

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>Anusha Battu</b>	Social security number <b>074-63-8272</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>99,396.</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>14,908.</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>19,266.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>4,358.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Your first name and initial: **Anusha** Last name: **Battu** Your social security number: **074-63-8272**

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

Home address (number and street). If you have a P.O. box, see instructions. **4013 North Brookdale Place** Apt. no. **5B1**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PEORIA IL 61614**

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

**▲ Make sure the SSN(s) above and on line 6c are correct.**

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

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

**c Dependents:**

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

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

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

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

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

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

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

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

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	99,396.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	22	99,396.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	99,396.

	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	99,396.											
<b>Tax and Credits</b>	<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 ▶ 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>Standard Deduction for—</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	18,667.											
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	80,729.											
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.											
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	76,679.											
	<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>	14,908.											
	<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>	14,908.											
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>												
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>												
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>												
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>												
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>												
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>												
	<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>												
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>												
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	14,908.												
<b>Other Taxes</b>	<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>	14,908.												
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,266.											
	<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>												
	<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>												
	<b>b</b>	Nontaxable combat pay election <b>66b</b>													
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>												
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>												
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>												
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>												
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>												
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>												
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>													
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,266.												
<b>Refund</b>	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	4,358.											
	<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	4,358.											
	<b>b</b>	Routing number <table border="1"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8				
1	2	1	0	0	0	3	5	8							
<b>d</b>	Account number <table border="1"><tr><td>3</td><td>2</td><td>5</td><td>0</td><td>3</td><td>0</td><td>9</td><td>2</td><td>5</td><td>5</td><td>7</td><td>1</td></tr></table>	3	2	5	0	3	0	9	2	5	5	7	1		
3	2	5	0	3	0	9	2	5	5	7	1				
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>													
<b>Amount You Owe</b>	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>												
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>												

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

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

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

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

**Paid Preparer Use Only**

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

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

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

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

Anusha Battu

074-63-8272

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions) . . . . .	1		
	2	Enter amount from Form 1040, line 38 <u>2</u>			
	3	Multiply line 2 by 7.5% (0.075). . . . .	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		
<b>Taxes You Paid</b>	<b>5 State and local (check only one box):</b>				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	4,298.	
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions) . . . . .	6		
	7	Personal property taxes . . . . .	7		
	8	Other taxes. List type and amount ▶	8		
	-----				
	9	Add lines 5 through 8 . . . . .		9 4,298.	
	<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098	10	
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
-----					
12		Points not reported to you on Form 1098. See instructions for special rules . . . . .	12		
13		Mortgage insurance premiums (see instructions) . . . . .	13		
14		Investment interest. Attach Form 4952 if required. See instructions	14		
15	Add lines 10 through 14 . . . . .		15		
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	16		
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	17		
	18	Carryover from prior year . . . . .	18		
	19	Add lines 16 through 18 . . . . .		19	
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	16,357.	
	22	Tax preparation fees . . . . .	22		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23		
	-----				
	24	Add lines 21 through 23 . . . . .	24	16,357.	
	25	Enter amount from Form 1040, line 38 <u>25</u> 99,396.			
	26	Multiply line 25 by 2% (0.02) . . . . .	26	1,988.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27 14,369.		
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ▶		28	
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900?			
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		}	29 18,667.	
	<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.				
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ▶ <input type="checkbox"/>			

**Unreimbursed Employee Business Expenses**

Department of the Treasury  
Internal Revenue Service (99)

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

**2017**  
Attachment  
Sequence No. **129A**

Your name <b>Anusha Battu</b>	Occupation in which you incurred expenses	Social security number <b>074-63-8272</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>	517.
<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>	3,600.
<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>	9,000.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	840.
<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>	16,357.

**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) ▶ 09/14/2017
- 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 967 **b** Commuting (see instructions) \_\_\_\_\_ **c** Other 533
- 9** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**  **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? . . . . .  **Yes**  **No**
- 11a** Do you have evidence to support your deduction? . . . . .  **Yes**  **No**
- b** If "Yes," is the evidence written? . . . . .  **Yes**  **No**

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

Anusha Battu

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					99,396.
Adjustments to income					
Adjusted gross income					99,396.
Tax expense . . . . .					4,298.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					14,369.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					18,667.
Exemption amount . .					4,050.
Taxable income . . . .					76,679.
Tax . . . . .					14,908.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					19,266.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					4,358.
Effective tax rate % . .					15.00
**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 (Anusha Battu) and Social Security Number (074-63-8272)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 38272 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/14/2018

