

**RETTAX LLC  
1215 Mack St  
Gaston, SC 29053  
(803) 391-8923**

February 8, 2018

KARTIK HARIHARANMANI and SARA ARENIBAS  
1350 Branson Ave, Apt. 18  
Las Cruces, NM 88001

Dear KARTIK and SARA,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2017. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The New Mexico income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form PIT-1 New Mexico Personal Income Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

Hetalkumar Patel

Tax Summary and Instructions for Filing  
2017 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income .....	\$	21,833.00
Federal taxable income .....	\$	0.00
Federal refund .....	\$	5,919.00

You and each member of your household had either health coverage or an exemption for each month during 2017. Consequently, you do not owe an individual shared responsibility payment under the Affordable Care Act.

Your return will be electronically filed.

Your federal refund of \$5,919.00 will be directly deposited in your bank account.

Tax Summary and Instructions for Filing  
2017 New Mexico Individual Income Tax Return

Summary of Form PIT-1 Information:

State taxable income .....	\$	0.00
State refund .....	\$	727.00

Your New Mexico return will be electronically filed.

Your New Mexico refund of \$727.00 will be directly deposited in your bank account.

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>KARTIK HARIHARANMANI</b>	Social security number <b>032-13-1642</b>
Spouse's name <b>SARA ARENIBAS</b>	Spouse's social security number <b>525-65-5435</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>21,833.</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>0.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	<b>3</b>	<b>1,519.</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>5,919.</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 RETTAX LLC ERO firm name to enter or generate my PIN 

3	1	6	4	2
---	---	---	---	---

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

Your signature ▶ *Kartik Hariharanmani* Date ▶ \_\_\_\_\_

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

- I authorize RETTAX LLC ERO firm name to enter or generate my PIN 

5	5	4	3	5
---	---	---	---	---

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

Spouse's signature ▶ *Sara Arenibas* 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	7	8	6	4	5	6	3	4	2	5
---	---	---	---	---	---	---	---	---	---	---

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>KARTIK</b>	Last name <b>HARIHARANMANI</b>	Your social security number <b>032-13-1642</b>
If a joint return, spouse's first name and initial <b>SARA</b>	Last name <b>ARENIBAS</b>	Spouse's social security number <b>525-65-5435</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1350 Branson Ave</b>		Apt. no. <b>18</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Las Cruces NM 88001</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	

**Filing Status**

Check only one box.

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)

**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)
Jazlyn	Baca	648-48-6240	Daughter	<input checked="" 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** . . . . . **3**

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

No. of children on 6c who:  
 • lived with you: **1**  
 • did not live with you due to divorce or separation (see instructions): \_\_\_\_\_

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

Add numbers on lines above: **3**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	21,833.
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	21,833.

**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 Reserved for future use . . . . .	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 adjusted gross income . . . . .	37	21,833.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	21,833.
<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>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12,700.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	9,133.
<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>	12,150.
<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>	0.
<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>	0.
<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>	0.
<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>	0.
<b>53</b>	Residential energy credit. 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>	0.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.
<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>	0.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	1,519.
<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>	3,400.
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	1,000.
<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 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>	5,919.
<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>	5,919.
<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>	5,919.
<b>b</b>	Routing number <u>1 0 7 0 0 2 1 9 2</u> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <u>6 2 7 7 5 2 6 7 6 7</u>		
<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>	

**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 <b>Advisor</b>	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign. <i>Sara Arenibas</i>	Date	Spouse's occupation <b>Software Engineer</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

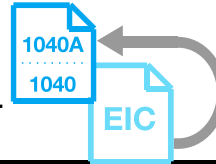
Print/Type preparer's name Hetalkumar Patel Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN P01861360

