

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>RAMAKRISHNA RAO KARRA</b>	Social security number <b>697-85-9506</b>
Spouse's name <b>SATYA HIMABINDU RANI</b>	Spouse's social security number <b>954-96-4821</b>

**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>114,432.</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>8,784.</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>17,108.</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>8,324.</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 as my signature on my tax year 2017 electronically filed income tax return.

5	9	5	0	6
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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 GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

6	4	8	2	1
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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

See separate instructions.

Your first name and initial <b>RAMAKRISHNA RAO</b>	Last name <b>KARRA</b>	<b>Your social security number</b> 697-85-9506
If a joint return, spouse's first name and initial <b>SATYA HIMABINDU</b>	Last name <b>RANI</b>	<b>Spouse's social security number</b> 954-96-4821
Home address (number and street). If you have a P.O. box, see instructions. <b>8140 RANDOLPH WAY</b>		Apt. no. <b>204</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>ELLCOTT CITY MD 21043</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**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 . . . . .

(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)
SRI KRISHNA	KARRA	954-96-4919	Daughter	<input checked="" type="checkbox"/>
SAI VARUN	KARRA	954-96-4969	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Boxes checked on 6a and 6b** 2

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

- lived with you 2
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

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

**Add numbers on lines above** 4

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	116,432.
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 total income ▶	22	116,432.

**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	2,000.
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	2,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	114,432.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	114,432.
<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>	21,992.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	92,440.
<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>	16,200.
<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>	76,240.
<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>	10,534.
<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>	10,534.
<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>	1,750.
<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>	1,750.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	8,784.
<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>	8,784.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	17,108.
<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>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<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>	17,108.
<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>	8,324.
<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>	8,324.
<b>b</b>	Routing number 064000020 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 444006099590		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶ <b>77</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>78</b>	
<b>79</b>	Estimated tax penalty (see instructions) ▶ <b>79</b>	<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	Daytime phone number
_____	_____	SOFTWARE ENGINEER	_____
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.)
_____	_____	HOMEMAKER	_____

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/25/2018	<input type="checkbox"/>	P02090332
Firm's name ▶	Firm's EIN ▶		Phone no.	
GLOBAL TAXES LLC	30-1017196		(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

RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

697-85-9506

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>	
<b>2</b>	Enter amount from Form 1040, line 38 <b>2</b>		
<b>3</b>	Multiply line 2 by 7.5% (0.075). . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	<b>4</b>	

**Taxes You Paid**

<b>5</b>	State and local ( <b>check only one box</b> ):	<b>5</b>	
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		3,437.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Personal property taxes . . . . .	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8 . . . . .	<b>9</b>	3,437.

**Interest You Paid**

**Note:**  
Your mortgage interest deduction may be limited (see instructions).

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	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 ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14 . . . . .	<b>15</b>	

**Gifts to Charity**

If you made a gift and got a benefit for it, see instructions.

<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .	<b>16</b>	
<b>17</b>	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 . . . . .	<b>17</b>	
<b>18</b>	Carryover from prior year . . . . .	<b>18</b>	
<b>19</b>	Add lines 16 through 18 . . . . .	<b>19</b>	

**Casualty and Theft Losses**

<b>20</b>	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 . . . . .	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	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> . . . . .	<b>21</b>	20,844.
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	20,844.
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 114,432.		
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	2,289.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>	18,555.

**Other Miscellaneous Deductions**

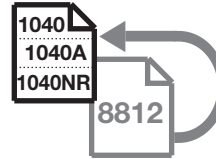
<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	
	<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.		21,992.
	<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.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ▶ <input type="checkbox"/>		

**SCHEDULE 8812**  
**(Form 1040A or 1040)**

# Child Tax Credit



OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

Name(s) shown on return

RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

Your social security number

697-85-9506

**Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)**



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

**Part II Additional Child Tax Credit Filers**

<b>1</b> If you file Form 2555 or 2555-EZ, <b>stop</b> here; you cannot claim the additional child tax credit.				
If you are required to use the worksheet in <b>Pub. 972</b> , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:				
<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).		<b>1</b>		1,750.
<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).				
<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).				
<b>2</b> Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49		<b>2</b>		1,750.
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit		<b>3</b>		0.
<b>4a</b> Earned income (see separate instructions)	<b>4a</b>			
<b>b</b> Nontaxable combat pay (see separate instructions)	<b>4b</b>			
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>			
<b>6</b> Multiply the amount on line 5 by 15% (0.15) and enter the result		<b>6</b>		
<b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.				

