form 1040ME . . . . . ▶

**Part X – Electronic Filing**

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

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

The state return will be filed 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 this return was prepared . . . . .  
Date return was EFiled . . . . .  
Date return was accepted by state . . . . .  
Date Form1040ME-PV was given to client . . . . .

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<b>QuickZoom</b> to Form 1040ME . . . . .	▶	_____
<b>QuickZoom</b> to Schedule A . . . . .	▶	_____

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► Keep for your records

Name(s) Shown on Return  
NAVEEN SAKHAMURI

Your Social Security Number  
737-18-4763

**Part I 2018 Estimated Tax Amount Options**

**1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:**

- a 100% of **2017** taxes (default, see Tax Help) . . . . .  3,903.
- b 100% of tax on **2018** estimated taxable income . . . . .  4,279.
- c 90% of tax on **2018** estimated taxable income . . . . .  3,852.
- d 66-2/3% of tax on **2018** estimated taxable income (farmers and fishermen) . . . . .  2,853.
- e Equal to 100% of overpayment (no vouchers) . . . . .
- f Enter total amount you want to use for estimates and check box . . . . . ►

**2 Selected estimated tax amount:**

- a **2018** Required Annual Payment based on your choice above . . . . . 3,903.
- b Estimated amount of **2018** state income tax withholding . . . . .
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 3,903.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$1000 or more (default) . . . . .
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
- c Calculate estimates regardless of amount . . . . .
- d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

**1** Amount of overpayment available (Form 1040-ME, line 33) . . . . .

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . .
- b Apply all (increase estimate if required) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . . 3,904.
- d Apply to extent of first quarter amount and refund excess . . . . . 976.
- e Enter amount you want to apply . . . . . ►
- f Amount applied to **2018** estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 0.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options** (see Tax Help for printing ES amounts on Client Letter)

**1 Select Rounding Option:**

- a  ◀ Round up to next \$1    b  ◀ Round up to next \$10    c  ◀ Round up to next \$100    d  ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a  ◀ Print (per Part I, lines 3a - c)    b  ◀ Print only name, etc.    c  ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 15, 2018	<b>2</b> Jun 15, 2018	<b>3</b> Sep 15, 2018	<b>4</b> Jan 15, 2019	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, 2018, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .	976.	976.	976.	976.	3,904.
<b>4</b> Overpayment applied . . . . .	0.	0.	0.	0.	0.
<b>5</b> Net payment due . . . . .	976.	976.	976.	976.	3,904.
<b>6</b> Voucher amounts . . . . .	976.	976.	976.	976.	3,904.

**Part V Changes to Income, Deductions and Withholding for 2018**

2017 income and deductions are shown in the '2017 Actual' column below.

**\*Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2017 Actual	*2018 Estimated
A Total gross income . . . . .	76483.	
B Interest on U.S. obligations, social security and railroad retirement benefits, and pension income deductions . . . . .		
C Interest from municipal and state bonds other than Maine		
D Estimated itemized or standard deduction . . . . .	12251.	11800.
E Exemptions . . . . .	4050.	0.
F Tax credit recapture amounts . . . . .		
G Personal credits . . . . .	0.	
H Estimated tax to be withheld . . . . .		

**Part VI 2018 Estimated Taxable Income and Tax**

1 Total income expected in 2018 (line 1, 2018 federal Estimated Tax Worksheet) . . .	1	76483.
2 Deduct: Interest on U.S. Obligations, social security and railroad retirement benefits, state income tax refunds, and pension income deduction amounts (see worksheet below) included in line 1 . . . . .	2	
3 Line 1 less line 2 . . . . .	3	76483.
4 Add — interest from municipal and state bonds other than Maine . . . . .	4	
5 Adjusted gross income for Maine (line 3 plus line 4) . . . . .	5	76483.
6 a Deductions — standard (see below) or itemized (up to \$29,050) . . . . .	6 a	10953.
b Exemptions — enter the exemption amount from your 2018 federal estimated tax worksheet . . . . .	b	0.
7 Total of lines 6a and 6b . . . . .	7	10953.
8 Maine estimated taxable income (line 5 less line 7) . . . . .	8	65530.
9 Estimated tax (apply proper tax rate schedule to amount on line 8) . . . . .	9	4279.
10 Tax credit recapture amounts . . . . .	10	
11 Credits . . . . .	11	0.
12 <b>Estimated Tax</b> (add lines 9 and 10 less line 11) . . . . .	12	4279.