Firm's name ▶ RETTAX LLC Firm's EIN ▶ 47-2614772

Firm's address ▶ 1215 Mack St Gaston SC 29053 Phone no. (803) 391-8923

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

**Earned Income Credit**  
**Qualifying Child Information**



OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**

Name(s) shown on return

KARTIK HARIHARANMANI & SARA ARENIBAS

Your social security number

032-13-1642

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



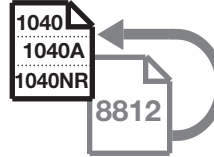
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Jazlyn Baca	First name Last name	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2017. If your child was born and died in 2017 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	648-48-6240		
<b>3 Child's year of birth</b>	Year <u>2 0 0 8</u> <i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2017?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		
<b>6 Number of months child lived with you in the United States during 2017</b>  • If the child lived with you for more than half of 2017 but less than 7 months, enter "7." • If the child was born or died in 2017 and your home was the child's home for more than half the time he or she was alive during 2017, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

**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

KARTIK HARIHARANMANI & SARA ARENIBAS

Your social security number

032-13-1642

**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>	1,000.
<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>	0.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit	<b>3</b>	1,000.
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>	21,833.
<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 checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>	18,833.
<b>6</b>	Multiply the amount on line 5 by 15% (0.15) and enter the result	<b>6</b>	2,825.
<b>Next.</b> Do you have three or more qualifying children? <input checked="" 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.			




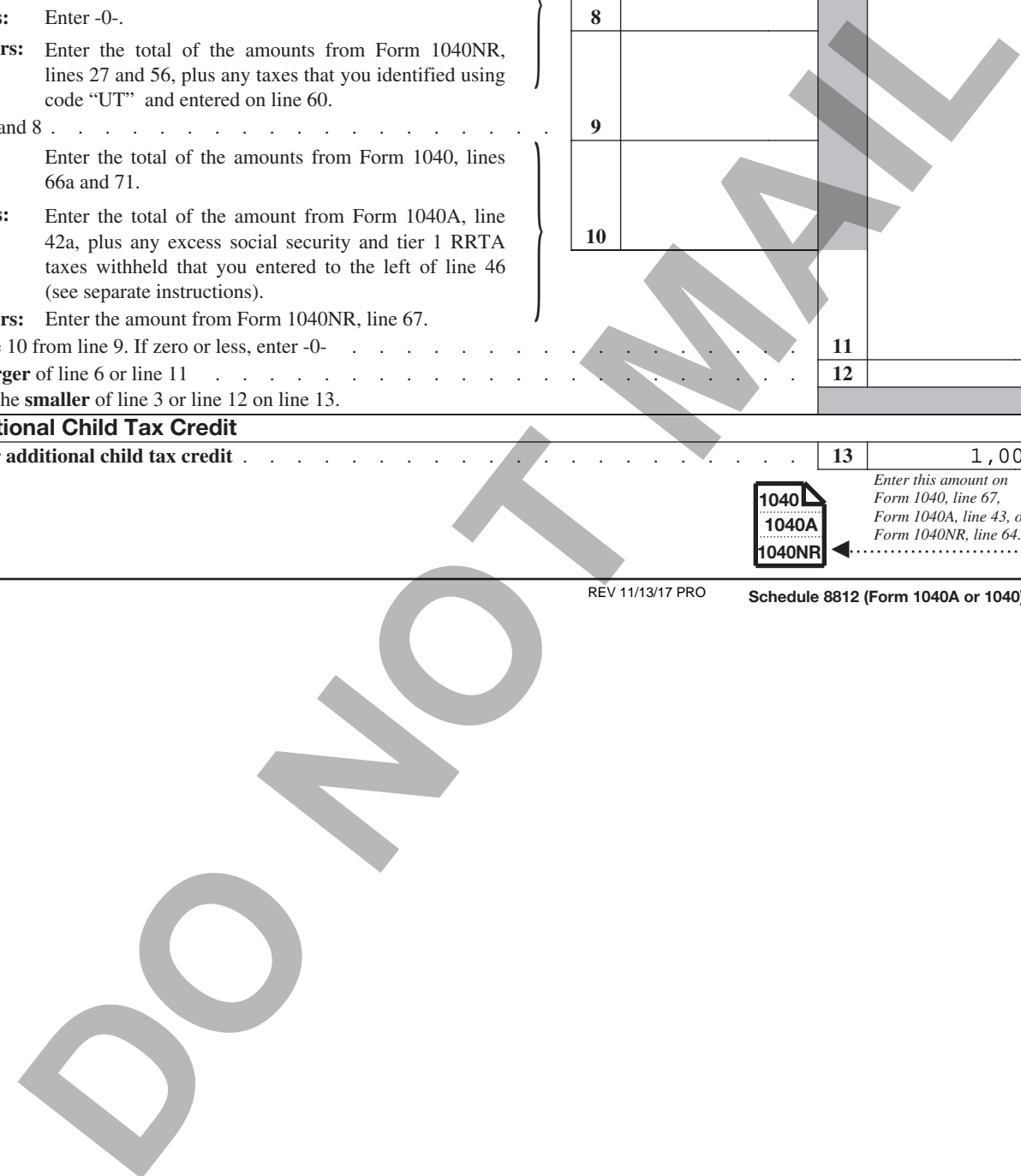
**Part III Certain Filers Who Have Three or More Qualifying Children**