**Part III Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .	<b>7</b>	
<b>8</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.  <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>8</b>	
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).  <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>	

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>	
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Enter this amount on  
Form 1040, line 67,  
Form 1040A, line 43, or  
Form 1040NR, line 64.

**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

**2017**

Department of the Treasury  
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Taxpayer identification number 697-85-9506
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>2</b> Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount . . . . .</li> </ul>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>4</b> Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>		
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>		

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC** (If the return does not claim CTC or ACTC, go to Part IV.)

<b>10a</b> Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.) . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>c</b> Have you determined that the taxpayer has not released the claim to another person? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

<b>11</b> Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

**Part V Credit Eligibility Certification**

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
  - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of Form 8867,
    2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
    3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
    4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
    5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

<b>12</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---



# 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>RAMAKRISHNA RAO KARRA</b>	Occupation in which you incurred expenses	Social security number <b>697-85-9506</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>	2,400.
<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>	14,400.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	1,644.
<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>	20,844.

**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**

## Moving Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

**2017**  
Attachment  
Sequence No. **170**

Name(s) shown on return

Your social security number

RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

697-85-9506

**Before you begin:**    ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.  
                                  ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1    Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	1,500.
2    Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	500.
3    Add lines 1 and 2 . . . . .	<b>3</b>	2,000.
4    Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	
5    Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	2,000.

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					116,432.
Adjustments to income					2,000.
Adjusted gross income					114,432.
Tax expense . . . . .					3,437.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					18,555.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					21,992.
Exemption amount . .					16,200.
Taxable income . . . .					76,240.
Tax . . . . .					10,534.
Alternative min tax . .					
Total credits . . . . .					1,750.
Other taxes . . . . .					
Payments . . . . .					17,108.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					8,324.
Effective tax rate % . .					7.68
**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 (RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI) and Social Security Number (697-85-9506)

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, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

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. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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) . . . . . 59506 Spouse's PIN (5 numbers) . . . . . 64821 Date . . . . . 03/01/2018

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 . . . . . KARRA  
 First name . . . . . RAMAKRISHNA RAO  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 697-85-9506  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 11/02/1976 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 41  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . ramukarra@yahoo.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (732) 501-7225  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . RANI  
 First name . . . . . SATYA HIMABINDU  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 954-96-4821  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 12/27/1981 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 36  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . ramukarra@yahoo.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (732) 501-7225  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (732) 501-7225  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 8140 RANDOLPH WAY Apt no. . . . . 204  
 City . . . . . ELLICOTT CITY State . . . . . MD ZIP code . . . . . 21043

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.***
SRI KRISHNA KARRA		954-96-4919 Daughter	09/04/2007	10	12		L	
SAI VARUN KARRA		954-96-4969 Son	06/15/2012	5	12		L	

\* **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 RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security Number 697-85-9506
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .	116,432.	<u>MD</u>	<u>MD</u>	44,963.
		<u>TX</u>	<u>TX</u>	71,469.
		—	—	
<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>							
<b>S</b>							

See Sch E Income Allocation Smart Worksheet

\* 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>	116,432.				
<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 . . . . .	2,000.	01/01	06/30	TX	0.
		07/01	12/31	MD	0.
<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 Other adjustments . . . . . T</b>						
<b>S</b>						
<b>31 Total adjustments . . . . . T</b>	2,000.					
<b>S</b>						
<b>32 Adjusted gross income . . . . . T</b>	114,432.					
<b>S</b>						

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI) and Social Security Number (697-85-9506)

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

- Options for Taxpayer and Spouse with a note: Alabama does not allow this option

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

- Options for Taxpayer and Spouse with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state: MD, License number: k-600-730-013-843, Issue date: 02/21/2018, Expiration date: 10/31/2019, Does not expire: [ ]

Spouse:

Issuing state: \_\_\_\_, License number: \_\_\_\_, Issue date: \_\_\_\_, Expiration date: \_\_\_\_, Does not expire: [ ]

State Identification Card Detail

Taxpayer:

Issuing state: \_\_\_\_, Identification number: \_\_\_\_, Issue date: \_\_\_\_, Expiration date: \_\_\_\_, Does not expire: [ ]

Spouse:

Issuing state: \_\_\_\_, Identification number: \_\_\_\_, Issue date: \_\_\_\_, Expiration date: \_\_\_\_, Does not expire: [ ]

\* 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:

- Options for 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

RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

Social Security Number

697-85-9506

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

Date Form 1040-V was given to client . . . . .

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN:

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Employer Identification Number: 30-1017196; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; Fax Number: ; 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.