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 . . . . . Battu  
 First name . . . . . Anusha  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 074-63-8272  
 Occupation . . . . . Programmer Analyst  
 Date of birth . . . . . 04/13/1992 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 25  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . anushaa1310@gmail.com  
 Work phone . . . . . (309)675-3467 Ext \_\_\_\_\_  
 Cell phone . . . . . (510)770-4013  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

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

Best contact phone number . . . . . \_\_\_\_\_  
 Print phone number on Form 1040 . . . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 4013 North Brookdale Place Apt no. . . . . 5B1  
 City . . . . . PEORIA State . . . . . IL ZIP code . . . . . 61614

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

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

APO/FPO/DPO address . . . . .  APO  FPO  DPO

## Part II – Federal Filing Status

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

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

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

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



Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (Anusha Battu) and Social Security Number (074-63-8272)

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

- Checkboxes for Taxpayer and Spouse. Note: Alabama does not allow this option

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

- Checkboxes for Taxpayer and Spouse. 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: IL
License number: B300-0009-2706
Issue date: 10/06/2017
Expiration date: 09/21/2020
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ]
License number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

State Identification Card Detail

Taxpayer:

Issuing state: [ ]
Identification number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ]
Identification number: [ ]
Issue date: [ ]
Expiration date: [ ]
Does not expire: [ ]
NY Document number (first 3 chars)\*: [ ]

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

Additional Verification Information

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

Client Status:

- Checkboxes for 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: Anusha Battu; Social Security Number: 074-63-8272

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City selection and list of states: New York, Vermont

Miscellaneous Electronic Filing Items

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

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

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

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return Anusha Battu	Social Security Number 074-63-8272
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SVN IT SERVICES INC		51,968.	10,821.	51,968.	2,519.
SBP Consulting Inc		47,428.	8,445.	47,428.	1,779.
<b>Totals</b>		99,396.	19,266.	99,396.	4,298.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	99,396.		99,396.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	19,266.		19,266.
3 & 7	Total social security wages/tips . . . . .	51,968.		51,968.
4	Total social security tax withheld . . . . .	3,222.		3,222.
5	Total Medicare wages and tips . . . . .	51,968.		51,968.
6	Total Medicare tax withheld . . . . .	754.		754.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .			
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	Total deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .	2,468.		2,468.
16	Total state wages and tips . . . . .	99,396.		99,396.
17	Total state tax withheld . . . . .	4,298.		4,298.
19	Total local tax withheld. . . . .			

Name as shown on return Anusha Battu	Social Security Number 074-63-8272
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**Employer EIN** . . . . . 45-4990340  
**Employer Name** . . . . . SVN IT SERVICES INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 76 N BROADWAY SUITE 4004  
**City** HICKSVILLE **State** NY **ZIP** 11801  
**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 . . . . .	51,968.	<b>2</b> Federal tax withheld . . . . .	10,821.
<b>3</b> Social security wages . . . . .	51,968.	<b>4</b> Social sec tax withheld . . . . .	3,222.
<b>5</b> Medicare wages and tips . . . . .	51,968.	<b>6</b> Medicare tax withheld . . . . .	754.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL	454990340	51,968.	2,519.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

<u>Anusha Battu</u>	074-63-8272 Page 2
<b>Employer Name</b> . . . . <u>SVN IT SERVICES INC</u>	

**Part I Statutory employees**

<b>A</b> <input type="checkbox"/> Box 13a. Statutory employee <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 . . . . .	<b>C</b>	
---	----------	--

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

<b>Clergy only:</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 If no FICA was withheld, check the applicable box below</b> <b>1</b> <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only <b>2</b> <input type="checkbox"/> Pay self-employment tax on W-2 income only <b>3</b> <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance <b>4</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361 <b>Non-Clergy only:</b> <b>G If no FICA was withheld, check the applicable box below</b> <b>1</b> <input type="checkbox"/> Pay self-employment tax on this W-2 income <b>2</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029	<b>D</b> <b>E</b>	
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**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . . <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	<b>H1</b> <b>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
--	---	--