<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>8</b>	
	<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>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 . . . . . Next, 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>	1,000.
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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 <b>KARTIK HARIHARANMANI &amp; SARA ARENIBAS</b>	Taxpayer identification number <b>032-13-1642</b>
Enter preparer's name and PTIN <b>Hetalkumar Patel</b>	<b>P01861360</b>

**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 checked="" 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 checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input checked="" 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 checked="" 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 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 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 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
---	---

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

KARTIK HARIHARANMANI & SARA ARENIBAS

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					21,833.
Adjustments to income					
Adjusted gross income					21,833.
Tax expense . . . . .					509.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					12,150.
Taxable income . . . .					0.
Tax . . . . .					
Alternative min tax . .					
Total credits . . . . .					0.
Other taxes . . . . .					
Payments . . . . .					5,919.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax . .					
Refund . . . . .					5,919.
Effective tax rate % . .					-20.15
**Tax bracket % . . . .					10.0

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

Preparer Electronic Filing Instructions  
Federal

KARTIK HARIHARANMANI & SARA ARENIBAS  
1350 BRANSON AVE APT 18  
LAS CRUCES NM 88001  
Accepted Date .....

032-13-1642  
Client Phone  
(575)650-8692

**This return is NOT FINISHED until you complete the following instructions**

**Prior to transmission of the return**

**Form 8879**

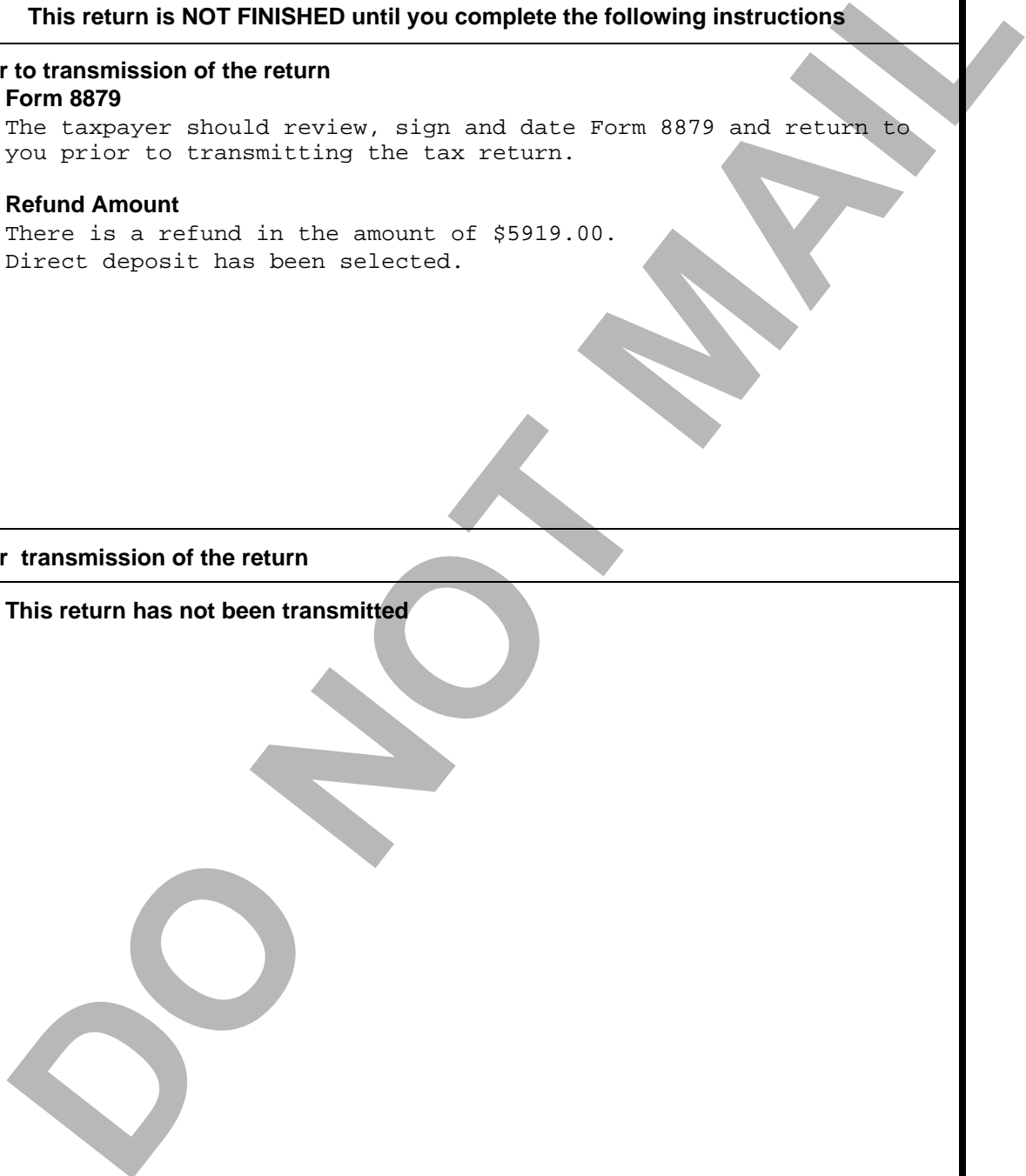
The taxpayer should review, sign and date Form 8879 and return to you prior to transmitting the tax return.