Form with header 'State/City \*' and checkboxes for New York, Vermont, and blank lines.

**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".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
Form 5713, International Boycott Report . . . . . <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . . <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . . <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security Number 697-85-9506
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Laureate Education Inc		116,432.	17,108.	44,963.	3,437.
<b>Totals</b> . . . . .		116,432.	17,108.	44,963.	3,437.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	116,432.		116,432.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	17,108.		17,108.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	122,582.		122,582.
<b>4</b>	Total social security tax withheld . . . . .	7,600.		7,600.
<b>5</b>	Total Medicare wages and tips . . . . .	122,582.		122,582.
<b>6</b>	Total Medicare tax withheld . . . . .	1,777.		1,777.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	27,422.		27,422.
<b>b</b>	Elective deferrals to qualified plans . . . . .	6,150.		6,150.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	21,272.		21,272.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	6,314.		6,314.
<b>16</b>	Total state wages and tips . . . . .	44,963.		44,963.
<b>17</b>	Total state tax withheld . . . . .	3,437.		3,437.
<b>19</b>	Total local tax withheld. . . . .			



Name as shown on return RAMAKRISHNA RAO KARRA	Social Security Number 697-85-9506
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**Employer EIN** . . . . . 52-1492296  
**Employer Name** . . . . Laureate Education Inc  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 650 S Exeter Street  
**City** BALTIMORE **State** MD **ZIP** 21202  
**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 . . . . .	116,432.	<b>2</b> Federal tax withheld . . . . .	17,108.
<b>3</b> Social security wages . . . . .	122,582.	<b>4</b> Social sec tax withheld . . . . .	7,600.
<b>5</b> Medicare wages and tips . . . . .	122,582.	<b>6</b> Medicare tax withheld . . . . .	1,777.
<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:
C	70.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
D	6,150.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	21,202.	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
MD	521492296/000	44,963.	3,437.

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

**9** Verification Code . . . . . **9** 0B10-4334-8B43-AA64  
**10** Dependent care benefits (Check if employer furnished care at work) . . . ▶  **10** \_\_\_\_\_  
 Dependent care benefits - Amount forfeited from flexible spending account . . .  
**11** Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** \_\_\_\_\_

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).
SE125	6,314.	Other (not classified)

Keep for your records

RAMAKRISHNA RAO KARRA	697-85-9506 Page 2
<b>Employer Name</b> . . . . Laureate Education 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>E</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>F</b> If no FICA was withheld, check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only		
2 <input type="checkbox"/> Pay self-employment tax on W-2 income only		
3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance		
4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361		
<b>Non-Clergy only:</b>		
<b>G</b> If no FICA was withheld, check the applicable box below		
1 <input type="checkbox"/> Pay self-employment tax on this W-2 income		
2 <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>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		
<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. . . . . 697-85-9506

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suff. \_\_\_\_\_

RAMAKRISHNA RAO \_\_\_\_\_ KARRA \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP code \_\_\_\_\_

8140 RANDOLPH WAY, Apt. 204 \_\_\_\_\_ ELLICOTT CITY \_\_\_\_\_ MD 21043

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. . . . . ▶ \_\_\_\_\_

Name as Shown on Return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security No. 697-85-9506
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: 2 X \$1,000. Enter the result . . . . .	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	114,432.
3	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A filers:</b> Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total . . . . .	4	114,432.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$110,000</li> <li>Single, head of household, or qualifying widow(er) — \$75,000</li> <li>Married filing separately — \$55,000</li> </ul>	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	5,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result. . . . .	7	250.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	1,750.

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	10,534.
10	Add the amounts from — Form 1040, line 48 . . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result. . . . .	12	10,534.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	13	1,750.

Enter this amount on Form 1040, line 52, or Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
  - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Caution: Use this worksheet only if you answered 'Yes' on line 11 of the Child Tax Credit Worksheet above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: • Social security taxes from box 4, and • Medicare taxes from box 6. . . . . Railroad employees, see Note below.	6	9,377.
7	<b>1040 filers:</b> Enter the total of any — • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71. <b>1040A filers:</b> Enter the total of any — • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
13	<b>Next,</b> figure the amount of any of the following credits that you are claiming. • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <i>Then, go to line 13.</i> Enter the total of the amounts from — • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3.	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

Enter this amount on line 11 of the Child Tax Credit Worksheet.

Note: Railroad Employees

Include the following taxes in the total on line 6 of the Line 11 Worksheet:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security Number 697-85-9506
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			17,108.	3,437.	
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 . . . . .			17,108.	3,437.	
20	<b>Total Tax Payments for 2017</b> . . . . .			17,108.	3,437.	