**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. . . . . 074-63-8272

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

Address 4013 North Brookdale Place, Apt. 5B1 City PEORIA St IL ZIP code 61614

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

Name as shown on return Anusha Battu	Social Security Number 074-63-8272
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**Employer EIN** . . . . . 76-0711827  
**Employer Name** . . . . SBP Consulting Inc  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 4900 38th Ave Ste 5  
**City** .MOLINE **State** IL **ZIP** 61265  
**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 . . . . . 47,428.	<b>2</b> Federal tax withheld . . . . . 8,445.
<b>3</b> Social security wages . . . . . _____	<b>4</b> Social sec tax withheld . . . . . _____
<b>5</b> Medicare wages and tips . . . . . _____	<b>6</b> Medicare tax withheld . . . . . _____
<b>7</b> Social security tips . . . . . _____	<b>8</b> Allocated tips . . . . . _____

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL	76-07118270005	47,428.	1,779.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SEC 125 ME	2,468.	Other (not classified)
_____	_____	_____
_____	_____	_____



Keep for your records

Anusha Battu	074-63-8272 Page 2
<b>Employer Name</b> . . . . SBP Consulting 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 If no FICA was withheld, check the applicable box below</b>			
<b>1</b> <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
<b>2</b> <input type="checkbox"/> Pay self-employment tax on W-2 income only			
<b>3</b> <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
<b>4</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
<b>Non-Clergy only:</b>			
<b>G If no FICA was withheld, check the applicable box below</b>			
<b>1</b> <input type="checkbox"/> Pay self-employment tax on this W-2 income			
<b>2</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b> <b>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. . . . . 074-63-8272

First name M.I. Last name Suff.

Anusha \_\_\_\_\_ Battu \_\_\_\_\_

Address City St ZIP code

4013 North Brookdale Place, Apt. 5B1 PEORIA IL 61614

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. . . . . ▶ \_\_\_\_\_



# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Anusha Battu</u>	Social Security Number <u>074-63-8272</u>
--	--

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

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

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	99,396.		99,396.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	99,396.		99,396.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	99,396.		99,396.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	99,396.		99,396.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	99,396.		99,396.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	99,396.		99,396.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	99,396.		99,396.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	99,396.		99,396.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Anusha Battu</u>	Social Security Number <u>074-63-8272</u>
--	--

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		18,667.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		99,396.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		14,908.
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

Anusha Battu

Filing status . . . . . Single

Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	99,396.
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> . . . . .	<b>99,396.</b>

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 99,396.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,298.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	14,369.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>18,667.</b>
Standard deduction . . . . .	_____
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 76,679.

Income tax . . . . .	14,908.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>14,908.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 14,908.

Withholding . . . . .	19,266.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>19,266.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 4,358.

**Refund** . . . . . 4,358.

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

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

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	15.00 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>14,908.</u>
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>14,908.</u>



SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**State and Local Taxes Smart Worksheet**

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

- A Income from Form 1040, line 38 . . . . . 99,396.
- 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 . . . . . 99,396.
- 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
IL	01/01/17	12/31/17	6.2500	6.2500	0.0000	832.	0.	832.

- Total general sales taxes from table . . . . . 832.
- H **Enter** additions to table amount (motor vehicle, boat) . . . . .
- I Total sales taxes from table plus additions to table amount . . . . . 832.
- J **Enter** actual sales taxes paid (in lieu of table amount) . . . . .
- K Total income taxes paid . . . . . 4,298.



Illinois Department of Revenue  
**2017 Form IL-1040**

Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

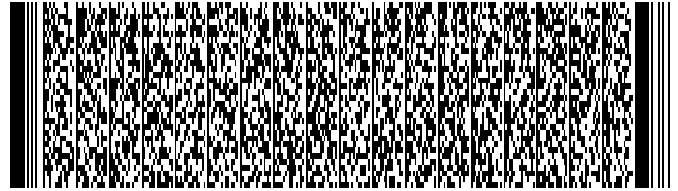
Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**

074-63-8272

Anusha

Battu



4013 North Brookdale Place

5B1

PEORIA

IL

61614

**C** Filing status (see instructions)

Single or head of household    Married filing jointly    Married filing separately    Widowed



