

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/17/2018**

# 2018 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

436.

REV 11/13/17 INTUIT.CG.CFP.SP

1555

505-51-0065                      820-15-5303  
MURALI MOHAN GANTA  
AJITA DEGALA  
CONSUELO WAY APT 2964  
ROUND ROCK TX 78665

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

505510065 TU GANT 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/15/2018**

# 2018 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/17/2018**

# 2018 Form 1040-ES Payment Voucher 3

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Amount of estimated tax you are paying by check or money order . . . . . ▶	436.
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REV 11/13/17 INTUIT.CG.CFP.SP 1555

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CHARLOTTE NC 28201-1300

505510065 TU GANT 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **01/15/2019**

# 2018 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

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REV 11/13/17 INTUIT.CG.CFP.SP

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INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

505510065 TU GANT 30 0 201812 430

Amended U.S. Individual Income Tax Return

(Rev. January 2018)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Personal information section including name, address, and social security numbers.

Amended return filing status. You must check one box even if you are not changing your filing status.

Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

Main table with columns for line number, description, A. Original amount, B. Net change, and C. Correct amount. Includes sections for Income and Deductions, Tax Liability, Payments, and Refund or Amount You Owe.

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b> 2	0	2
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b> 2	0	2
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b> 0	0	0
<b>27</b>	Other dependents . . . . .	<b>27</b> 0	0	0
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b> 4	0	4
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b> 16,200.	0.	16,200.
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
Sai Aishani	Ganta	768-90-3396	Daughter	<input checked="" type="checkbox"/>
Shreeman Mahadev	Ganta	898-66-6168	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

I got a mail from IRS

**Remember to keep a copy of this form for your records.**

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

**Sign Here**

▶ \_\_\_\_\_ Date SAP Systems Analyst  
 Your signature Your occupation

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's signature. If a joint return, **both** must sign. Spouse's occupation

**Paid Preparer Use Only**

▶ \_\_\_\_\_ Date Self-Prepared  
 Preparer's signature Firm's name (or yours if self-employed)

\_\_\_\_\_  
 Print/type preparer's name Firm's address and ZIP code

\_\_\_\_\_  
 PTIN  Check if self-employed \_\_\_\_\_ Phone number \_\_\_\_\_ EIN

Your first name and initial <b>Murali Mohan</b>		Last name <b>Ganta</b>	OMB No. 1545-0074
If a joint return, spouse's first name and initial <b>Ajita</b>		Last name <b>Degala</b>	<b>Your social security number</b> 505 51 0065
Home address (number and street). If you have a P.O. box, see instructions. <b>consuelo way</b>		Apt. no. <b>2964</b>	<b>Spouse's social security number</b> 820 15 5303
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Round Rock TX 78665</b>		Foreign country name	<b>▲ Make sure the SSN(s) above and on line 6c are correct.</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 province/state/county		Foreign postal code	

**Filing status** Check only one box.

<b>1</b> <input type="checkbox"/> Single	<b>4</b> <input type="checkbox"/> 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. ▶
<b>2</b> <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<b>5</b> <input type="checkbox"/> Qualifying widow(er) (see instructions)
<b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

**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)
Sai Aishani	Ganta	768-90-3396	Daughter	<input checked="" type="checkbox"/>
Shreeman Mahadev	Ganta	898-66-6168	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed. 4

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	123,657.
<b>8a</b> Taxable interest. Attach Schedule B if required.	8a	
<b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a.	8b	
<b>9a</b> Ordinary dividends. Attach Schedule B if required.	9a	
<b>b</b> Qualified dividends (see instructions).	9b	
<b>10</b> Capital gain distributions (see instructions).	10	
<b>11a</b> IRA distributions.	11a	
<b>11b</b> Taxable amount (see instructions).	11b	
<b>12a</b> Pensions and annuities.	12a	
<b>12b</b> Taxable amount (see instructions).	12b	
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b> Social security benefits.	14a	
<b>14b</b> Taxable amount (see instructions).	14b	
<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶	15	123,657.

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions).	16	
<b>17</b> IRA deduction (see instructions).	17	
<b>18</b> Student loan interest deduction (see instructions).	18	
<b>19</b> Tuition and fees. Attach Form 8917.	19	
<b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> .	20	
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶	21	123,657.

Table with 4 columns: Line number, Description, Amount, Total. Rows include Tax, credits, and payments (22-46), Refund (47), and Amount you owe (50-51).

Standard Deduction for—
• People who check any box on line 23a or 23b 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

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete the following. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign here

Joint return? See instructions. Keep a copy for your records.

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 the taxpayer) is based on all information of which the preparer has any knowledge.
Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, 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, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.



**Child and Dependent Care Expenses**



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Murali Mohan Ganta & Ajita Degala

Your social security number

505-51-0065

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
 (If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
First Foundation pre-school	11902 Anderson Mill Rd Austin TX 78726	74-2917851	3,900.

Did you receive dependent care benefits? **No** → Complete only Part II below.  
**Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Sai Aishani	Ganta	768-90-3396	0.
Shreeman Mahadev	Ganta	898-66-6168	3,900.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .	<b>3</b>	3,900.																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	118,600.																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	5,057.																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	3,900.																																																										
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	123,657.																																																										
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	.20																																																										
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions . . . . .	<b>9</b>	780.																																																										
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . .	<b>10</b>	17,949.																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	780.																																																										

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.  
▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

**2017**  
Attachment  
Sequence No. **73**

Name shown on your return

Your social security number

Murali Mohan Ganta & Ajita Degala

505-51-0065

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

<b>1</b>	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	<b>1</b>	4
<b>2a</b>	Modified AGI. Enter your modified AGI (see instructions)	<b>2a</b>	123,657.
<b>b</b>	Enter the total of your dependents' modified AGI (see instructions)	<b>2b</b>	
<b>3</b>	Household income. Add the amounts on lines 2a and 2b (see instructions)	<b>3</b>	123,657.
<b>4</b>	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. <b>a</b> <input type="checkbox"/> Alaska <b>b</b> <input type="checkbox"/> Hawaii <b>c</b> <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	24,300.
<b>5</b>	Household income as a percentage of federal poverty line (see instructions)	<b>5</b>	401 %
<b>6</b>	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input type="checkbox"/> <b>No.</b> Continue to line 7. <input checked="" type="checkbox"/> <b>Yes.</b> You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
<b>7</b>	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	<b>7</b>	
<b>8a</b>	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>	
		<b>b</b>	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
		<b>8b</b>	

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
 **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
 **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)	
<b>11</b> Annual Totals							
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
<b>12</b> January						463.	
<b>13</b> February						463.	
<b>14</b> March						463.	
<b>15</b> April						463.	
<b>16</b> May						463.	
<b>17</b> June						463.	
<b>18</b> July						0.	
<b>19</b> August						0.	
<b>20</b> September						0.	
<b>21</b> October						0.	
<b>22</b> November						0.	
<b>23</b> December						0.	
<b>24</b>	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					<b>24</b>	
<b>25</b>	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					<b>25</b>	2,778.
<b>26</b>	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					<b>26</b>	

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

<b>27</b>	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	<b>27</b>	2,778.
<b>28</b>	Repayment limitation (see instructions)	<b>28</b>	
<b>29</b>	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	<b>29</b>	2,778.

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .			MFJ	MFJ	MFJ
Total income . . . . .			132,335.	113,400.	123,657.
Adjustments to income					
Adjusted gross income			132,335.	113,400.	123,657.
Tax expense . . . . .			4,963.	4,252.	5,794.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					0.
Total itemized/standard deduction . .			12,600.	12,600.	12,700.
Exemption amount . .			16,000.	16,200.	16,200.
Taxable income . . . .			103,735.	84,600.	94,757.
Tax . . . . .			17,521.	13,983.	17,949.
Alternative min tax . .					
Total credits . . . . .			850.	1,800.	2,080.
Other taxes . . . . .				0.	0.
Payments . . . . .			18,493.	13,655.	14,127.
Form 2210 penalty . .					
Amount owed . . . . .					1,742.
Applied to next year's estimated tax .					
Refund . . . . .			1,822.	1,472.	
Effective tax rate % . .			12.60	10.74	12.83
**Tax bracket % . . . .			25.0	25.0	25.0

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

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov) .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$ 39 . 99

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

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## Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

---

## We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

---

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2017 return to determine whether a portion of the refund can be used to pay for tax preparation.

Murali Mohan  
First Name

Ganta  
Last Name

Please type the date below:

02/19/2018

Date

Ajita

Degala

02/19/2018

---



## Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

---

### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.
--

Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

---

### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

---

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Murali Mohan

Ganta

Please type the date below:

02/19/2018

Date

Ajita

Degala

02/19/2018

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Your SSN 505-51-0065
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**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
_____	_____
_____	_____
_____	_____
Enter additional adjustments not included above:	
_____	_____
_____	_____
Adjustment for trade or business income not subject to net investment tax . . . . .	_____

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
_____	_____
_____	_____
_____	_____
_____	_____
Capital loss carryover adjustment from 2016 for net investment tax purposes	_____
Enter additional adjustments not included above and check the box if a capital gain or loss:	
_____ <input type="checkbox"/>	_____
_____ <input type="checkbox"/>	_____
Net gain or loss from disposition of property not subject to net investment tax . . . . .	_____

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
_____	_____
_____	_____
_____	_____
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	_____

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0.
2	Capital loss carryover to next year . . . . .	2	_____
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . . . .	3	0.