**Refund Amount**

There is a refund in the amount of \$5919.00.  
Direct deposit has been selected.

**After transmission of the return**

**This return has not been transmitted**



► Keep for your records

Name(s) Shown on Return KARTIK HARIHARANMANI & SARA ARENIBAS	Social Security Number 032-13-1642
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
VMC Consulting Corp		8,664.	556.	8,664.	136.
Volt Management Corp		3,556.	223.	3,556.	55.
New Mexico State University		8,482.	740.	8,482.	194.
American Greetings Corp	X	1,131.		1,131.	2.
<b>Totals</b>		21,833.	1,519.	21,833.	387.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	20,702.	1,131.	21,833.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
2	Total federal tax withheld . . . . .	1,519.		1,519.
3 & 7	Total social security wages/tips . . . . .	12,220.	1,131.	13,351.
4	Total social security tax withheld . . . . .	757.	70.	827.
5	Total Medicare wages and tips . . . . .	12,220.	1,131.	13,351.
6	Total Medicare tax withheld . . . . .	178.	16.	194.
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 . . . . .	473.		473.
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 . . . . .	473.		473.
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . . .			
c	Total deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips . . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	20,702.	1,131.	21,833.
17	Total state tax withheld . . . . .	385.	2.	387.
19	Total local tax withheld . . . . .			

# Tax Summary Report

2017

Name(s) Shown on Return  
 KARTIK HARIHARANMANI & SARA ARENIBAS

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	21,833.
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> . . . . .	<u>21,833.</u>

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 21,833.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	509.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<u>509.</u>
Standard deduction . . . . .	12,700.
Exemption amount . . . . .	12,150.

**Taxable Income** . . . . . 0.

Income tax . . . . .	0.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<u>0.</u>
Nonbusiness credits . . . . .	0.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	<u>0.</u>
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 0.

Withholding . . . . .	1,519.
Estimated tax payments . . . . .	_____
Other payments . . . . .	4,400.
<b>Total Payments</b> . . . . .	<u>5,919.</u>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 5,919.