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>RAMAKRISHNA RAO KARRA &amp; SATYA HIMABINDU RANI</b>	Social Security Number <b>697-85-9506</b>
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<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

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

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	116,432.	_____	116,432.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	116,432.	_____	116,432.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	116,432.	_____	116,432.
11 Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
12 SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	116,432.	_____	116,432.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	116,432.	_____	116,432.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received. . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2. . . . .	116,432.	_____	116,432.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	116,432.	_____	116,432.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	116,432.	_____	116,432.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security Number 697-85-9506
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**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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



Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		21,992.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		114,432.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		8,784.
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  
 RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 4

**Gross Income**

Wages and salaries . . . . .	116,432.
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> . . . . .	116,432.

**Adjustments to Income** . . . . . 2,000.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 114,432.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	3,437.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	18,555.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	21,992.
Standard deduction . . . . .	_____
Exemption amount . . . . .	16,200.

**Taxable Income** . . . . . 76,240.

Income tax . . . . .	10,534.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	10,534.
Nonbusiness credits . . . . .	1,750.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	1,750.
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 8,784.

Withholding . . . . .	17,108.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	17,108.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 8,324.

**Refund** . . . . . 8,324.

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

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

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	7.68 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 10,534.
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> . . . . . 10,534.

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 . . . . . 114,432.  
**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 . . . . . 114,432.  
**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
TX	01/01/17	06/30/17	6.2500	6.2500	0.0000	1,223.	0.	606.
MD	07/01/17	12/31/17	6.0000	6.0000	0.0000	946.	0.	477.

Total general sales taxes from table . . . . . 1,083.  
**H** **Enter** additions to table amount (motor vehicle, boat) . . . . . \_\_\_\_\_  
**I** Total sales taxes from table plus additions to table amount . . . . . 1,083.  
**J** **Enter** actual sales taxes paid (in lieu of table amount) . . . . . \_\_\_\_\_  
**K** Total income taxes paid . . . . . 3,437.

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

**Paid Preparer Smart Worksheet**

**If different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

**A** Enter paid preparer code from Firm/Preparer Info. . . . . 1

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

**General Information Smart Worksheet**

**A** Enter the new principal place of work for this move . . . \_\_\_\_\_

**B** Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form . . . . . \_\_\_\_\_

**C** Other allowance or reimbursements not on Form W-2 . . . . . \_\_\_\_\_

**D** Enter the number of miles from your **old home** to your **new workplace** . . . . . 800 miles

**E** Enter the number of miles from your **old home** to your **old workplace** . . . . . 40 miles

**F** Subtract line E from line D. If zero or less, enter -0- . . . . . 760 miles

**Is line F at least 50 miles?**

**Yes** ▶ You meet this test.

**No** ▶ You do not meet this test. You **cannot** deduct your moving expenses.  
**Do Not** complete Form 3903.

**G** For **foreign** moves check here **only** if **all** the following apply . . . . . ▶

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States  
Enter storage fees applicable to foreign move . . . . . \_\_\_\_\_
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

**Travel Expenses Smart Worksheet**

Enter your travel expenses:

**A** Travel and lodging expenses for this move (excluding auto expenses) . . . . . 500.

**B** Parking fees and tolls . . . . . \_\_\_\_\_

**C** Gasoline and oil . . . . . \_\_\_\_\_

**D** Miles driven traveling to new home . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b> Enter the social security tax withheld (Form(s) W-2, box 4) . . . . .	7,600.
<b>B</b> Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . .	1,777.
<b>C</b> Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . .	0.
<b>D</b> Add line A, B, and C . . . . .	9,377.
<b>E</b> Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .	0.
<b>F</b> Subtract line E from line D. . . . .	9,377.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b> Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____	_____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b> Enter the Tier 1 tax (Form(s) W-2, box 14). . . . .	0.
<b>I</b> Enter the Medicare Tax (Form(s) W-2, box 14) . . . . .	0.
<b>J</b> Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . .	_____
<b>K</b> Add lines H, I, and J . . . . .	0.
<b>L</b> Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . .	_____
<b>M</b> Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . .	_____
<b>N</b> Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . .	_____
<b>O</b> Add line L, M, and N . . . . .	_____
<b>Line 6 Amount</b>	
<b>P</b> Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____	9,377.



171010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions on Page 2.

Print Using Blue or Black Ink Only.