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 20. . . . .	1	_____
2	Amounts reported on Form 8814, line 12 . . . . .	2	_____
3	Adjustment for distributions from estates and trusts . . . . .	3	_____
4	Schedules C and F income/loss included in net investment income. . . . .	4	_____
5	Substitute interest and dividend payments . . . . .	5	_____
6	Recovery of a prior year deduction . . . . .	6	_____
7	_____	7	_____
8	Total other modifications to investment income . . . . .	8	_____

**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	State, local and foreign income taxes allocable to investment income . . . . .	5	

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	Tax preparations fees allocable to investment income . . . . .	5	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**

**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1 . . . . .	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____	x _____ = _____	_____
_____	x _____ = _____	_____
_____	x _____ = _____	_____
_____	x _____ = _____	_____

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the lesser of line 7 or line 4 . . . . .	8	

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
<b>1</b> _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .		
<b>2</b> State, local, and foreign income taxes . . . . .	x _____ = _____	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Penalty on early withdrawal of savings . . . . .		
Other modifications:		
_____		
_____		
Total additional modifications to Form 8960, line 10 . . . . .		

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**

**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive
_____				
_____				
_____				
_____				

**Federal Information Worksheet**

2017

▶ Keep for your records

**Part I – Personal Information**

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

<p><b>Taxpayer:</b>                  First name . . . . . <u>Murali Mohan</u>                  Middle initial . . . . . <u>                    </u> Suffix . . . . . <u>                    </u>                  Last name . . . . . <u>Ganta</u>                  Social security no. . . . . <u>505-51-0065</u>                  Occupation . . . . . <u>SAP Systems Analyst</u>                  Date of birth . . . . . <u>09/02/1978</u> (mm/dd/yyyy)                  Age as of 1-1-2018 . . . . . <u>39</u>                  Daytime phone . . . . . <u>(213) 840-5540</u> Ext <u>                    </u>                  Legally blind . . . . . <input type="checkbox"/>                  Date of death . . . . . <u>                    </u></p> <p><b>Dependent of Someone Else:</b>                  Can taxpayer be claimed as dependent of another person (such as parent)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, <b>was</b> taxpayer claimed as dependent on that person's return? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Credit for the Elderly or Disabled (Schedule R):</b>                  Is the taxpayer retired on total and permanent disability? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Presidential Election Campaign Fund:</b>                  Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Spouse:</b>                  First name . . . . . <u>Ajita</u>                  Middle initial . . . . . <u>                    </u> Suffix . . . . . <u>                    </u>                  Last name . . . . . <u>Dejala</u>                  Social security no. . . . . <u>820-15-5303</u>                  Occupation . . . . . <u>House wife</u>                  Date of birth . . . . . <u>08/23/1983</u> (mm/dd/yyyy)                  Age as of 1-1-2018 . . . . . <u>34</u>                  Daytime phone . . . . . <u>                    </u> Ext <u>                    </u>                  Legally blind . . . . . <input type="checkbox"/>                  Date of death . . . . . <u>                    </u></p> <p><b>Dependent of Someone Else:</b>                  Can spouse be claimed as dependent of another person (such as parent)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, <b>was</b> spouse claimed as dependent on that person's return? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Credit for the Elderly or Disabled (Schedule R):</b>                  Is the spouse retired on total and permanent disability? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Presidential Election Campaign Fund:</b>                  Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**Part II – Address and Federal Filing Status** (enter information in this section)

**US Address:**  
 Address . . . . . consuelo way Apt no. . . . . 2964  
 City . . . . . Round Rock State . . . . . TX ZIP code . . . . . 78665

**Foreign Address:** Check this box to use foreign address . . . ▶   
 Address . . . . .                      Apt no. . . . .                       
 City . . . . .                       
 Foreign code . . . . .                      Foreign country . . . . .                       
 Foreign province/county                      Foreign postal code                     

APO/FPO/DPO address, check if appropriate . . . . . APO  FPO  DPO

Home phone . . . . .                       
 Check to print phone number on Form 1040 . . . . .  Home  Taxpayer daytime  Spouse daytime

**Federal filing status:**

1 Single

2 Married filing jointly

3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year. . . . . ▶   
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ▶

4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name                      MI                      Last Name                      Suffix                       
 Child's social security number . . . . .                     

5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2015 ▶  2016 ▶   
 Are you a dependent with a qualifying child . . . . . Yes ▶  No ▶   
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name                      MI                      Last Name                      Suffix                       
 Child's social security number . . . . .                     

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

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxp in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2017					
Sai Aishani Ganta		768-90-3396 Daughter	03/19/2010 7	L				E	12	<input type="checkbox"/>	Yes
Shreeman Mahadev Ganta		898-66-6168 Son	11/14/2013 4	L		3,900.		E	12	<input type="checkbox"/>	Yes
										<input type="checkbox"/>	
										<input type="checkbox"/>	

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2017? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2017 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2017 or if you are ineligible to claim the EIC in 2017 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... BOA
Check the appropriate box ... Checking Savings
Routing number ... 071103619 Account number ... 002915097258

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2017, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

IRS Disaster Tax Relief:

Check if you were affected by a natural disaster in 2017 ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse . . . . . ▶ \_\_\_\_\_

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2017 . . . . . ▶ TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶

Taxpayer is a resident of the state above for only part of year . . . . . ▶

Date the taxpayer established residence in state above . . . . . ▶ 05/29/2017

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ IL

Spouse:

Enter the spouse’s state of residence as of December 31, 2017 . . . . . ▶ TX

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶

Spouse is a resident of the state above for only part of year . . . . . ▶

Date the spouse established residence in state above . . . . . ▶ 05/29/2017

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ IL

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
CA	
VA	

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶



Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 31019

Spouse's PIN used to sign the return 18388

**Taxpayer:**

Drivers license or state ID number 42565308

Issued by what state TX

License or ID      license . ▶       ID . ▶       neither . ▶       decline . ▶

---

**Spouse**

Drivers license or state ID number 42565305

Issued by what state TX

License or ID      license . ▶       ID . ▶       neither . ▶       decline . ▶

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Personal Information Worksheet  
For the Taxpayer

2017

Keep for your records

QuickZoom to another copy of Personal Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Taxpayer's Personal Information

First name . . . Murali Mohan Middle initial . . . Last name . . . Ganta
Social security no. . . 505-51-0065 Member of U.S. Armed Forces in 2017? . . . Yes No
Date of birth . . . 09/02/1978 (mm/dd/yyyy) age as of 1-1-2018 . . . 39
Occupation . . . SAP Systems Analyst Daytime phone . . . (213) 840-5540 Ext
Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2017 2017 2016 2015 Before 2015
Are you retired on total and permanent disability? (for Schedule R, see Help) . . . Yes No
Check if this person is legally blind . . . Yes No
If deceased, enter the date of death . . . (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2018 and this is the first year you
are filing a tax return? . . . Yes No
Do you want \$3 to go to Presidential Election Campaign Fund? . . . Yes No

Part II - Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? . . . Yes No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? . . . Yes No
Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2017? . . . Yes No
4 Did your earned income exceed one-half of your support? . . . Yes No
5 Was at least one of your parents alive on December 31, 2017? . . . Yes No

Part III - Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2017 . . . TX
Check the appropriate box:
This person is a resident of the state above for the entire year . . .
This person is a resident of the state above for only part of year . . . X
Date this person established residence in state above . . . 05/29/2017
In which state (or foreign country) did this person reside before this change? . . . IL

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2017 . . .
Unreimbursed medical expenses paid for qualifying person in 2017 . . .
Employment taxes paid for dependent care providers in 2017 . . .
Full-time student for 5 calendar months during 2017? . . . Yes No
Disabled person who was not physically or mentally capable of self-care? . . . Yes No
This person is a qualifying person for the child and dependent care credit . . . Yes No

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. X Yes No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November X
Check if covered or exempt (other than short gap) for prior year December X

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
X X X X X X X X X X X X

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															
Full Year . . . ▶															

Healthcare coverage information has been completed for this person.. . . . .



Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type												Check Full Year or Months Exempt for Each Type												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec													
												Full Year . . . ▶												
												Full Year . . . ▶												
												Full Year . . . ▶												

Healthcare coverage information has been completed for this person.. . . . .

**Dependent and Nondependent Information Worksheet**      **2017**  
▶ Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ▶  
**QuickZoom** to Federal Information Worksheet . . . . . ▶

**Part I – Personal Information**

First name . . . Sai Aishani      Middle initial . . .         Last name . . . Ganta  
Suffix . . . . .   

Social security no. . . 768-90-3396

Date of birth . . . . . 03/19/2010 (mm/dd/yyyy)      age as of 12-31-2017 . . . . . 7  
Did this person pass away in 2017 (deceased)? . .  Yes  No      Date of death . . . . .   

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ▶  Yes  No

Dependency code \*. L – Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . .

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

**Part II – Earned Income Credit and Child Tax Credit**

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . .  Yes  No  
Is this person a resident of Canada or Mexico? . . . . .  Yes  No

This person is adopted and you are a U.S. citizen or U.S. national . . . . .

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . .  Yes  No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . .  Yes  No

The adopted child lived with you all year . . . . .  Yes  No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . .  Yes  No  
Child is a nondependent, but may qualify for earned income credit . . . . .  Yes  No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . .  Yes  No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E – Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . .



Healthcare coverage information has been completed for this person. . . . .

---

**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . . \_\_\_\_\_

---



**Dependent and Nondependent Information Worksheet**      **2017**  
 ▶ Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ▶  
**QuickZoom** to Federal Information Worksheet . . . . . ▶

**Part I – Personal Information**

First name . . . Shreeman Mahadev      Middle initial . . .           Last name . . . Ganta  
 Suffix . . . . .     

Social security no. . . 898-66-6168

Date of birth . . . . . 11/14/2013 (mm/dd/yyyy)      age as of 12-31-2017 . . . . . 4  
 Did this person pass away in 2017 (deceased)? . . .  Yes  No      Date of death . . . . .     

Relationship to taxpayer or spouse . . . . . Son

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ▶  Yes  No

Dependency code \*. L – Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . .

