

2017



170101

Form North Dakota Office of State Tax Commissioner ND-1 Individual income tax return

484-77-3890

BHAVYA MALLELA

901 42ND ST S 102

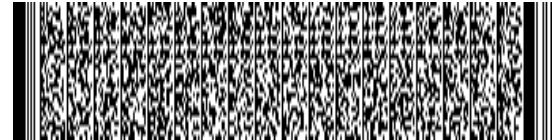
FARGO ND 58103

Deceased: Date of death: [] [] [] [] [] [] [] [] [] []

Fill in if applicable:

- Fiscal year end: ___/___/___
Amended: [] General [] Federal NOL
[] Extension
[] MN/MT Reciprocity State ___

- A. Filing status used on federal return: [X] 1. Single [] 2. Married filing jointly [] 3. Married filing separately [] 4. Head of household [] 5. Qualifying widow(er) with dependent child



B. School district code: 09-001 (see page 19)

C. Income source code: 5 (see page 11)

D. Federal adjusted gross income from Form 1040, line 37, or Form 1040A, line 21, or Form 1040EZ, line 4. Attach copy of 2017 federal return. (SX) D 6462

1. Federal taxable income from Form 1040, line 43, or Form 1040A, line 27, or Form 1040EZ, line 6 (If zero, see page 12 of instructions) (SS) 1 -3938

Additions

- 2. Lump-sum distribution from Federal Form 4972 (NA) 2
3. Adjustment for loss from an S corporation that elected to be taxed as a C corporation (NB) 3
4. a. Planned gift or endowment tax credit adjustment to income (NK) 4a
b. Housing incentive fund tax credit adjustment to income (AP) 4b
5. Total additions. Add lines 2 through 4b 5
6. Add lines 1 and 5 6 -3938

Subtractions

- 7. Interest from U.S. obligations (SN) 7
8. Net long-term capital gain exclusion (from worksheet on page 13 of instructions) (NC) 8
9. Exempt income of an eligible Native American (S4) 9
10. Benefits received from U.S. Railroad Retirement Board (S5) 10
11. Adjustment for income from an S corporation that elected to be taxed as a C corporation (S6) 11
12. National Guard/Reserve member federal active duty pay exclusion (Attach copy of Title 10 orders) (NI) 12
13. Nonresident only: Servicemembers Civil Relief Act adjustment (Attach copy of Form W-2) (NJ) 13
14. College SAVE account deduction (AA) 14
15. Qualified dividend exclusion (AO) 15
16. Total other subtractions (Attach Schedule ND-ISA) (AB) 16
17. Total subtractions. Add lines 7 through 16 17
18. North Dakota taxable income. Subtract line 17 from line 6. If less than zero, enter 0 (ND) 18

484-77-3890
North Dakota Office of State Tax Commissioner
2017 Form ND-1, page 2



19. Enter your **North Dakota taxable income** from line 18 of page 1 _____ **19** _____

Tax Calculation

20. Tax. If a **full-year resident**, enter amount from Tax Table on page 20 of instructions; however, if you have farm income or sold a research tax credit, see page 13 of instructions; **OR**
 If a **full-year nonresident** or **part-year resident**, enter amount from Schedule ND-1NR, line 21; however, if you sold a research tax credit, see page 13 of instructions _____ **(SB) 20** _____

Credits

21. Credit for income tax paid to another state or local jurisdiction (*Attach Schedule ND-1CR*) _____ **(SD) 21** _____
 22. Marriage penalty credit for joint filers (*From worksheet on page 14 of instructions*) _____ **(AC) 22** _____
 23. Total other credits (*Attach Schedule ND-ITC*) _____ **(AE) 23** _____
 24. Total credits. Add lines 21 through 23 _____ **24** _____
 25. **Net tax liability.** Subtract line 24 from line 20. **If less than zero, enter 0.** _____ **(SE) 25** _____

Tax Paid

26. North Dakota income tax withheld from wages and other payments
 (*Attach W-2s, 1099s, and/or N.D. K-1s*) _____ **(SF) 26** _____ **78**
 27. Estimated tax paid on 2017 Forms ND-1ES and ND-1EXT
 plus an overpayment, if any, applied from your 2016 return _____ **(S&) 27** _____
 28. Total payments. Add lines 26 and 27 _____ **(AJ) 28** _____ **78**

Refund

29. **Overpayment** - If line 28 is MORE than line 25, subtract line 25 from line 28; otherwise, go to line 33. **If less than \$5.00, enter 0.** _____ **(SG) 29** _____ **78**
 30. Amount of line 29 that you want applied to your 2018 estimated tax _____ **(SQ) 30** _____
 31. Voluntary Watchable Trees for ND
 contribution to: Wildlife Fund **(SP)** _____ Program Trust Fund **(SW)** _____ **Enter total: 31** _____
 32. **Refund.** Subtract lines 30 and 31 from line 29. **If less than \$5.00, enter 0.** _____ **(SR) 32** _____ **78**
 To **direct deposit** your refund, complete items a, b, and c. (See page 15)
 a. Routing Number: 081000032
 b. Account Number: 355006794719
 c. Type of account: Checking Savings