**Refund** . . . . . 5,919.

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

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

Tax bracket . . . . .	10.0 %
Effective tax rate . . . . .	<u>-20.15 %</u>

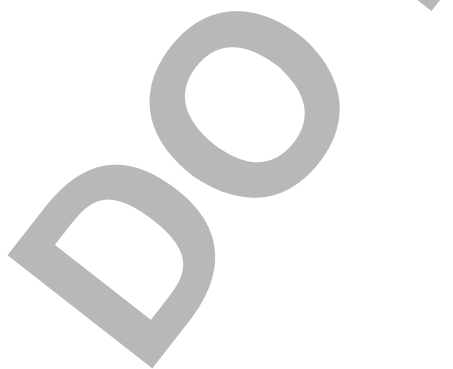
# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b> Tax . . . . .	0.
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 Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . .	0.

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

<b>Paid Preparer Smart Worksheet</b>	
<p><b>If different</b> 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)</p>	
<b>A</b> Enter paid preparer code from Firm/Preparer Info. . . . .	.2_____





**PIT-8453****INDIVIDUAL INCOME TAX DECLARATION FOR  
ELECTRONIC FILING AND TRANSMITTAL****2017**

For the year January 1 - December 31, 2017

Your first name and middle initial <b>KARTIK</b>	Last name <b>HARIHARANMANI</b>	Social security number <b>032-13-1642</b>	<input checked="" type="checkbox"/> RESIDENCY STATUS
Spouse's first name and middle initial <b>SARA</b>	Last name <b>ARENIBAS</b>	Social security number <b>525-65-5435</b>	<input checked="" type="checkbox"/> RESIDENCY STATUS
Your mailing address, city, state, and ZIP code <b>1350 BRANSON AVE, APT. 18 LAS CRUCES NM 88001</b>			
<b>FILING STATUS (Check one)</b>			
<input type="checkbox"/> (1) Single	<input type="checkbox"/> (3) Married filing separately (Enter spouse's name and social security number.)		
<input checked="" type="checkbox"/> (2) Married filing jointly	<input type="checkbox"/> (4) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.)		
	<input type="checkbox"/> (5) Qualifying widow(er)		

**PART I TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)**

1. Federal Adjusted Gross Income (PIT-1 return, line 9) .....	1.	21833
2. Net New Mexico Income Tax (PIT-1 return, line 22) .....	2.	0
3. Total Payments and Credits (PIT-1 return, line 32).....	3.	727
4. Tax Due (PIT-1 return, line 33) .....	4.	
5. Overpayment (PIT-1 return, line 39).....	5.	727

**PART II DECLARATION OF TAXPAYER**

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE  
SIGN  
HERE

Your signature

Date

*Sara Arenibas*  
Spouse's signature (If joint return, BOTH MUST sign.)

**PART III DECLARATION OF PREPARER/TRANSMITTER (if applicable)****PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature		Date
Check if self-employed <input type="checkbox"/>	Preparer's PTIN <b>P01861360</b>	NM CRS identification number (if applicable)
Firm's name (or yours, if self-employed) <b>RETTAX LLC</b>		
Address (number, street, city, and state) <b>1215 MACK ST GASTON</b>		ZIP code <b>SC 29053</b>

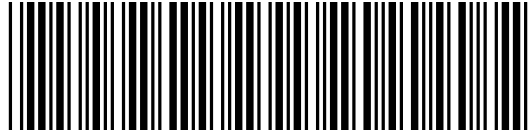
**When required to submit a copy of this form to the Department, mail the form and attachments to:  
New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418**

# 2017 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2017

or fiscal year beginning F<sub>1</sub> \_\_\_\_\_ ending F<sub>2</sub> \_\_\_\_\_

If amending use Form 2017 PIT-X.



1555 02 1

1a Print your name (first, middle, last)  
KARTIK HARIHARANMANI

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.  
SARA ARENIBAS

3a  If the address is new or changed, mark this box.

3b Mailing Address (Number and street)  
1350 BRANSON AVE APT 18

3c City State Postal/ZIP Code  
LAS CRUCES NM 88001

3d If foreign address, enter country Foreign province and/or state

5.  3 EXEMPTIONS. Number of Qualified Exemptions.  
If you are a dependent of another taxpayer, enter 00.