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

**Part II – Earned Income Credit and Child Tax Credit**

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . .  Yes  No  
 Is this person a resident of Canada or Mexico? . . . . .  Yes  No

This person is adopted and you are a U.S. citizen or U.S. national . . . . .

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . .  Yes  No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . .  Yes  No

The adopted child lived with you all year . . . . .  Yes  No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . .  Yes  No  
 Child is a nondependent, but may qualify for earned income credit . . . . .  Yes  No  
 You, and no one else, is claiming this nondependent for the earned income credit. . . . .  Yes  No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E – Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . .



Healthcare coverage information has been completed for this person. . . . .

---

**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . . \_\_\_\_\_

---

► Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Social Security Number

505-51-0065

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	118,600.	5,057.	123,657.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
<b>2</b>	Total federal tax withheld . . . . .	14,060.	67.	14,127.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	118,600.	5,057.	123,657.
<b>4</b>	Total social security tax withheld . . . . .	7,353.	314.	7,667.
<b>5</b>	Total Medicare wages and tips . . . . .	118,600.	5,057.	123,657.
<b>6</b>	Total Medicare tax withheld . . . . .	1,720.	73.	1,793.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	656.		656.
<b>16</b>	Total state wages and tips . . . . .	118,600.		118,600.
<b>17</b>	Total state tax withheld . . . . .	5,794.		5,794.
<b>19</b>	Total local tax withheld. . . . .			

▶ Keep for your records

Name Murali Mohan Ganta Social Security Number 505-51-0065

**Spouse's W-2**  
 **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 505-51-0065  
**b** Employer's ID number . . . . . 47-0914658  
**c** Employer's name, address, and ZIP code  
AMERICAN UNIT INC  
 Street 2901 N DALLAS PKWY, #333  
 City PLANO  
 State TX ZIP Code 75093  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 118,600.00  
**3** Social security wages 118,600.00  
**5** Medicare wages and tips 118,600.00  
**7** Social security tips \_\_\_\_\_

**2** Federal income tax withheld 14,059.64  
**4** Social security tax withheld 7,353.20  
**6** Medicare tax withheld 1,719.70  
**8** Allocated tips \_\_\_\_\_

▶ Enter unreported tips in Part VII on Page 2 below.

**d** Control number 109158DALL/3CB

Verification Code 02FA-D735-E13A-C747  
**11** Nonqualified plans \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First MURALI M.I. MOHAN  
 Last GANTA Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 12101 DESSAU RD  
 City AUSTIN  
 State TX ZIP Code 78754  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**12** Enter box 12 below \_\_\_\_\_  
**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

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
CA	23911464	72,900.00	3,345.23
VA	30470914658F001	45,700.00	2,448.66
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	656.10	Other (not classified)
_____	_____	_____
_____	_____	_____

► Keep for your records

Name  
Ajita Degala

Social Security Number  
820-15-5303

**Spouse's W-2**  
 **Do not transfer this W-2 to next year**

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No . 820-15-5303  
**b** Employer's ID number . . . . . 46-5752230  
**c** Employer's name, address, and ZIP code  
Tankot-Kirna LLC  
 Street 711 S Frontier Ln  
 City Cedar Park  
 State TX ZIP Code 78613  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**d** Control number \_\_\_\_\_

**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Ajita M.I. \_\_\_\_\_  
 Last Degala Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 8901 Amber Glen Blvd # 19102  
 City AUSTIN  
 State TX ZIP Code 78729  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 5,057.26  
**3** Social security wages 5,057.26  
**5** Medicare wages and tips 5,057.26  
**7** Social security tips \_\_\_\_\_  
 ► Enter unreported tips in Part VII on Page 2 below.

Verification Code \_\_\_\_\_

**11** Nonqualified plans \_\_\_\_\_  
**12** Enter box 12 below \_\_\_\_\_

**13**  Statutory employee  
 Retirement plan  
 Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld 66.84  
**4** Social security tax withheld 313.55  
**6** Medicare tax withheld 73.33  
**8** Allocated tips \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

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
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____

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

► Keep for your records

**QuickZoom** to Form 1095-A, Health Insurance Marketplace Statement . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 8962, Premium Tax Credit (PTC) . . . . . ► \_\_\_\_\_

Name(s) Shown on Return  
Murali Mohan Ganta & Ajita Degala Your Social Security No.  
505-51-0065

Owned by: (See tax help if recipient is a dependent)  
 Taxpayer  Spouse  Spouse is covered by plan

**Part I Recipient Information**

<b>1</b> Marketplace identifier IL	<b>2</b> Marketplace-assigned pol. no. 47675642	<b>3</b> Policy issuer's name		
<b>4</b> Recipient's name		<b>5</b> Recipient's SSN	<b>6</b> Recipient's DOB	
<b>7</b> Recipient's spouse's name		<b>8</b> Spouse's SSN	<b>9</b> Spouse's DOB	
<b>10</b> Policy start date	<b>11</b> Policy termination date	<b>12</b> Street address (including apartment no.) consuelo way, Apt. 2964		
<b>13</b> City or town Round Rock	<b>14</b> State or province TX	<b>15</b> Country and ZIP or foreign postal code 78665		

**Part II Covered Individuals**

Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.  
**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

A. Covered individual name First Last	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
<b>16</b> <u>Murali</u> <u>Ganta</u>	505-51-0065		01/01/17	06/30/17
<b>17</b> <u>Ajita</u> <u>Degala</u>	820-15-5303		01/01/17	06/30/17
<b>18</b> <u>Shreeman</u> <u>Ganta</u>	898-66-6168		01/01/17	06/30/17
<b>19</b> <u>Sai</u> <u>Ganta</u>	768-90-3396		01/01/17	06/30/17
<b>20</b> _____				

**Part III Coverage Information**

Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
<b>21</b> JANUARY	<input type="checkbox"/>	1,120.04	1,189.51	463.00
<b>22</b> FEBRUARY	<input type="checkbox"/>	1,120.04	1,189.51	463.00
<b>23</b> MARCH	<input type="checkbox"/>	1,120.04	1,189.51	463.00
<b>24</b> APRIL	<input type="checkbox"/>	1,120.04	1,189.51	463.00
<b>25</b> MAY	<input type="checkbox"/>	1,120.04	1,189.51	463.00
<b>26</b> JUNE	<input type="checkbox"/>	1,120.04	1,189.51	463.00
<b>27</b> JULY	<input type="checkbox"/>	0.01	0.00	0.00
<b>28</b> AUGUST	<input type="checkbox"/>	0.01	0.00	0.00
<b>29</b> SEPTEMBER	<input type="checkbox"/>	0.01	0.00	0.00
<b>30</b> OCTOBER	<input type="checkbox"/>	0.01	0.00	0.00
<b>31</b> NOVEMBER	<input type="checkbox"/>	0.01	0.00	0.00
<b>32</b> DECEMBER	<input type="checkbox"/>	0.01	0.00	0.00
<b>33</b> Annual Totals		6,720.	7,140.	2,778.

# 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

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet. Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

**Yes**

*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	Murali Mohan Ganta	505-51-0065	09/02/78	<input checked="" type="checkbox"/>	<i>Short gap:</i> <input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T	
2	Ajita Degala	820-15-5303	08/23/83	<input checked="" type="checkbox"/>	<i>Short gap:</i> <input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S
3	Sai Aishani Ganta	768-90-3396	03/19/10	<input checked="" type="checkbox"/>	<i>Short gap:</i> <input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
4	Shreeman MahadevGanta	898-66-6168	11/14/13	<input checked="" type="checkbox"/>	<i>Short gap:</i> <input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
5				<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/> Yes				<input type="checkbox"/> No				<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"/>	<i>Short gap:</i> <input type="checkbox"/> Yes				<input type="checkbox"/> No				<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. . . . . ▶

**Completion checkbox:**



Check this box once you are finished with all the healthcare related entries.

# Wages, Salaries, & Tips Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Murali Mohan Ganta &amp; Ajita Degala</u>	Social Security Number <u>505-51-0065</u>
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The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	118,600.	5,057.	123,657.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2017			
<b>b</b> _____			
_____			
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	118,600.	5,057.	123,657.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income:			
_____			
_____			
<b>15 Total of lines 10 through 14 . . . . .</b>	118,600.	5,057.	123,657.

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security No. 505-51-0065
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: 2 X \$1,000. Enter the result . . . . .	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	123,657.
3	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A filers:</b> Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total . . . . .	4	123,657.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$110,000</li> <li>Single, head of household, or qualifying widow(er) — \$75,000</li> <li>Married filing separately — \$55,000</li> </ul>	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	14,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	7	700.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	1,300.

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	17,949.
10	Add the amounts from — Form 1040, line 48 . . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	780.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	780.
12	Subtract line 11 from line 9. Enter the result . . . . .	12	17,169.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	13	1,300.