Tax Due

33. **Tax due** - If line 28 is LESS than line 25, subtract line 28 from line 25. **If less than \$5.00, enter 0.** _____ **(SZ) 33** _____
 34. Penalty **(AK)** _____ Interest **(AL)** _____ **Enter total: 34** _____
 35. Voluntary Watchable Trees for ND
 contribution to: Wildlife Fund **(SU)** _____ Program Trust Fund **(SY)** _____ **Enter total: 35** _____
 36. **Balance due.** Add lines 33, 34, 35, and if applicable, line 37. **Pay to: ND State Tax Commissioner** _____ **36** _____
 37. Interest on underpaid estimated tax from Schedule ND-1UT _____ **(SO) 37** _____

Check the boxes that apply: (see page 16 of instructions) **1099-G consent** - I agree to obtain Form 1099-G electronically at www.nd.gov/tax
 Disclosure Authorization - I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer identified below.

I declare that this return is correct and complete to the best of my knowledge and belief. **Privacy Act - See inside front cover of booklet.*

Your signature		Date	Phone number (land line)	This Space Is For Tax Department Use Only
Spouse's signature		Date	Cell phone number	
Paid preparer signature		PTIN	Date	
APPANA RUPA VENKATA SAT		P02090332	06/11/2018	
Print name of paid preparer			Preparer's phone number	
GLOBAL TAXES LLC			(678) 965-9729	

▶ **Attach copy of 2017 federal income tax return** ▶ **Mail to: State Tax Commissioner, PO Box 5621, Bismarck, ND 58506-5621**



Part I — Personal Information

Taxpayer:

First Name BHAVYA
Middle Initial Suffix
Last Name MALLELA
Social Security No. 484-77-3890
Date of Birth 01/02/1991
Date of Death
Daytime Phone *
Cell Phone (660)441-3332 **
Home Phone *

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
Date of Death
Daytime Phone *
Cell Phone **

Is the taxpayer (and spouse) social security numbers above correct? Yes ► [X] No ► []

* Check one of these boxes to print daytime or home phone number on the government forms.

** Check one of these boxes to print cell phone number on the government forms.

Mailing Address 901 42nd st S Apt Number 102
Additional Address
City FARGO State ND ZIP Code 58103
Country

Check to confirm address information is correct [X]

School District Code 09-001

Income Source 5

Part II — Main Form

- [X] Resident Tax Return QuickZoom to Form ND-1 ►
[] Nonresident Tax Return QuickZoom to Form ND-1 ►
[] Part-Year Resident Tax Return QuickZoom to Form ND-1 ►

If a full-year nonresident or part-year resident, enter the other state of residence

If a part-year resident, enter the dates you were a

North Dakota resident from to

Part III — Filing Status

- [X] Single
[] Married filing joint return
[] Married filing separate return
[] Head of household (with qualifying person)
[] Qualifying widow(er)

Part IV — Form ND-1 Filers

Minnesota Montana

[] [] Check the box for your state of residence if you are a Minnesota or Montana resident whose entire gross income from North Dakota sources qualifies for reciprocity treatment

If you manually prepared Schedule ND-1FA, enter the tax amount here

If you manually prepared Schedule ND-1CS, enter the tax amount here

1099-G Consent

Yes No
[] [] Check the box to agree to obtain Form 1099-G electronically at www.nd.gov/tax

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 North Dakota Office of State Tax Commissioner, as applicable by law.

[X] 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.

Table with 2 columns: Description, Filename. Contains 3 empty rows.

PIN Information:

Yes No

[X] Will Federal PIN(s) be used? (See help)

Date return was EFiled
Date return was accepted by the state
Enter the date Form ND-1V was given to client

Part VI – Direct Deposit Information

Yes No

[X] Do you want to elect direct deposit of state tax refund?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected direct deposit, fill out the information below:

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

[X] Checking account
Savings account

Routing number 081000032
Account number 355006794719

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

International ACH Transactions:

Yes No

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

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer/ERO Information menu . . . 1

Yes No

[] Is your preparer authorized to discuss this return with the ND Office of State Tax Commissioner?

Part VIII – Extension Status

Yes No

[X] Did you file for an extension on your federal return?
[X] Has the tax return due date been extended by federal Form 4868 for a six month extension?

Yes No

[X] Was a payment made with Form ND-1EXT?

QuickZoom to Form ND-1EXT: Extension Payment Voucher

QuickZoom to Form ND-1

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>BHAVYA MALLELA</u>	Social Security Number <u>484-77-3890</u>
-------------------------------	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	78.
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 a	Withholding from Schedule K-1 (Form 38, Form 58, Form 60)	13 a	
b	Other state tax withholding	b	
c	<input type="checkbox"/> Schedule K-1 (Form 38, Form 58, Form 60) withholding maybe included on both lines 13a and 13b. The lower amount is being subtracted on line 13c. If this is not the correct amount to subtract enter the correct amount as a negative figure here	c	
14	Total income tax withheld	14	78.
15	Date return will be filed and balance paid	15	