**Pension Income Deduction Worksheet — (included on line 2 above)**

	Taxpayer	Spouse*
1 Total eligible <b>non-military</b> pension income including individual retirement account (IRA) benefits - both Maine and non-Maine sources - included in your federal adjusted gross income. ( <b>Do not</b> include social security or railroad retirement benefits received or pension benefits received under IRC 457(b) prior to age 55 that are not part of a series of substantially equal periodic payments made for the life of the recipient or the joint lives of the recipient and the recipient's beneficiary, lump-sum distributions included on federal Form 4972, distributions subject to the additional 10% federal tax on early distributions or refunds of excess contributions.) . . . . .	1	0.
2 Maximum allowable deduction . . . . .	2	10000.
3 <b>Total</b> social security and railroad retirement benefits you received — whether taxable or not . . . . .	3	0.
4 Subtract line 3 from line 2 (if zero or less, enter zero) . . . . .	4	0.
5 Enter the smaller of line 1 or line 4 here . . . . .	5	0.

<b>6</b>	Total eligible <b>military</b> pension income . . . . .	<b>6</b>	\$ _____	\$ _____
<b>7</b>	Add line 5 and line 6. Enter result here and line 2 above. . .	<b>7</b>	\$ _____	\$ _____

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***\*Use this column only if filing a married-joint return and only if spouse separately earned an eligible pension.***

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## Smart Worksheets from your 2017 Maine Tax Return

SMART WORKSHEET FOR: Form 1040ME: Individual Income Tax Long Form

<b>Line 17 – Worksheet for Standard / Itemized Deductions</b>	
Use this worksheet to calculate your standard deduction or itemized deduction if your Maine adjusted gross income for 2017 is greater than \$70,000 if single or married filing separately; \$105,000 if head of household; or \$140,000 if married filing jointly or qualifying widow(er).	
<b>a</b> Enter your 2017 Maine adjusted gross income (Form 1040ME, line 16) . . . . .	<b>a</b> <u>76,483.</u>
<b>b</b> Enter \$70,000 if single or married filing separately; \$105,000 if head of household; or \$140,000 if married filing jointly or qualifying widow(er). . . . .	<b>b</b> <u>70,000.</u>
<b>c</b> Subtract line b from line a. If zero or less, STOP here. Your deduction is not limited. . . . .	<b>c</b> <u>6,483.</u>
<b>d</b> Enter \$75,000 if single or married filing separately; \$112,500 if head of household; or \$150,000 if married filing jointly or qualifying widow(er). . . . .	<b>d</b> <u>75,000.</u>
<b>e</b> Divide line c by line d. If one or more, enter 1.0000. . . . .	<b>e</b> <u>0.0864</u>
<b>f</b> Enter the 2017 Maine standard deduction for your filing status or your 2017 Maine itemized deductions from Form 1040ME, Schedule 2, line 7, whichever applies . . . . .	<b>f</b> <u>13,410.</u>
<b>g</b> Multiply line f by line e. . . . .	<b>g</b> <u>1,159.</u>
<b>h</b> <b>2017 Maine itemized deductions or standard deduction.</b> Subtract line g from line f. Enter this amount on Form 1040ME, line 17. . . . .	<b>h</b> <u>12,251.</u>
<b>Note:</b> If you file Schedule NRH use the Worksheets for Standard / Itemized Deductions calculated on Schedule NRH, Line 8, Columns A and B.	

SMART WORKSHEET FOR: Estimated Tax Worksheet

<b>Itemized or Standard Deduction Reduction Smart Worksheet</b>	
This worksheet will calculate the reduction in the standard or itemized deduction when the Maine income exceeds \$71,100 if Single or Married Filing Separate, \$106,650 if Head of Household, or \$142,200 if Married Filing Jointly or a Qualifying Widow(er).	
<b>1.</b> Enter your estimated 2018 Maine adjusted gross income. . . . .	<u>76483.</u>
<b>2.</b> Enter \$71,100 if single or married filing separately; \$106,650 if head of household; or \$142,200 if married filing jointly or a qualifying widow(er) . . . . .	<u>71100.</u>
<b>3.</b> Subtract line 2 from line 1. If zero or less, do not complete this worksheet. . . . .	<u>5383.</u>
<b>4.</b> Enter \$75,000 if single or married filing separately; \$112,500 if head of household; or \$150,000 if married filing jointly or a qualifying widow(er) . . . . .	<u>75000.</u>
<b>5.</b> Divide line 3 by line 4. If one or more, enter 1.0000. . . . .	<u>0.0718</u>
<b>6.</b> Enter the 2018 standard deduction amount for your filing status or your total estimated 2018 Maine itemized deductions, whichever applies. . . . .	<u>11800.</u>
<b>7.</b> Multiply line 6 by line 5. . . . .	<u>847.</u>
<b>8. Estimated 2018 Maine itemized or standard deduction.</b> Subtract 7 from 6. . . . .	<u>10953.</u>