Staple W-2 and 1099 forms here



Staple your check and IL-1040-V

Step	Line	Description	Amount
<b>Step 2: Income</b>	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	99,396.00
	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ	.00
	3	Other additions. <b>Attach</b> Schedule M.	.00
	4	<b>Total income.</b> Add Lines 1 through 3.	99,396.00
<b>Step 3: Base Income</b>	5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	.00
	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10	.00
	7	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	.00
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	.00
	9	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	99,396.00
<b>Step 4: Exemptions</b>	10 a	Number of exemptions from your federal return	1 X \$2,175 a 2,175.00
	b	If someone can claim you as a dependent, see instructions.	X \$2,175 b .00
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	X \$1,000 c .00
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	X \$1,000 d .00
	10	<b>Exemption allowance.</b> Add Lines a through d.	2,175.00
<b>Step 5: Net Income</b>	11	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	97,221.00
	12	<b>Nonresidents and part-year residents:</b> Check the box that applies to you during 2017 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the <b>Illinois base income</b> from Schedule NR. <b>Attach</b> Schedule NR.	.00
<b>Step 6: Tax</b>	13	<b>Residents:</b> Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. <b>Attach</b> Schedule SA. <input type="checkbox"/>	4,234.00
	14	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	.00
	15	<b>Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.	4,234.00
<b>Step 7: Tax After Non-refundable Credits</b>	16	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	.00
	17	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	.00
	18	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	.00
	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	.00
	20	<b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	4,234.00



	21	Tax after nonrefundable credits from Page 1, Line 20	21	4,234.00
<b>Step 8:</b>	22	Household employment tax. See instructions.	22	.00
<b>Other Taxes</b>	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. <b>Do not</b> leave blank.	23	0.00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25	<b>Total Tax.</b> Add Lines 21, 22, 23, and 24.	25	4,234.00
<b>Step 9:</b>	26	Illinois Income Tax withheld. <b>Attach</b> all W-2 and 1099 forms.	26	4,298.00
<b>Payments and Refundable Credit</b>	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return	27	.00
	28	Pass-through withholding payments. <b>Attach</b> Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule IL-EIC. <b>Attach</b> Schedule IL-EIC.	29	.00
	30	<b>Total payments and refundable credit.</b> Add Lines 26 through 29.	30	4,298.00
<b>Step 10:</b>	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	64.00
<b>Total</b>	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	.00

**Step 11: Underpayment of Estimated Tax Penalty and Donations**

**Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

33	Late-payment penalty for underpayment of estimated tax	33	.00
	a Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. <b>Attach</b> Form IL-2210.	<input type="checkbox"/>	
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
34	Voluntary charitable donations. <b>Attach</b> Schedule G.	34	.00
35	<b>Total penalty and donations.</b> Add Lines 33 and 34.	35	.00

**Step 12: Refund**

36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your <b>overpayment</b> .	36	64.00
37	Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	37	64.00
38	I choose to receive my refund by		
	a <input checked="" type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		
	Routing number	1 2 1 0 0 0 3 5 8	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings
	Account number	3 2 5 0 3 0 9 2 5 5 7 1	
	b <input type="checkbox"/> <b>Illinois Individual Income Tax refund debit card</b>		
	c <input type="checkbox"/> <b>paper check</b>		
39	Amount to be <b>credited forward</b> . Subtract Line 37 from Line 36. See instructions.	39	.00

**Step 13: Amount You Owe**

40	If you have an amount on Line 32, add Lines 32 and 35. <b>- or -</b> If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the <b>amount you owe</b> . See instructions.	40	.00
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**Step 14:** If this is a joint return, both you and your spouse must sign below.  
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<b>Sign Here</b>	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	APPANA RUPA VENKATA SA		05/22/2018		<input type="checkbox"/> Check if self-employed
	Print/Type paid preparer's name		Paid preparer's signature		Paid Preparer's PTIN
	Firm's name	GLOBAL TAXES LLC	Firm's FEIN	301017196	
	Firm's address	2530 Pebble CreekCumming GA 30041		Firm's phone	(678) 965-9729
<b>Third Party Designee</b>	Designee's name (please print)			Designee's phone number	
	<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.				



2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: Anusha Battu, 4013 North Brookdale Place 5B1, PEORIA IL 61614, Social Security number 074-63-8272.

Step 2: Complete information from tax return

Table for Step 2: Net income 97,221.00, Tax 4,234.00, Illinois Income Tax withheld 4,298.00, Overpayment 64.00, Total amount due 1.00.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

Form fields for Step 3: Routing no. 121000358, Account no. 325030925571, Type of account: X Checking.

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- Consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date.

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information.