**EXTENSION OF TIME TO FILE.**

6a  If you have a federal or state extension, mark the box and enter the extension date. 6b \_\_\_\_\_

**8. DEPENDENTS. As listed on your federal return.**  
(You must report the first 5 dependents in this table and additional dependents on Schedule PIT-S.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)
Jazlyn	Baca	648-48-6240	06/13/2008

SOCIAL SECURITY NUMBER Blind Age 65 or over Residency status Taxpayer's date of birth  
1b 032-13-1642 1c  1d  1e R 1f 07/21/1991

2b 525-65-5435 2c  2d  2e R 2f 08/27/1984

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083. ↓  
4a Name \_\_\_\_\_  
4b SSN \_\_\_\_\_

If taxpayer or spouse died before this return is filed, enter date of death. →  
4c Taxpayer's date of death \_\_\_\_\_  
4d Spouse's date of death \_\_\_\_\_

**Residency status: Fortaxpayer and spouse (1e and 2e), enter:**  
R if RESIDENT  
N if NON-RESIDENT  
F if FIRST-YEAR RES.  
P if PART-YEAR RES.

**7. FILING STATUS. Mark only one box.**

(1) Single  
 (2) Married filing jointly  
 (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)  
 (4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified exemption on your federal return.)  
(4a) \_\_\_\_\_  
 (5) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040, line 38; Form 1040A, line 22..... or Form 1040EZ, line 4)	9	21833
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5. See the worksheet in the instructions.....	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). <b>Attach PIT-ADJ</b> .....	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 40; Form 1040A, line 24; or Form 1040EZ, line 5).....	-	12 12700
12a. If you <b>itemized</b> , mark the box..... 12a <input type="checkbox"/>		
13. Federal exemption amount (from federal Form 1040, line 42; Form 1040A, line 26; or if you..... filed Form 1040EZ, leave blank)	-	13 12150
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14 7500
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). <b>Attach PIT-ADJ</b> .....	-	15
16. Medical care expense deduction. See PIT-1 instructions..... You must complete both lines 16 and 16a or the deduction will be denied.	-	16
16a. Unreimbursed and uncompensated medical care expenses.....		16a
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16..... Cannot be less than zero.	=	17 0
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18 0
18a. From Rate Table = R. From PIT-B, line 14 = B. .... 18a <input checked="" type="checkbox"/>		
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. <b>Include a copy of other state's return.</b> See PIT-1 instructions.....	-	20
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. <b>Attach PIT-CR</b> .....	-	21
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22 0

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is April 30, 2018. All others must file by April 17, 2018. See PIT-1 instructions for details.

Continue on the next page.

**2017 PIT-1** (page 2)  
**NEW MEXICO PERSONAL INCOME TAX RETURN**

**YOUR SOCIAL SECURITY NUMBER**

032-13-1642

525-65-5435



Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records.

If submitting this return by mail, send to:  
 New Mexico Taxation and Revenue Department  
 P. O. Box 25122  
 Santa Fe, New Mexico 87504-5122



23. The amount on line 22 from page 1.....	23	0
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). <b>Attach PIT-RC</b> .....	24	
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)..... +	25	340

25a. The amount of federal earned income credit (EIC) reported on your 2017 federal income tax return..... 25a 3400

26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR..... +	26	
27. New Mexico income tax withheld. <b>Attach annual statements of income and withholding</b> ..... +	27	387
28. New Mexico income tax withheld from oil and gas proceeds. <b>Attach 1099-Misc or RPD-41285</b> ..... +	28	
29. New Mexico income tax withheld from a pass-through entity. <b>Attach 1099-Misc or RPD-41359</b> ..... +	29	
30. 2017 estimated income tax payments. See PIT-1 instructions..... +	30	
31. Other Payments..... +	31	
<b>32. TOTAL PAYMENTS AND CREDITS.</b> Add lines 24 through 31..... =	32	727

<b>33. TAX DUE.</b> If line 23 is greater than line 32, enter the difference here.....	33	
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank..... +	34	
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. <b>Attach RPD-41272</b> .....	35	
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank..... +	36	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank..... +	37	
<b>38. TAX, PENALTY, AND INTEREST DUE.</b> Add lines 33, 34, 36, and 37..... =	38	