RAMAKRISHNA RAO First Name KARRA Initial Last Name 697859506 SSN/Taxpayer Identification Number

SATYA HIMABINDU Spouse's First Name RANI Initial Spouse's Last Name 954964821 SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2018 estimated tax ... 1.
2. Amount of overpayment to be refunded to you ... REFUND 2. 1011
3. Total amount due (Pay in full by April 15, 2018. See instructions.) ... 3.

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2017 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 59506 Enter five digits. Do not enter all zeros. as my signature on my tax year 2017 electronically filed income tax return.

[ ] 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

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 64821 Enter five digits. Do not enter all zeros. as my signature on my tax year 2017 electronically filed income tax return.

[ ] 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

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. [ ] [ ] [ ] [ ] [ ] [ ] 587278 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 05252018

DO NOT MAIL



175020013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2017, ENDING \_\_\_\_\_

697859506 Your Social Security Number
954964821 Spouse's Social Security Number

RAMAKRISHNA RAO Your First Name Initial

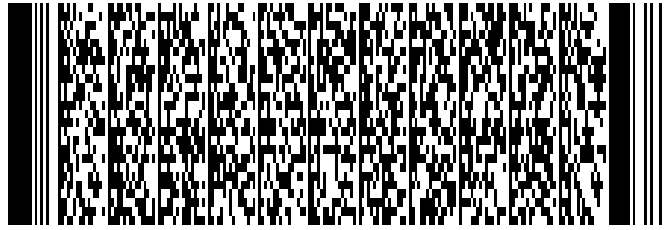
KARRA Your Last Name

SATYA HIMABINDU Spouse's First Name Initial

RANI Spouse's Last Name

8140 RANDOLPH WAY Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

204 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)
ELLICOTT CITY City or Town
MD State 21043 ZIP Code



Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.

REQUIRED: Physical address as of December 31, 2017 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1400 HOWARD
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

8140 RANDOLPH WAY Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

204 Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ELLICOTT CITY City MD State 21043 ZIP Code HOWARD Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [X] Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM 07012017 TO 12312017

Other state of residence: TX

If you began or ended legal residence in Maryland in 2017 place a P in the box.
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [X] Spouse . . . . Enter number checked [2] See Instruction 10 A. \$ 6400
B. 65 or over Blind . . . . . Enter number checked [ ] X \$1,000
C. Enter number from line 3 of Dependent Form 502B [2] See Instruction 10 C. \$ 6400
D. Enter Total Exemptions (Add A, B and C.) [4] Total Amount . . . D. \$ 12800





175020113

NAME RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI SSN 697859506

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return . . . . .	▶ 1.	<u>114432</u>
	1a. Wages, salaries and/or tips . . . . .	▶ 1a.	<u>116432</u>
	1b. Earned income . . . . .	▶ 1b.	_____
	1c. Capital Gain or (loss) . . . . .	▶ 1c.	_____
	1d. Taxable Pension, IRA, Annuities ( <b>Attach Form 502R.</b> ) . . . . .	▶ 1d.	_____
<b>1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450 . . . . .</b> ▶ <input type="checkbox"/>			
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . .	▶ 2.	_____
	3. State retirement pickup . . . . .	▶ 3.	_____
	4. Lump sum distributions (from worksheet in Instruction 12.) . . . . .	▶ 4.	_____
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____	▶ 5.	_____
	6. Total additions to Maryland income (Add lines 2 through 5.) . . . . .	▶ 6.	_____
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . .	▶ 7.	<u>114432</u>
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . .	▶ 8.
9. Child and dependent care expenses . . . . .		▶ 9.	_____
10. Pension exclusion from worksheet in Instruction 13 . . . . .		▶ 10.	_____
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . .		▶ 11.	_____
12. Income received during period of nonresidence (See Instruction 26.) . . . . .		▶ 12.	<u>71469</u>
13. Subtractions from attached Form 502SU . . . . .		▶ 13.	_____
14. Two-income subtraction from worksheet in Instruction 13 . . . . .		▶ 14.	_____
15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . .		▶ 15.	<u>71469</u>
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . .		▶ 16.	<u>42963</u>
<b>All taxpayers must select one method and check the appropriate box.</b>			
<b>DEDUCTION METHOD</b> See Instruction 16.	▶ <input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	▶ <input checked="" type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A) . . . . .	▶ 17a.	<u>21992</u>
	17b. State and local income taxes (See Instruction 14.) . . . . .	▶ 17b.	<u>3437</u>
	Subtract line 17b from line 17a and enter amount on line 17.		
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . .	▶ 17.	<u>6966</u>	
18. Net income (Subtract line 17 from line 16.) . . . . .	▶ 18.	<u>35997</u>	
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . .	▶ 19.	<u>4806</u>	
20. Taxable net income (Subtract line 19 from line 18.) . . . . .	▶ 20.	<u>31191</u>	
<b>MARYLAND TAX COMPUTATION</b>	21. <b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	▶ 21.	<u>1428</u>
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.) . . . . .	▶ 22.	_____
	23. Poverty level credit (See Instruction 18.) . . . . .	▶ 23.	_____
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	▶ 24.	_____
	25. Business tax credits . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	▶ 25.	_____
	26. Total credits (Add lines 22 through 25.) . . . . .	▶ 26.	_____
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	▶ 27.	<u>1428</u>
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	▶ 28.	<u>998</u>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	▶ 29.	_____
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	▶ 30.	_____
	31. Local tax credit from Part L, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	▶ 31.	_____
	32. Total credits (Add lines 29 through 31.) . . . . .	▶ 32.	_____
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	▶ 33.	<u>998</u>
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	▶ 34.	<u>2426</u>
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) . . . . .	▶ 35.	_____	
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) . . . . .	▶ 36.	_____	
37. Contribution to Maryland Cancer Fund (See Instruction 20.) . . . . .	▶ 37.	_____	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) . . . . .	▶ 38.	_____	
39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	▶ 39.	<u>2426</u>	