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

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

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

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	9,460.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result . . . . . <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
13	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> Then, go to line 13. Enter the total of the amounts from — <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

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

**Note: Railroad Employees**

- Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:
- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
  - If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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		Regular Tax	Alternative Minimum Tax
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>			
<b>1</b> If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>		
<b>2</b> Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>		
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>		
<b>4</b> Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year . . . . .	<b>4</b>		
<b>5</b> Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>		
<b>6</b> Add lines 3 through 5 . . . . .	<b>6</b>		
<b>7</b> Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>		
<b>8</b> Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>		
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>		
<b>10</b> Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>		
<b>11</b> Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund			
		<b>Regular</b>	<b>AMT</b>
<b>a</b> On Form 1099-DIV . . . . .			
<b>b</b> On Form 2439 . . . . .			
<b>c</b> On Schedule(s) K-1 . . . . .			
<b>d</b> On Form 1099-R . . . . .			
<b>e</b> From Form 8814 . . . . .			
<b>f</b> Other. . . . .			
Total . . . . .	<b>11</b>		
<b>12</b> Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale . . . . .	<b>12</b>		
<b>13</b> Add lines 9 through 12. . . . .	<b>13</b>		
<b>14</b> If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.	0.
<b>15</b> Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.	0.
<b>16</b> Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>		
<b>a</b> Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>		0.
<b>17</b> Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . .	<b>17</b>	0.	0.
<b>18</b> <b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. . . . .	<b>18</b>		

**Schedule D  
Line 18**

**28% Rate Gain Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Murali Mohan Ganta & Ajita Degala

Social Security Number  
505-51-0065

				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .		<b>1</b>		
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		<b>50 % Exclusion</b>	<b>60 % Exclusion</b>	<b>75% Exclusion</b>	
<b>a</b>	Schedule D . . . . .	_____	_____	_____	
<b>b</b>	Form 8814 . . . . .	_____	_____	_____	
<b>c</b>	Schedule B . . . . .	_____	_____	_____	
<b>d</b>	Form 6252 . . . . .	_____	_____	_____	
<b>e</b>	Form 2439 . . . . .	_____	_____	_____	
<b>f</b>	Other . . . . .	_____	_____	_____	
	Total . . . . .	_____	_____	_____	<b>2</b>
<b>3</b>	Enter the total of all collectibles gain or (loss) from:		<b>Regular</b>	<b>AMT</b>	
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .	_____	_____	_____	
<b>b</b>	Form 6252 . . . . .	_____	_____	_____	
<b>c</b>	Form 6781, Part II . . . . .	_____	_____	_____	
<b>d</b>	Form 8824 . . . . .	_____	_____	_____	
	Total . . . . .	_____	_____	_____	<b>3</b>
<b>4</b>	Enter the total of any collectibles gain reported to you on:		<b>Regular</b>	<b>AMT</b>	
<b>a</b>	Form 1099-DIV, box 2d . . . . .	_____	_____	_____	
<b>b</b>	Form 2439, box 1d . . . . .	_____	_____	_____	
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .	_____	_____	_____	
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .	_____	_____	_____	
<b>e</b>	Other . . . . .	_____	_____	_____	
	Total . . . . .	_____	_____	_____	<b>4</b>
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .				<b>5</b>
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .				<b>6</b>
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .				<b>7</b>
<b>8</b>	Enter the amount of any capital gain excess . . . . .				<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. . . . .				<b>9</b>
	Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .				<b>9</b>
				0.	0.

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	<u>94,757.</u>
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	<u>          </u>
c	Add lines 1a and 1b . . . . .	1 c	<u>94,757.</u>
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	<u>          </u>
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	<u>          </u>
c	Subtract line 2b from line 2a . . . . .	2 c	<u>          </u>
3	Amount from Form 4952, line 4g . . . . .	3	<u>          </u>
4 a	Amount from Form 4952, line 4e . . . . .	4 a	<u>          </u>
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	<u>          </u>
c	Line 4b, if applicable, 4a, if not . . . . .	c	<u>          </u>
5	Subtract line 4c from line 3 . . . . .	5	<u>0.</u>
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	<u>0.</u>
7 a	Enter line 15 of Schedule D . . . . .	7 a	<u>          </u>
b	Enter line 16 of Schedule D . . . . .	b	<u>          </u>
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	<u>0.</u>
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	<u>          </u>
9 a	Subtract line 8 from line 7 . . . . .	9 a	<u>0.</u>
b	Enter any capital gain excess attributable to capital gains . . . . .	b	<u>          </u>
c	Subtract line 9b from line 9a . . . . .	9 c	<u>0.</u>
10	Add lines 6 and 9c . . . . .	10	<u>0.</u>
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	<u>0.</u>
b	Enter the amount from Schedule D, line 19 . . . . .	b	<u>          </u>
c	Add lines 11a and 11b . . . . .	11 c	<u>0.</u>
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	<u>0.</u>
13	Subtract line 12 from line 10 . . . . .	13	<u>0.</u>
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	<u>94,757.</u>
15	Enter: • \$37,950 if single or married filing separately; • \$75,900 if married filing jointly or qualifying widow(er); or • \$50,800 if head of household.	15	<u>75,900.</u>
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	<u>75,900.</u>
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	<u>75,900.</u>
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	<u>94,757.</u>
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	<u>94,757.</u>
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	<u>0.</u>
21	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	<u>0.</u>
22	Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	<u>0.</u>
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	<u>0.</u>
24	Enter: • \$418,400 if single, • \$235,350 if married filing separately, • \$470,700 if married filing jointly or qualifying widow(er), • \$444,550 if head of household.	24	<u>470,700.</u>
25	Enter the smaller of line 1c or line 24 . . . . .	25	<u>94,757.</u>
26	Add lines 19 and 20 . . . . .	26	<u>94,757.</u>
27	Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	<u>0.</u>
28	Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	<u>0.</u>
29	Multiply line 28 by 15% (.15) . . . . .	29	<u>0.</u>
30	Add lines 22 and 28 . . . . .	30	<u>0.</u>
31	Subtract line 30 from line 21 . . . . .	31	<u>0.</u>
32	Multiply line 31 by 20% (.20) . . . . .	32	<u>0.</u>
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	33	<u>          </u>
34	Add lines 10 and 19 . . . . .	34	<u>          </u>
35	Enter the amount from line 1c above . . . . .	35	<u>          </u>
36	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	36	<u>          </u>
37	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	37	<u>          </u>
38	Multiply line 37 by 25% (.25) . . . . .	38	<u>          </u>

**If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.**

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>42</b>	<u>15,171.</u>
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	<u>15,171.</u>
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	<u>15,171.</u>
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	<u>15,171.</u>

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Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

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<b>1</b>	Enter the amount from Form 1040, line 43 . . . . .	<b>1</b>	_____
<b>2</b>	Enter the amount from Form 1040, line 9b . . . . .	<b>2</b>	_____
<b>3</b>	Are you filing Schedule D? <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	_____
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .	<b>5</b>	_____
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	_____
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	_____
<b>8</b>	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.	<b>8</b>	_____
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	_____
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	_____
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	_____
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	_____
<b>15</b>	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.	<b>15</b>	_____
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	_____
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	_____
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	_____
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	_____
<b>20</b>	Multiply line 19 by 15% (.15) . . . . .	<b>20</b>	_____
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	_____
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	_____
<b>23</b>	Multiply line 22 by 20% (.20) . . . . .	<b>23</b>	_____
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>24</b>	_____
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	_____
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .	<b>26</b>	_____
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .	<b>27</b>	_____

# IRA Contributions Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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## Traditional IRA Contributions

<b>Regular Traditional IRA Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>1</b>	Enter <b>traditional</b> IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
<b>2</b>	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
<b>3</b>	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
<b>4</b>	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
<b>5</b>	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
<b>6</b>	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
<b>7</b>	Excess traditional IRA contribution credit. . . . .		
<b>8</b>	Repayments of qualified reservist distributions . . . . .		
<b>9</b>	Total <b>traditional</b> IRA contributions. . . . .		
<b>Additional Traditional IRA Contribution Information</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>10</b>	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Enter any contributions included on line 9 that were made during 1/1/2018 to 4/17/2018 ( <i>See Help</i> ). . . . .		
<b>12</b>	Age 70-1/2 or older in tax year . . . . .	—	—
<b>Deductible and Non-deductible Traditional IRA Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>13</b>	Deductible <b>traditional</b> IRA contributions from worksheet . . . . .		
<b>14</b>	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . . .		
	<b>QuickZoom</b> to worksheet indicated by the check: ___ IRA deduction worksheet . . . . . ▶ ___ Worksheet for social security recipients . . . . . ▶		
<b>15</b>	Amount on line 13 you elect to make nondeductible . . . . .		
<b>16</b>	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
<b>17</b>	Deductible <b>traditional</b> IRA contributions, to Form 1040, line 32 . .		
<b>18</b>	Qualified reservist repayments . . . . .		
<b>19</b>	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .		

**IRA Contributions Worksheet**

**2017**

▶ Keep for your records

**Roth IRA Contributions**

<b>Regular Roth IRA Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>20</b>	Enter regular <b>Roth</b> IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .	_____	_____
<b>21</b>	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .	_____	_____
<b>22</b>	<b>Roth</b> IRA contributions, from Schedule(s) K-1. . . . .	_____	_____
<b>23</b>	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
<b>24</b>	Disallowed <b>Roth</b> IRA conversions . . . . .	_____	_____
<b>25</b>	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .	_____	_____
<b>26</b>	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .	_____	_____
<b>27</b>	Excess Roth IRA contribution credit . . . . .	_____	_____
<b>28</b>	Total <b>Roth</b> IRA contributions . . . . .	_____	_____
<b>29</b>	Repayments of qualified Roth reservist distributions . . . . .	_____	_____

<b>Roth IRA Contributions After Limitations</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>30</b>	<b>Roth</b> IRA contributions after limitation . . . . .	_____	_____
<b>31</b>	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .	_____	_____
	<b>Note:</b> <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