<b>39. OVERPAYMENT.</b> If line 23 is less than line 32, enter the difference here.....	39	727
40. Refund voluntary contributions (PIT-D, line 17). <b>Attach PIT-D</b> ..... -	40	
41. Amount from line 39 you want applied to your 2018 Estimated Tax..... -	41	
<b>42. AMOUNT TO BE REFUNDED TO YOU.</b> Line 39 minus lines 40 and 41..... =	42	727

**!! REFUND EXPRESS !!** HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

RE.1 Routing number: 107002192

RE.2 Account number: 6277526767

RE.3 Type: Choose one. Checking  Savings  Mark X by your choice.

RE.4 YES  NO

**REQUIRED:** You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

I declare 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.

Your signature <i>[Signature]</i>	Date
REQUIRED: DRIVER'S LICENSE, STATE ID No. or "NONE" 515352619	State: NM Expiration Date: 05/31/2018
Spouse's signature <i>Sara Arenibas</i>	Date
REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID No. or "NONE" NONE	State: Expiration Date:

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number (575) 650-8692

Taxpayer's email address \_\_\_\_\_

**Paid preparer's use only:**

Signature of preparer \_\_\_\_\_ Date \_\_\_\_\_

RETTAX LLC

P.1 Firm's name (or yours, if self-employed)

P.2 NM CRS identification number \_\_\_\_\_

P.3 Preparer's PTIN P01861360

P.4 FEIN 47-2614772

P.5 Preparer's phone number (803) 391-8923

P.6  Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

# Smart Worksheets from your 2017 New Mexico Tax Return

SMART WORKSHEET FOR: PIT-8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form PIT-8453: Form W-2 (Copy C), _____ _____
<b>D</b>	Documents to attach to the BACK of Form PIT-8453: _____ _____ _____
<b>E</b>	DO NOT MAIL <u>NOTE: The Taxpayer is required to retain Form PIT-8453 and all supporting documents for ten years; ERO is required to retain them for three years.</u>
	Federal DCN . . . . . <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

SMART WORKSHEET FOR: PIT-1: Personal Income Tax Form

Low Mid Income Exemption Smart Worksheet	
<b>A.</b> Enter the amount reported on line 9, Form PIT-1 . . . . .	<b>A.</b> 21833
<b>B.</b> If your filing status on line 7, Form PIT-1 is: * single, enter \$20,000 * married filing joint or qualified widow(er); enter \$30,000 * head of household; enter \$30,000 * married filing separate, enter \$15,000 . . . . .	<b>B.</b> 30000
<b>C.</b> Subtract line B from line A. If the result is a negative, enter zero here and on line E and skip line D . . . . .	<b>C.</b> 0
<b>D.</b> If your filing status on line 7, PIT-1 is: * single, enter 0.15 * married filing joint or qualified widow(er); enter 0.10 * head of household; enter 0.10 * married filing separate; enter 0.20 . . . . .	<b>D.</b> 0.10
<b>E.</b> Multiply line C by line D. Enter the result . . . . .	<b>E.</b> 0
<b>F.</b> Subtract line E from \$2,500 . . . . .	<b>F.</b> 2500
<b>G.</b> Enter the number of federal exemptions reported on line 5, Form PIT-1 . . . . .	<b>G.</b> 3
<b>H.</b> Multiply line F by line G. Enter this amount on line 14, Form PIT-1 . . . . .	<b>H.</b> 7500

SMART WORKSHEET FOR: PIT-1: Personal Income Tax Form

<b>Line 27 Smart Worksheet</b>		
<b>A</b> The amount transferred to this line is total of all withholdings entered on the federal return as withholdings for New Mexico . . . . .	<b>A</b>	387
<b>B</b> The amount on this line is the New Mexico income tax withheld from oil and gas proceeds on line 28 below . . . . .	<b>B</b>	
<b>C</b> The amount on this line is the New Mexico income tax withheld from a Pass-Through Entity on line 29 below . . . . .	<b>C</b>	
<b>D</b> New Mexico withholding amounts excluding Oil/Gas and Pass-Through Subtract line B and C from line A, enter here and on line 27 . . . . .	<b>D</b>	387

DO NOT MAIL