175020213

NAME RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI SSN 697859506

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2017 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Amount of overpayment to be applied, Amount of overpayment to be refunded, Interest charges), and 50 (TOTAL AMOUNT DUE).

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [X] Checking [ ] Savings

51b. Routing Number (9-digits) 064000020 51c. Account Number 444006099590

Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signatures and address information for APPANA RUPA VENKATA S, including signature, date, street address (2530 PEBBLE CREEK LN), city/state/zip (CUMMING GA 30041), and phone number (6467277157).

For returns filed without payments, mail your completed return to: Comptroller of Maryland, Revenue Administration Division, 110 Carroll Street, Annapolis, MD 21411-0001. For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on TOP of Form 502 and mail to: Comptroller of Maryland, Payment Processing, PO Box 8888, Annapolis, MD 21401-8888.



17502B013

697859506 Your Social Security Number

954964821 Spouse's Social Security Number

RAMAKRISHNA RAO Your First Name Initial

KARRA Your Last Name

SATYA HIMABINDU Spouse's First Name Initial

RANI Spouse's Last Name



Print Using Blue or Black Ink Only

Summary

- 1. Enter the total number checked below for Regular dependents (4) ... 2
2. Enter the total number checked below for dependents 65 or over (5) ... 2
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ... 2

Dependents (If a dependent listed below is age 65 or over, please check both 4 and 5.)

Form for Dependent 1: SRI KRISHNA KARRA, DAUGHTER, Regular checked, 65 or over not checked.

Form for Dependent 2: SAI VARUN KARRA, SON, Regular checked, 65 or over not checked.

Form for Dependent 3: Empty fields.

Form for Dependent 4: Empty fields.

Form for Dependent 5: Empty fields.

Form for Dependent 6: Empty fields.

Maryland Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . RAMAKRISHNA RAO
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . KARRA
Social Security No. . . . . 697-85-9506

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]
Home Phone . . . . . \* [ ]

\* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name . . . . . SATYA HIMABINDU
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . RANI
Social Security No. . . . . 954-96-4821

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]

Street Address . . . . . 8140 RANDOLPH WAY Apt Number . . . . . 204
City or Town . . . . . ELLICOTT CITY
State . . . . . MD ZIP Code . . . . . 21043
Foreign Code . . . . . Foreign Country . Foreign Zip Code .

Locality Information:

Maryland county (Baltimore City residents leave blank.) . . . . . HOWARD
City, town or taxing area (If not listed, leave blank.) . . . . .
Local tax rate . . . . . 0.0320

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[ ] 2 tax areas
Taxpayer . . . . .
Spouse . . . . .

Physical address as of December 31, 2017 (Maryland residents and part-year residents only)

4 Digit Political Subdivision Code
1400
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
8140 RANDOLPH WAY
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
204 City or Town
ELLICOTT CITY State
MD ZIP Code
21043

Check to confirm address information is correct . . . . . [X]

Part II - Main Form

[ ] Form 502: Resident Tax Return (Long form) . . . . .
[ ] Form 505: Nonresident Tax Return . . . . .

1 a State of legal residence . . . . .

Yes No

b [ ] [ ] Were you a resident of that state the entire year of 2017?

c [ ] [ ] Did you file a Maryland income tax return for 2016?