**Coverdell Education Savings Account (Education IRA) Contributions**

<b>Excess Coverdell Education Savings Account Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
<b>32</b>	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .	_____	_____
	<b>Note:</b> <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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<b>1</b> Prescription medications . . . . .	<b>1</b> _____
<b>2 Health insurance premiums:</b>	
<b>a</b> Premiums other than self-employed health insurance or reported on a 1095-A . . .	<b>2 a</b> _____
<b>b</b> From Form(s) 1095-A - net of adjustments . . . . .	<b>b</b> <u>6,720.</u>
Taxpayer's portion of 1095-A premiums (total less spouse) . . . <u>6,720.</u>	
Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer . . . . .	
<b>c</b> Medicare premiums . . . . .	<b>c</b> _____
<b>d</b> From Form(s) 1099-R . . . . .	<b>d</b> _____
<b>NOTE:</b> If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, <b>not</b> on lines 2e - 2j below.	
<b>e</b> Taxpayer's gross long-term care premiums . . . . . <b>2 e</b> _____	
<b>f</b> Taxpayer's allowable long-term care premiums . . . . . <b>f</b> _____	
<b>g</b> Spouse's gross long-term care premiums . . . . . <b>g</b> _____	
<b>h</b> Spouse's allowable long-term care premiums . . . . . <b>h</b> _____	
<b>i</b> Dep or child under 27 gross long-term care premiums . . . . . <b>i</b> _____	
<b>j</b> Dep or child under 27 allowable long-term care prem. . . . . <b>j</b> _____	
<b>k</b> Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j . . . . .	<b>k</b> _____
<b>l</b> Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	<b>l</b> _____
<b>m</b> Spouse's long-term care premiums not deducted as an adjustment to income. . .	<b>m</b> _____
<b>n</b> Dependent's long-term care premiums not deducted as an adj to income . . . . .	<b>n</b> _____
<b>o</b> Other self-employed health insurance not deducted as an adj to income . . . . .	<b>o</b> _____
<b>3</b> Fees for doctors, dentists, etc . . . . .	<b>3</b> _____
<b>4</b> Fees for hospitals, clinics, etc. . . . .	<b>4</b> _____
<b>5</b> Lab and x-ray fees . . . . .	<b>5</b> _____
<b>6</b> Expenses for qualified long-term care . . . . .	<b>6</b> _____
<b>7</b> Eyeglasses and contact lenses . . . . .	<b>7</b> _____
<b>8</b> Medical equipment and supplies . . . . .	<b>8</b> _____
<b>9 Medical transportation expenses:</b>	
<b>a</b> Medical miles driven . . . . . <b>9 a</b> _____	
<b>b</b> Multiply the number of miles on line 9a by 17 cents per mile . . . . . <b>b</b> _____	
<b>c</b> Other medical transportation costs not included above for example: ambulance fees . . . . . <b>c</b> _____	
<b>d</b> Total medical transportation expenses (add lines 9b and 9c) . . . . .	<b>9 d</b> _____
<b>10</b> Lodging for medical purposes (up to \$50 per night per person) . . . . .	<b>10</b> _____
<b>11 Other medical and dental expenses:</b>	
<b>a</b> _____	<b>11 a</b> _____
<b>b</b> _____	<b>b</b> _____
<b>c</b> _____	<b>c</b> _____
<b>d</b> _____	<b>d</b> _____
<b>e</b> _____	<b>e</b> _____
<b>f</b> _____	<b>f</b> _____
<b>g</b> _____	<b>g</b> _____
<b>h</b> _____	<b>h</b> _____
<b>i</b> _____	<b>i</b> _____
<b>j</b> _____	<b>j</b> _____
<b>12</b> Total of medical and dental expenses (add lines 1 through 11j) . . . . .	<b>12</b> <u>6,720.</u>
<b>13 a</b> Less: insurance reimbursement for any expenses listed . . . . .	<b>13 a</b> _____
<b>b</b> Less: medical savings account (MSA) or health savings account (HSA) distributions . . . . .	<b>b</b> _____
<b>14 Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	<b>14</b> <u>6,720.</u>

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	14,127.	5,794.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Positive Adjustment . . . . .			
e Negative Adjustment . . . . .			
f Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18f . . . . .	14,127.	5,794.	
20 <b>Total Tax Payments for 2017</b> . . . . .	14,127.	5,794.	

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

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38 . . . . .	123,657.
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2016 refundable credits in excess of tax . . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	123,657.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 5,794.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 5,794.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . .  Sales Taxes . . . .  Greater amount .

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . \_\_\_\_\_
- c Real estate taxes paid on additional homes or land . . . . . \_\_\_\_\_  
 Personal portion of real estate taxes from Schedule E Worksheet for:
  - d Principal residence . . . . . \_\_\_\_\_
  - e Vacation home . . . . . \_\_\_\_\_
  - f Less real estate taxes deducted on Form 8829 . . . . . \_\_\_\_\_
  - g Add lines 2a through 2f (to Schedule A, line 6) . . . . . \_\_\_\_\_
- 3 Personal property taxes:**
  - a Auto registration fees based on the value of the vehicle.  
 2016 Amount                      Enter 2017 description:  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_
  - b Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . . \_\_\_\_\_
  - c Other personal property taxes . . . . . \_\_\_\_\_
  - d Add lines 3a through 3c (to Schedule A, line 7) . . . . . \_\_\_\_\_
- 4 Other taxes:**
  - a Other taxes from Schedule(s) K-1 . . . . . \_\_\_\_\_
  - b Foreign taxes from interest and dividends . . . . . \_\_\_\_\_
  - c Foreign taxes from Schedule(s) K-1 . . . . . \_\_\_\_\_
  - d Other foreign taxes (not used to claim a foreign tax credit) . . . . . \_\_\_\_\_
  - e Other taxes.  
 2016 Amount                      Enter 2017 description:  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_
  - f Add lines 4a through 4e (to Schedule A, line 8) . . . . . \_\_\_\_\_

**Interest Deductions**

- 5 Home mortgage interest and points reported on Form 1098:**
  - a Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - b Qualified mortgage interest from Schedule E Worksheet . . . . . \_\_\_\_\_
  - c Less home mortgage interest/points deducted on Form 8829 . . . . . \_\_\_\_\_
  - d Less home mortgage interest from Form 8396, line 3 . . . . . \_\_\_\_\_
  - e Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . . \_\_\_\_\_
- 6 Home mortgage interest not reported on Form 1098:**
  - a Mortgage interest from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - b Less home mortgage interest deducted on Form 8829 . . . . . \_\_\_\_\_
  - c Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . . \_\_\_\_\_
- 7 Points not reported on Form 1098:**
  - a Amortizable points from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . . \_\_\_\_\_
  - c Less points deducted on Form 8829 . . . . . \_\_\_\_\_
  - d Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . . \_\_\_\_\_

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	1 5,794.
2	2017 state estimated taxes paid in 2017 . . . . .	2
3	2016 state estimated taxes paid in 2017 . . . . .	3
4	Amount paid with 2016 state application for extension . . . . .	4
5	Amount paid with 2016 state income tax return . . . . .	5
6	Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	6
7	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	7
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	9
10	2017 local estimated taxes paid in 2017 . . . . .	10
11	2016 local estimated taxes paid in 2017 . . . . .	11
12	Amount paid with 2016 local application for extension . . . . .	12
13	Amount paid with 2016 local income tax return . . . . .	13
14	Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	14
15	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16
<b>Other:</b>		
17		17
18	<b>Total</b> Add lines 1 through 17 . . . . .	18 5,794.
19	State and local refund allocated to 2017 . . . . .	19
20	Nondeductible state income tax from line 28 . . . . .	20
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	21
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22 5,794.

**Nondeductible State Income Tax (Hawaii Only)**

23	Nontaxable federal employee cost of living allowance . . . . .	23
24	Adjusted gross income . . . . .	24
25	Add lines 23 and 24 . . . . .	25
26	Nondeductible percent. Line 23 divided by line 25 . . . . .	26 %
27	Hawaii state income tax included in line 18 . . . . .	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27 . . . . .	28



# Charitable Deduction Limits Worksheet For Current Year Contributions

2017

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Step 1. List your qualified charitable contributions made during the year.**

1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 123,657.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 61,829.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
10					0.	
11						0.
12			61,829.			
<b>Contributions not to 50% limit organizations</b>						
13						
14						
15		37,097.	37,097.			
16		61,829.			0.	
17						0.
18			37,097.			
<b>Capital gain property to 50% limit organizations</b>						
19					0.	
20						0.
21			61,829.			
22			37,097.			
<b>Capital gain property not to 50% limit organizations</b>						
23						
24			24,731.		0.	
25						0.
26					0.	
27	123,657.					
28					0.	
29						0.
30						0.

# Charitable Deduction Limits Worksheet For Carryover Contributions

2017

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Step 1. List your qualified charitable contributions made during the year.**

1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1. . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2). . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 123,657.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 61,829. less. . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
10					0.	
11						0.
12			61,829.			
<b>Contributions not to 50% limit organizations</b>						
13		0.				
14		37,097.	37,097.			
15		61,829.				
16					0.	
17						0.
18			37,097.			
<b>Capital gain property to 50% limit organizations</b>						
19					0.	
20						0.
21			61,829.			
22			37,097.			
<b>Capital gain property not to 50% limit organizations</b>						
23						0.
24			24,731.			
25					0.	0.
26					0.	
27	123,657.					
28					0.	
29						0.
30						0.

# Charitable Contributions Summary

2017

▶ Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

## Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions . . .						
2 2017 contributions allowed	0.	0.	0.	0.	0.	0.
3 <b>Carryovers from:</b>						
a 2016 tax year . . . . .						
b 2015 tax year . . . . .						
c 2014 tax year . . . . .						
d 2013 tax year . . . . .						
e 2012 tax year . . . . .						
4 Carryovers allowed in 2017	0.	0.	0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.	0.	0.	0.	0.	0.
6 <b>Carryovers to 2018:</b>						
a From 2017 . . . . .	0.		0.	0.	0.	0.
b From 2016 . . . . .						
c From 2015 . . . . .						
d From 2014 . . . . .						
e From 2013 . . . . .						
f From 2012 . . . . .						

## Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? . . . . .  Yes  No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? . . . . . ▶  Yes  No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ▶  Yes  No
- 4 Was any charity other than a 50% charity?  Yes  No



► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<b>1</b>	Is your <b>earned income*</b> more than \$700? <input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total <input type="checkbox"/> <b>No.</b> Enter \$1,050	_____	► . . .	<b>1</b>	_____
<b>2</b>	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,350 • Married filing jointly or Qualifying widow(er) — \$12,700 • Head of household — \$9,350	_____	► . . .	<b>2</b>	12,700.
<b>3</b>	<b>Standard deduction.</b>				
<b>3 a</b>	Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1953, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .			<b>3 a</b>	_____
<b>3 b</b>	If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) . . . . .			<b>3 b</b>	_____
<b>3 c</b>	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .			<b>3 c</b>	_____

\***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040  
Line 42**

**Deduction for Exemptions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	<u>16,200.</u>
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	<u>123,657.</u>
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$261,500</li> <li>• Married filing jointly or qualifying widow(er), enter \$313,800</li> <li>• Married filing separately, enter \$156,900</li> <li>• Head of household, enter \$287,650 . . . . .</li> </ul>	<b>3</b>	<u>313,800.</u>
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	<u>-190,143.</u>
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	_____
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	_____
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	_____
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	_____

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Murali Mohan Ganta &amp; Ajita Degala</u>	Social Security Number <u>505-51-0065</u>
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<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

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

<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 . . . . .	118,600.	5,057.	123,657.
<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 . . . . .	118,600.	5,057.	123,657.
<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 . . . . .	118,600.	5,057.	123,657.
<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 . . . . .	118,600.	5,057.	123,657.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	118,600.	5,057.	123,657.
<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, ln 2. . . . .	118,600.	5,057.	123,657.

## 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 . . . . .	118,600.	5,057.	123,657.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	118,600.	5,057.	123,657.

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Investment Interest Expense** ( Form 4952, line 1)

1 Investment interest expense, from Schedule K-1 . . . . .	1	
2 Investment interest expense from royalties . . . . .	2	
3 Other investment interest expense:		
a -----	3 a	
b -----	b	
c -----	c	
d -----	d	
4 <b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5 Taxable investment income:		
a From Schedule B, Interest and Dividend Income . . . . .	5 a	
b From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d Total . . . . .	d	
6 Royalty income, from Schedule E . . . . .	6	
7 Net passive income from publicly traded partnerships . . . . .	7	
8 Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9 Other investment income:		
a -----	9 a	
b -----	b	
c -----	c	
d -----	d	
10 <b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

**Net Capital Gain Income** (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a Net gains from Schedule D, line 16 . . . . .	11 a		
b Less net gains from property not held for investment . . . . .	b		
c <b>Net gains from property held for investment.</b> . . . . .	c		
12 a Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a		
b Less net capital gains from property not held for investment. . . . .	b		
c <b>Net capital gains from property held for investment.</b> . . . . .	c		

**Investment Expenses** (Form 4952, line 5)

13 Royalty expenses . . . . .	13	
14 Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15 Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16 Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17 Other investment expenses:		
a -----	17 a	
b -----	b	
c -----	c	
d -----	d	
18 <b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	

**Allocation of Investment Interest Expense** (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19 Allowed investment interest expense, Form 4952, line 8 . . . . .	19		
20 Less amount deducted on other forms and schedules:	20		
a Deducted on Schedule E, page 2 for passthru entities . . . . .	a		
b Deducted on Schedule E, page 1 for royalties . . . . .	b		
c Other amounts deducted on other forms and schedules . . . . .	c		
d Total amount deducted on other forms and schedules . . . . .	d		
21 <b>Investment interest expense.</b> . . . . .	21		



► Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Social Security Number

505-51-0065

- QuickZoom** to Schedule EIC . . . . . ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► \_\_\_\_\_
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<p><b>1</b> Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .</p> <p><b>2</b> Adjustments to line 1 amount:</p> <p style="margin-left: 20px;"><b>a</b> Income reported as wages <b>and</b> as self-employment income. . . . .</p> <p style="margin-left: 20px;"><b>b</b> Other income entered as wages that is not considered earned income . . . . .</p> <p style="margin-left: 20px;"><b>c</b> Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .</p> <p><b>3</b> Subtract lines 2a, 2b and 2c from line 1 . . . . .</p> <p><b>4 a</b> Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;"><b>4 a</b> _____</p> <p><b>b</b> Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;"><b>b</b> _____</p> <p><b>c</b> Total nontaxable combat pay election . . . . .</p> <p><b>5</b> If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .</p> <p><b>6</b> <b>Earned income.</b> Add lines 3, 4, and 5. . . . .</p> <p><b>7</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .</p> <p style="margin-left: 20px;">If line 7 is zero, <b>stop</b>. You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p><b>8</b> Enter your <b>AGI</b> from Form 1040, line 38 . . . . .</p> <p><b>9</b> If you have:</p> <ul style="list-style-type: none"> <li>● No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?</li> <li>● 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?</li> </ul> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 10 now.</p> <p><input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .</p> <p><b>10</b> <b>Earned income credit.</b></p> <ul style="list-style-type: none"> <li>● If 'Yes' on line 9, enter the amount from line 7</li> <li>● If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9</li> </ul>	<p><b>1</b></p> <p><b>2 a</b></p> <p><b>b</b></p> <p><b>c</b></p> <p><b>3</b></p> <p><b>4 a</b></p> <p><b>b</b></p> <p><b>4 c</b></p> <p><b>5</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p>	<p>123,657.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>123,657.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>123,657.</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--	--

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

---

**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | \$15,010 (\$20,600 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$39,617 (\$45,207 if married filing jointly) with one qualifying child.              |
| <input checked="" type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | \$15,010 (\$20,600 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$39,617 (\$45,207 if married filing jointly) with one qualifying child.              |
| <input checked="" type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 3  Investment income is more than \$3,450.  
(Investment Income Smart Worksheet, item H above)
- 4  The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5  Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6  Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7  Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8  Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9  Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- |   |                          |   |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or         |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11  Disallowed by IRS to claim Earned Income Credit in 2017.  
(Information Worksheet, Part IV)
- 12  Filing Form 2555, Foreign Earned Income.
- 13  Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14  Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)
-

**Compliance and Due Diligence Information**

1 Is this how long your dependents lived with you in the U.S in 2017?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2017?

2  Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2017.

Compliance and Due Diligence Indicator . . . . .	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
Disqualified from Earned Income Credit. . . . .	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

Potential qualifying child count . . . . .	▶	<u>2</u>
Non dependent potential qualifying child count . . . . .	▶	<u>0</u>
Qualifying child count (max 3) . . . . .	▶	<u>2</u>

# Schedule SE Adjustments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Murali Mohan Ganta &amp; Ajita Degala</u>	Social Security Number <u>505-51-0065</u>
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total for Schedule SE, line 1</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Schedule K-1 (Form 1065), box 20, code Z . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Total CRP payments not subject to SE tax . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>a</b> Clergy Form W-2 wages . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Clergy housing allowance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Less clergy business deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 <b>Total for Schedule SE, line 2</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Schedule D Tax Worksheet  
as refigured for the  
Alternative Minimum Tax**

2017

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	39,157.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	123,657.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	123,657.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	123,657.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
---	---	---	--

**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
<b>1</b> <b>Attributable to mortgage used to purchase, build, or improve:</b>			
<b>a</b> Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .			
<b>b</b> Second home that is transient mobile home or boat . . . . .			
<b>c</b> Total . . . . .			
<b>2</b> <b>Attributable to mortgage used to refinance:</b>			
<b>a</b> To pay off mortgage . . . . .			
<b>b</b> For other purposes . . . . .			
<b>c</b> Total . . . . .			
<b>3</b> <b>Attributable to other mortgage deductible for AMT:</b>			
<b>a</b> Pre-July 1, 1982 mortgage . . . . .			
<b>4</b> Total column (a) . . . . .			
<b>5</b> Total column (b). Enter result on Form 6251, line 4. . . . .			
<b>6</b> Total mortgage interest from Schedule A . . . . .			

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7 . . . . .	3	0.

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	123,657.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	123,657.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	111,291.
6	Enter ATNOL carried to 2016 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 14 . . . . .	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$249,450:		
1	Alternative minimum taxable income, Form 6251. . . . .	1
2	Threshold amount . . . . .	2
3	Subtract line 2 from line 1. . . . .	3
4	Multiply line 3 by 25% (.25). . . . .	4
5	<b>Smaller</b> of line 4 or \$41,900 . . . . .	5
6	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	6

**Exemption – Line 29**

1	Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately . . . . .	1	84,500.
2	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	2	123,657.
3	Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately . . . . .	3	160,900.
4	Subtract line 3 from line 2. If zero or less, enter -0-. . . . .	4	0.
5	Multiply line 4 by 25% (.25). . . . .	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. . . . .	6	84,500.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24 . . . . .	7	
8 a	Enter the <b>child's earned income</b> , if any . . . . .	8 a	
b	Enter any adjustments. . . . .	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	10	

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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<b>1</b> Enter amount from Form 6251, line 30. . . . .	<b>1</b>	_____
<b>2 a</b> Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	_____
<b>b</b> Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	_____
<b>c</b> Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	_____
<b>3</b> Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	_____
<b>4 Tax on amount on line 3.</b> . . . . .		
<ul style="list-style-type: none"> <li>● If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here.</li> <li>● <b>All Others:</b> If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>	_____
<b>5 Tax on amount on line 2c.</b> If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>5</b>	_____
<b>6</b> Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>	_____



# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**2016 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IL			4,252.		326.	
<b>Totals . .</b>			4,252.		326.	

**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
IL	4,252.	326.

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .	4,252.	5,794.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	113,400.	123,657.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	12,183.	15,869.
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. . .