Form fields for Step 5: ERO's signature GLOBAL TAXES LLC, Date 05/22/2018, Check if paid preparer: X, Your PTIN P02090332, Federal employer identification number (FEIN) 30-1017196.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name . . . . . Anusha
Middle Initial . . . . .
Last Name . . . . . Battu
Suffix . . . . .
Social Security No. . . 074-63-8272
Date of Birth . . . . . 04/13/1992
Age 65 or Over . . . [ ]
Legally Blind . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . (309) 675-3467 \* [ ]
Home phone . . . . . \* [ ]

Spouse:

First Name . . . . .
Middle Initial . . . . .
Last Name . . . . .
Suffix . . . . .
Social Security No. . .
Date of Birth . . . . .
Age 65 or Over . . . [ ]
Legally Blind . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . \* [ ]

\* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address . . . . . 4013 North Brookdale Place Apartment Number . 5B1
City . . . . . PEORIA State . IL ZIP Code . . . . . 61614

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City . . . . . Foreign Province or State . . .
Foreign Country . . . . . Foreign Postal Code . . . . .

Part II - Resident Status

[X] Full-Year Resident
[ ] Nonresident
[ ] Part-Year Resident . . . . . lived in Illinois from . . . . . to . . . . .
also lived in . . . . . from . . . . . to . . . . .

QuickZoom here to Form IL-1040 . . . . .

Part III - Filing Status

[X] Single or head of household
[ ] Married filing jointly
[ ] Married filing separately
[ ] Widowed

Part IV - Other Information

Form IL-2210 Information:

[ ] Check if at least two-thirds of total federal gross income came from farming
[ ] Check if 65 or older and permanently living in a nursing home
[ ] Check if you were not required to file an Illinois income tax return in 2016
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1) . . . . .

Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2) . . . . .

First Time Filer:

Yes No
[ ] [ ] Has client ever filed a tax return in Illinois?

Part V – Electronic Filing Information

File state return electronically

Electronic PDF Attachments

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

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

Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Enter the date Form IL-1040-V was given to client . . . . .
QuickZoom to Form IL-8453: Additional Information Smart Worksheet . . . . .

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
  Use direct deposit for state tax refund
  Use electronic funds withdrawal for state tax payment (EF only)
  Elect to receive a state issued debit card for state refund (if you check No then your client will receive a paper check)

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

Name of Financial Institution (optional) . . . . . Bank Of America
Name on account . . . . .
Check the appropriate box:
Checking . . . . .  Routing number . . . . . 121000358
Savings . . . . .  Account number . . . . . 325030925571
Enter the payment date to withdraw from the account above . . . . .
State balance-due amount from this return . . . . .
Enter an amount to withdraw from the account above . . . . .
If partial payment is made, enter remaining balance due . . . . .

International ACH Transactions

Yes No
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

Enter the preparer's assigned code from Preparer's Information Worksheet . . . . . 1
Check if this tax return is . . . . . self-prepared, or prepared by a non-paid preparer
Yes No
  Client allows a personal representative to discuss return with the Illinois Department of Revenue
If yes, complete information below:
Designee's name . . . . .
Designee's phone number . . . . .

Part IX – Extension Status

Yes No
  Tax return due date extended? If yes, extended due date . . . . .
QuickZoom to Form IL-505-I: Automatic Extension Payment . . . . .

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Anusha Battu	Social Security Number 074-63-8272
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	4,298.
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	4,298.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

## Use Tax Smart Worksheet

### Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
  - 6.25% or more on Line 1a and
  - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . . **1a** \_\_\_\_\_ 0.
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars . . . . . **1b** \_\_\_\_\_ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . . **2a** \_\_\_\_\_
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars . . . . . **2b** \_\_\_\_\_ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** . . . . . **3** \_\_\_\_\_ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a . . . . . **4** \_\_\_\_\_
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) . . . . . **5** \_\_\_\_\_

### Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

<u>AGI (from IL-1040, Line 1)</u>	<u>Use Tax</u>
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$9
\$20,001 - \$30,000	\$15
\$30,001 - \$40,000	\$21
\$40,001 - \$50,000	\$27
\$50,001 - \$75,000	\$38
\$75,001 - \$100,000	\$52
Above \$100,000	Multiply AGI by 0.06% (0.0006)

To use UT table calculate Use Tax, check here . . . . .

Use tax amount based on table above . . . . . \_\_\_\_\_

**Keep a copy of this smart worksheet with your records.**