Resident Nonresident

d If Yes, was it [ ] [ ]

e Dates of Maryland residence in 2017:
from . . . . . to . . . . . Check if 'none' . . [ ]

Yes No

f [ ] [ ] Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city . . . . .

h If Pennsylvania resident, enter Pennsylvania county . . . . .

[X] Form 502: Part-Year Resident Tax Return . . . . .

2 a Other state of residence . . . . . TX

b Dates of Maryland residence . . . . . from . . . . . 07/01/17 to 12/31/17

c Number of months in residence . . . . . Taxpayer. 6 Spouse . 6 Average 6

d If you received pension income, number of months . . . Taxpayer. \_\_\_\_ Spouse . \_\_\_\_

### Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)
- 2 Married filing joint return or spouse had no income
- 3 Married filing separately. Spouse's social security number . . . \_\_\_\_\_
- 4 Head of household
- 5 Qualifying widow(er) with dependent child
- 6 Dependent taxpayer

### Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
- 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**
- 3 Do you want to itemize even if itemized deductions are less than the standard deduction? \*
- 4 Do you want to take the standard deduction even if less than itemized deductions? \*
- \* Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2016 Form 502, line 34,  
or Form 505, line 37. (Enter '0' if no tax was owed) . . . . . 0.
- 6 Enter nonresident tax paid by pass-through entities from 2016  
Form 505, line 45 . . . . . \_\_\_\_\_
- 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

### Part V – Decedent Information

Taxpayer date of death . . . . . \_\_\_\_\_

Spouse date of death . . . . . \_\_\_\_\_

**Taxpayer Spouse**

If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . \_\_\_\_\_

Name/title of spouse's personal representative . . . \_\_\_\_\_

### Part VI – Military Information – Form 502

#### Taxpayer:

- Yes No**
- 1 a   Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_
- 2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**
- c   In combat zone?
- d   Killed in action?

#### Spouse:

- Yes No**
- 2 a   Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_
- 2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**
- c   In combat zone?
- d   Killed in action?

**Part VII – Electronic Filing Information**

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

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

1 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

1 Date return was E-Filed . . . . . \_\_\_\_\_

**Yes No**

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . \_\_\_\_\_

4 Date Form IND PV was given to client. . . \_\_\_\_\_

**QuickZoom** to the Maryland *e-file* Authentication Statement. . . . . ► \_\_\_\_\_

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

**Yes No**

1 Do you want Direct Deposit of state tax refund?

2 Do you want Electronic Funds Withdrawal of state tax payment (EF Only)?

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

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

4 Checking account

5 Savings account

6 Routing number . . . . . 064000020

7 Account number . . . . . 444006099590

8 Payment date to withdraw from the account above. . . . \_\_\_\_\_

9 Balance due from return . . . . . \_\_\_\_\_

10 Amount to withdraw from the account above . . . . . \_\_\_\_\_

11 If partial payment is made, remaining balance due . . . . \_\_\_\_\_

**International ACH Transactions:**

**Yes No**

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

**Part IX – Maryland Contributions**

1 Contribution to Chesapeake Bay and Endangered Species Fund. . . . . \_\_\_\_\_

2 Contribution to Developmental Disabilities Services and Support Fund . . . . \_\_\_\_\_

3 Contribution to Maryland Cancer Fund . . . . . \_\_\_\_\_

4 Contribution to Fair Campaign Financing Fund . . . . . \_\_\_\_\_

**Part X – Paid Preparer Information**

Enter the preparer's assigned code from preparer's information menu . . . . . 1

**Yes No**

Is your preparer authorized to discuss this return with us?

**Part XI – Extension Status**

**Yes** **No**

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

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

**QuickZoom** to Form 502E: Automatic Extension Payment for Personal Income Tax . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 502 . . . . . ▶

**QuickZoom** to Form 505 . . . . . ▶

# Local Tax Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return

RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI

Social Security Number

697-85-9506

**Taxpayer County** . . . . . HOWARD

*Enter Taxpayer County on Maryland Information Worksheet*

<b>1</b> Enter the Maryland taxable net income from line 20 . . . . .	<b>1</b>	31,191.
<b>2</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>2</b>	42,963.
<b>3</b> Enter taxpayer portion (or total if tax areas are the same) of line 2 . . . . .	<b>3</b>	42,963.
<b>4</b> Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2). . . . .	<b>4</b>	100.00%
<b>5</b> Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4). . . . .	<b>5</b>	31,191.
<b>6</b> Local income tax rate . . . . .	<b>6</b>	0.0320
<b>7</b> Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502 . . . . .	<b>7</b>	998.