Credit Carryovers				2016	2017
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2017 . . . . .	19 a	
		b	2016 . . . . .	b	
		c	2015 . . . . .	c	
		d	2014 . . . . .	d	
		e	2013 . . . . .	e	
		f	2012 . . . . .	f	
20	Mortgage interest credit from:	a	2017 . . . . .	20 a	
		b	2016 . . . . .	b	
		c	2015 . . . . .	c	
		d	2014 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2016	2017
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
	foreign	b	Taxpayer (Form 2555, line 48) . . . . .	b	
	housing	c	Spouse (Form 2555, line 46) . . . . .	c	
	deduction:	d	Spouse (Form 2555, line 48) . . . . .	d	

**Charitable Contribution Carryovers**

26	2016 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016 . . . . .				
b	2015 . . . . .				
c	2014 . . . . .				
d	2013 . . . . .				
e	2012 . . . . .				
27	2017 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017 . . . . .				
b	2016 . . . . .				
c	2015 . . . . .				
d	2014 . . . . .				
e	2013 . . . . .				

28 Amount overpaid less earned income credit . . . . . 1,472.

**2016 State Capital Loss Carryovers** (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

► Keep for your records

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
--	---------------------------------------

Description	Amount
<b>Income</b>	
Wages . . . . .	123,657.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	0.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
<b>Total income . . . . .</b>	<b>123,657.</b>
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
<b>Total adjustments . . . . .</b>	
<b>Modified adjusted gross income . . . . .</b>	<b>123,657.</b>

**Two-Year Comparison**

**2017**

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number
--	------------------------

Income	2016	2017	Difference	%
Wages, salaries, tips, etc . . . . .	113,400.	123,657.	10,257.	9.04
Interest and dividend income . . . . .				
State tax refund . . . . .	0.	0.	0.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	113,400.	123,657.	10,257.	9.04
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	113,400.	123,657.	10,257.	9.04
<b>Itemized Deductions</b>				
Medical and dental . . . . .	0.	0.	0.	
Income or sales tax . . . . .	4,252.	5,794.	1,542.	36.27
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	4,252.	5,794.	1,542.	36.27
<b>Standard or Itemized Deduction</b> . . . . .	12,600.	12,700.	100.	0.79
<b>Exemption Amount</b> . . . . .	16,200.	16,200.	0.	0.00
<b>Taxable Income</b> . . . . .	84,600.	94,757.	10,157.	12.01
Income tax . . . . .	12,699.	15,171.	2,472.	19.47
Additional income taxes . . . . .	1,284.	2,778.	1,494.	116.36
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	13,983.	17,949.	3,966.	28.36
Nonbusiness credits . . . . .	1,800.	2,080.	280.	15.56
Business credits . . . . .				
<b>Total Credits</b> . . . . .	1,800.	2,080.	280.	15.56
Self-employment tax . . . . .				
Other taxes . . . . .	0.	0.	0.	
<b>Total Tax After Credits</b> . . . . .	12,183.	15,869.	3,686.	30.26
Withholding . . . . .	13,655.	14,127.	472.	3.46
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	13,655.	14,127.	472.	3.46
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,472.		-1,472.	-100.00
<b>Balance Due</b> . . . . .		1,742.	1,742.	

Current year effective tax rate . . . . . 12.83 %

**Tax Summary**  
▶ Keep for your records

**2017**

Name (s)  
Murali Mohan Ganta & Ajita Degala

<b>Total income</b> .....	123,657.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	123,657.
<b>Itemized/standard deduction</b> .....	12,700.
<b>Exemption amount</b> .....	16,200.
<b>Taxable income</b> .....	94,757.
<b>Tentative tax</b> .....	15,171.
<b>Additional taxes</b> .....	2,778.
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	2,080.
<b>Other taxes</b> .....	0.
<b>Total tax</b> .....	15,869.
<b>Total payments</b> .....	14,127.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	0.
<b>Refund</b> .....	0.
<b>Amount Applied to Estimate</b> .....	0.
<b>Balance due</b> .....	1,742.

**Which Form 1040 to file?**

You must use Form 1040A or Form 1040 because you had dependents.

## Compare to U. S. Averages

▶ Keep for your records

**2017**

Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security No 505-51-0065
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Your 2017 adjusted gross income (AGI) . . . . . 123,657.  
 National adjusted gross income range used below . . . . . from 100,000. to 199,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	123,657.	117,731.
Taxable interest . . . . .		1,272.
Tax-exempt interest . . . . .		7,245.
Dividends . . . . .		6,252.
Business net income . . . . .		28,383.
Business net loss . . . . .		7,173.
Net capital gain . . . . .		13,761.
Net capital loss . . . . .		2,241.
Taxable IRA . . . . .		27,188.
Taxable pensions and annuities . . . . .		41,495.
Rent and royalty net income . . . . .		12,782.
Rent and royalty net loss . . . . .		8,172.
Partnership and S corporation net income . . . . .		40,818.
Partnership and S corporation net loss . . . . .		10,623.
Taxable social security benefits . . . . .		23,596.
Medical and dental expenses deduction . . . . .	0.	11,596.
Taxes paid deduction . . . . .	5,794.	11,336.
Interest paid deduction . . . . .		9,134.
Charitable contributions deduction . . . . .		4,262.
Total itemized deductions . . . . .	5,794.	25,950.
Child care credit . . . . .	780.	610.
Education tax credits . . . . .		1,459.
Child tax credit . . . . .	1,300.	1,399.
Retirement savings contributions credit . . . . .		0.
Earned income credit . . . . .		0.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	123,657.	138,646.
Taxable income . . . . .	94,757.	105,114.
Income tax . . . . .	15,171.	17,628.
Alternative minimum tax . . . . .		2,377.
Total tax liability . . . . .	15,869.	18,398.

## Estimated Taxes and Form W-4 Worksheet

**Name:** Murali Mohan Ganta & Ajita Degala  
**SSN:** 505-51-0065

**Choose the Method You Will Use to Pay Your 2018 Federal Income Taxes**

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2018 withholding will be \_\_\_\_\_

Overpayment from my 2017 return. . . . . 0.

Amount of my 2017 overpayment to apply to 2018 instead of refunding it . . . . . \_\_\_\_\_

**Enter Your Filing Status and Other Information for Your 2018 Tax Return**

Choose your filing status . . . . . 2 - Married filing jointly

Taxpayer age as of the end of 2018 . . . . . 40

Spouse age as of the end of 2018 . . . . . 35

Do you qualify for an additional standard deduction?

**Taxpayer:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Total** . . . . . 0

Check if you must itemize in 2018. (See Tax Help.)

**Enter the Number of Dependent Exemptions You Will Claim on Your 2018 Tax Return**

Check if you will be the dependent of another person (but not if married filing jointly).

Enter the number of **dependents** you will claim, do not include yourself or your spouse . . . 2

Total exemptions . . . . . 4

Enter Your 2018 Income and Deductions in 2nd column	2017 Actual	2018 Expected
<b>Compensation:</b>		
Annual wages and salary for taxpayer . . . . .	118,600.	
Medicare wages for taxpayer (W-2 box 5) . . . . .	118,600.	
Annual wages and salary for spouse . . . . .	5,057.	
Medicare wages for spouse (W-2 box 5) . . . . .	5,057.	
Annual net income from self-employment for taxpayer . . . . .		
Annual net income from self-employment for spouse . . . . .		
<b>Other Tax Information:</b>		
<b>Note:</b> Include this income in the Other Income section below.		
Net Investment Income for 3.8% tax . . . . .	0.	
Qualified dividends . . . . .		
<b>Maximum Capital Gains Rate Tax Information:</b>		
Net short-term capital gains or losses . . . . .		
Net long-term capital gains or losses . . . . .		
Net 28%-rate capital gains included in long-term . . . . .		
Unrecap'd Sec 1250 gains incl in long-term (see Tax Help) . . . . .		
Investment income election (see Tax Help) . . . . .		
<b>Other Income:</b>		
Total of your other taxable income and losses (see Tax Help) . . .	0.	
Foreign income or housing exclusions . . . . .		
<b>Adjustments:</b>		
Deductible IRA contributions, alimony, etc . . . . .		
<b>Itemized Deductions:</b>		
Total medical expenses . . . . .	6,720.	
State and local property and income taxes (or sales tax) . . . . .	5,794.	
Deductible foreign income taxes . . . . .		
Deductible mortgage interest . . . . .		
Cash charitable contributions . . . . .		
Other charitable contributions . . . . .		
Deductible investment interest expense, casualty or theft losses (see Tax Help) . . . . .		
Miscellaneous itemized deductions subject to 2% of AGI . . . . .		
Other misc itemized deductions <b>not</b> subject to 2% of AGI . . . . .		
Net qualified disaster loss (see Tax Help) . . . . .		
<b>Other Deduction:</b>		
Qualified business income deduction (see Tax Help)		



Income Tax Calculation for Your 2018 Tax Return	2017 Actual	2018 Expected
Taxable income . . . . .	94,757.	0.
Income tax . . . . .	15,171.	
Alternative minimum tax ( <b>Enter</b> Alt Min tax expected in 2018) . . .		
Premium tax credit repayment ( <b>Enter</b> amt expected for 2018) . . .	2,778.	
Total credits ( <b>Enter</b> credits expected in 2018) . . . . .	2,080.	
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%) . . . . .		0.
Other taxes ( <b>Enter</b> other taxes expected in 2018) . . . . .	0.	
Total federal income tax . . . . .	15,869.	0.

Enter the Tax Payments You've Already Made for Your 2018 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer . . . . .	
Spouse . . . . .	
Federal estimated tax payments you've already made	
Payment number 1 (April 17, <b>2018</b> ) . . . . .	
Payment number 2 (June 15, <b>2018</b> ) . . . . .	
Payment number 3 (September 17, <b>2018</b> ) . . . . .	
<b>2017</b> federal overpayment credited to <b>2018</b> (from page 1 above) . . . . .	
Total taxes paid to date . . . . .	
Balance of payments needed or (expected refund) . . . . .	0.