**Spouse County** . . . . . \_\_\_\_\_

*Enter Spouse County on Maryland Information Worksheet*

<b>8</b> Enter the Maryland taxable net income from line 20 of Form 502 . . . . .	<b>8</b>	
<b>9</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>9</b>	
<b>10</b> Enter spouse portion of line 9. . . . .	<b>10</b>	
<b>11</b> Percentage of spouse income to total income (line 10 divided by line 9) . . . . .	<b>11</b>	%
<b>12</b> Maryland taxable net income attributed to spouse (line 8 times line 11) . . . . .	<b>12</b>	
<b>13</b> Local income tax rate . . . . .	<b>13</b>	
<b>14</b> Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502 . . . . .	<b>14</b>	



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security Number 697-85-9506
--	---------------------------------------

## 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	3,437.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,437.
15	Date return will be filed and balance paid . . . . .	15	

## Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Your Social Security No. 697-85-9506
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	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from MD sources
<b>T - Taxpayer; S - Spouse</b>				
<b>7</b> Wages, salaries, tips, etc. . . . . <b>T</b>	116,432.	44,963.	71,469.	0.
<b>S</b>				
<b>8</b> Federally taxable interest inc . . . . <b>T</b>				
<b>S</b>				
<b>9</b> Dividends . . . . . <b>T</b>				
<b>S</b>				
<b>10</b> State/local tax refunds . . . . . <b>T</b>				
<b>S</b>				
<b>11</b> Alimony received . . . . . <b>T</b>				
<b>S</b>				
<b>12</b> Business income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>13</b> Capital gain or loss . . . . . <b>T</b>				
<b>S</b>				
<b>14</b> Other gains and losses . . . . . <b>T</b>				
<b>S</b>				
<b>15</b> Taxable IRA distribution . . . . . <b>T</b>				
<b>S</b>				
<b>16</b> Taxable pension and annuities . . <b>T</b>				
<b>S</b>				
<b>17</b> Rentals, royalties, p'ship, etc. . . . <b>T</b>				
<b>S</b>				
<b>18</b> Farm income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>19</b> Unemployment compensation . . <b>T</b>				
<b>S</b>				
<b>20 a</b> Taxable social security benefits . <b>T</b>				
<b>S</b>				
<b>b</b> Taxable railroad retirements . . . <b>T</b>				
<b>S</b>				
<b>21</b> Other income . . . . . <b>T</b>				
<b>S</b>				
<b>22</b> <b>Total income</b> . . . . . <b>T</b>	116,432.	44,963.	71,469.	0.
<b>S</b>				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from MD sources
23	Educator expenses . . . . . T				
	S				
24	Certain business expenses . . . . T				
	S				
25	Health savings account . . . . . T				
	S				
26	Moving expenses . . . . . T	2,000.	0.	2,000.	0.
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty . . . . . T				
	S				
31	Alimony paid . . . . . T				
	S				
32	IRA deduction . . . . . T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction . . . . T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments . . . . . T				
	S				
36	<b>Total adjustments</b> . . . . . T	2,000.	0.	2,000.	0.
	S				
37	<b>Adjusted gross income</b> . . . . . T	114,432.	44,963.	69,469.	0.
	S				

Maryland e-file Authentication Statement

2017

► Keep for your records

Name(s) Shown on Return RAMAKRISHNA RAO KARRA & SATYA HIMABINDU RANI	Social Security Number 697-85-9506
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Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

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.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (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.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) . . . . . 59506  
Spouse's PIN (5 numbers) . . . . . 64821  
Date . . . . . 03/01/2018

### Smart Worksheets from your 2017 Maryland Tax Return

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

<b>Maryland Income Factor Smart Worksheet</b> Supporting information provided by program. No Entries Are Needed.	
For part-year residents	
<b>A</b>	Enter amount from line 16 of Form 502 . . . . . <u>42,963.</u>
<b>B</b>	Enter amount from line 1 of Form 502 . . . . . <u>114,432.</u>
<b>C</b>	Divide line A by line B. The factor cannot exceed 1 and cannot be less than zero. If line A is zero or less, the factor is zero. If line A is greater than zero and line B is zero or less, the factor is 1 . . . . . <u>0.375446</u>

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

<b>Itemized Deduction Decoupling Smart Worksheet</b>	
<b>A</b>	State and local income taxes from Schedule A, line 5 . . . . . <u>3437</u>
<b>B</b>	Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F . . . . . <u>0</u>
<b>C</b>	Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act (to Form 500DM, line 5a) . . . . . _____