Summary of Taxes to be Paid for 2018	
Federal income taxes to be withheld from your paychecks . . . . .	
Your 2017 federal overpayment you applied to 2018 . . . . .	
Your 2018 federal estimated taxes, based on . . . . . <u>100% of your 2017 actual tax</u>	1,744.
Estimate of total payments you will need to make for 2018 . . . . .	1,744.

## Estimated Tax Payment Options

<b>Name:</b>	<u>Murali Mohan Ganta &amp; Ajita Degala</u>
<b>SSN:</b>	<u>505-51-0065</u>

Prepare My 2018 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2018 estimated taxable income . . . . .	0.
<input type="checkbox"/> 100% of tax on your 2018 estimated taxable income . . . . .	0.
<input type="checkbox"/> 66-2/3% of tax on your 2018 estimated taxable income (for farmers and fishermen only, see Tax Help) . . . . .	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2017 taxes (prior-year exception) <b>Note:</b> If your 2017 taxes were less than \$1000, see Tax Help . . . . .	15,869.

Amount of Estimated Taxes to Pay in 2018	
Taxes based on method above . . . . .	15,869.
Expected withholding for 2018 . . . (.2017 actual withholding) . . . . .	14,127.
Taxes due after withholding . . . . .	1,742.
Estimates you've already paid . . . . .	_____
Last year's overpayment you applied to this year . . . . .	_____
Balance of estimated taxes due . . . . .	1,742.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2018	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 17, 2018 . . . . .	436.
<input type="checkbox"/> Payment number 2, due June 15, 2018 . . . . .	436.
<input type="checkbox"/> Payment number 3, due September 17, 2018 . . . . .	436.
<input type="checkbox"/> Payment number 4, due January 15, 2019 . . . . .	436.

Total estimated tax payments for 2018 . . . . .	1,744.
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Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

## Additional Information for Form W-4

<b>Name:</b>	<u>Murali Mohan Ganta &amp; Ajita Degala</u>
<b>SSN:</b>	<u>505-51-0065</u>

<input type="checkbox"/> This box will be checked if your entries on the <b>Estimated Taxes and Form W-4 Worksheet</b> indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
<b>Enter Salary and Pay Periods for 2018</b>	<b>Taxpayer</b>	<b>Spouse</b>
Your annual salary for this year . . . . .	_____	_____
Salary you have already received in 2018 . . . . .	_____	_____
Your remaining salary for this year . . . . .	0.	_____
Number of paychecks you have remaining this year . . . . .		
How often you are paid . . . . .	_____	_____
Your gross salary per pay period . . . . .	_____	_____

<b>Form W-4 Personal Allowances and Withholding</b>	<b>Taxpayer</b>	<b>Spouse</b>
Withholding status . . . . .	_____	_____
Personal allowances (see Tax Help if more than 10) . . . . .		
Additional withholding per pay period . . . . .	_____	_____
Estimated future withholding per pay period . . . . .	_____	_____
Estimated future withholding through remainder of year . . . . .	_____	_____
Top tax rate being withheld . . . . .	%	%

<b>Change in Federal Income Tax Withholding per Pay Period</b>	<b>Taxpayer</b>	<b>Spouse</b>
See tax help for more information.		
Current withholding per pay period . . . . .	_____	_____
Estimated future withholding per pay period . . . . .	_____	_____
Increase/(decrease) in net pay per pay period . . . . .	_____	_____

<b>Summary of Federal Income Taxes to be Withheld in 2018:</b> Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding . . . . .	_____
Spouse's withholding . . . . .	_____
Total withholding . . . . .	_____

**Santa Barbara Tax Products Group LLC**

**and Green Dot Bank Refund Processing Agreement ("Agreement")**

Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

**1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.**

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ \_\_\_\_\_ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2017 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$ _____
Less Processor Refund Processing Fee . . . . .	\$ _____
Less TurboTax Fees . . . . .	\$ _____
Less Additional Products and Services Purchased . . . . .	\$ _____
<b>Expected Proceeds*</b> . . . . .	\$ _____

\* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

**4. Temporary Deposit Account Authorization.** You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2017 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

**5. Acknowledgements.** (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

**6. Truth in Savings Disclosure.** The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2017 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtppg.com>.

**7. Disbursement Methods:** You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a)  Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Bank and Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the cardholder agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**

b)  Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:**

- Checking
- Savings

**RTN #** . . . . . \_\_\_\_\_

**Account #** . . . . . \_\_\_\_\_

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax

refunds, we will not process any address or account changes. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

**8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

**Business Days:** Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

**9. Compensation.** In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

**10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

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**11. Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

**12. Customer Identity Validation Disclosure:** To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

#### **YOUR AGREEMENT**

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2017 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2017 TurboTaxfi User Agreement, (iii) You consent to the release of your 2017 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

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## Green Dot Bank's Privacy Policy

### **FACTS** WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> <li>● Social Security number and account balances</li> <li>● account transactions and purchase history</li> <li>● transaction history and overdraft history</li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank Share?
	<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	<b>For our marketing purposes</b> — to offer our products and services to you.	No
	<b>For joint marketing with other financial companies.</b>	No
	<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences.	Yes
	<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness.	No
	<b>For our affiliates to market to you.</b>	No
	<b>For nonaffiliates to market to you.</b>	No
Can you limit this sharing?	No	We don't share
	We don't share	We don't share
	We don't share	We don't share
	We don't share	We don't share
Questions?	Call 1-866-795-7597 or go to <a href="http://www.greendot.com">www.greendot.com</a>	



Page 2	
<b>What we do</b>	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>● open an account or make deposits or withdrawals from your account</li> <li>● use your debit card or provide account information</li> <li>● give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>● Sharing for affiliates' everyday business purposes — information about your creditworthiness</li> <li>● Affiliates from using your information to market to you</li> <li>● Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
<b>Definitions</b>	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation), financial companies such as Unirush, LLC and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</li> </ul>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● Green Dot Bank does not share with non affiliates so they can market to you.</li> </ul>
Joint marketing	<p>A formal joint marketing agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>● Green Dot Bank does not jointly market</li> </ul>
<b>Other important information</b>	
Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.	

**Santa Barbara Tax Products Group, LLC**

**and Civista Bank Refund Processing Agreement ("Agreement")**

Name Murali Mohan Ganta & Ajita Degala  
 Social Security No. 505-51-0065

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

**1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.**

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ \_\_\_\_\_ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2017 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$	1,036.00
Less Processor Refund Processing Fee . . . . .	\$	
Less TurboTax Fees . . . . .	\$	150.96
Less Additional Products and Services Purchased . . . . .	\$	44.99
<b>Expected Proceeds*</b> . . . . .	\$	<u>800.06</u>

\*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

**4. Temporary Deposit Account Authorization.** You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2017 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

**5. Acknowledgements.** (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

**6. Truth in Savings Disclosure.** The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2017 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

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a  Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**

b  Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:**

- Checking
- Savings

RTN # . . . . . 071103619

Account # . . . . . 002915097258

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversions of tax refunds, we will not process any address or account changes. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

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- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

**9. Compensation.** In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

**10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

**11. Arbitration Provision.** This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

**12. Customer Identity Validation Disclosure:** To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

**YOUR AGREEMENT** Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2017 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2017 TurboTaxfi User Agreement, (iii) You consent to the release of your 2017 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 02/2015

**Civista Bank Tax Product Privacy Policy**

<b>FACTS</b> What does Civista Bank do with your personal information?			
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> <li>● Social Security number and account balances</li> <li>● payment history and transaction history</li> <li>● overdraft history and account transactions</li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>		
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.		
	Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
	<b>For our everyday business purposes</b> such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
	<b>For our marketing purposes</b> — to offer our products and services to you.	No	We don't share
	<b>For joint marketing with other financial companies.</b>	No	We don't share
	<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences.	No	We don't share
	<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness.	No	We don't share
	<b>For our affiliates to market to you.</b>	No	We don't share
	<b>For non affiliates to market to you.</b>	No	We don't share
Questions?	Toll Free: 800-901-6663 or go to <a href="http://www.civistabank.com">www.civistabank.com</a>		

<b>Who we are</b>	
<b>Who is providing this notice?</b>	Civista Bank
<b>What we do</b>	
<b>How does Civista Bank protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Civista Bank collect my personal information?</b>	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>● Sharing for affiliates everyday business purposes — information about your creditworthiness,</li> <li>● Affiliates from using your information to market to you,</li> <li>● Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● Civista Bank does not share with our affiliates.</li> </ul>
<b>Non affiliates</b>	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>● Civista Bank does not share with non affiliates so they can market to you.</li> </ul>
<b>Joint Marketing</b>	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>● Civista Bank does not jointly market.</li> </ul>
<b>Other Important Information</b>	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Murali Mohan Ganta & Ajita Degala

**Primary SSN:** 505-51-0065

**Federal Return Submitted:** February 19, 2018 01:58 PM PST

**Federal Return Acceptance Date:** 02/19/2018

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.



## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>
-------------------------

First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Murali Mohan

Ganta

Please type the date below:

02/19/2018

Date

Ajita

Degala

02/19/2018



## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov) .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

## We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below.

Murali Mohan  
First Name

Ganta  
Last Name

Please type the date below:

02/19/2018

Date

Ajita  
First Name - Spouse

Degala  
Last Name - Spouse

Please type the date below:

02/19/2018

Date

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Check this box if you are preparing this return as a PRO preparer . . . . .

**Preparer / Electronic Return Originator (ERO) Information**

Preparer Name \_\_\_\_\_ Print name in signature area?   
Preparer Tax ID # (PTIN) \_\_\_\_\_  
NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_  
For NM, OR Preparers Only: State ID# \_\_\_\_\_  
Preparer E-mail \_\_\_\_\_ Print date on return?   
Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_  
**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

**Electronic Filing and Printing of Tax Return Information**

**Electronic Filing:**

- File **federal** return electronically
- File **state** returns electronically

Select state returns to file electronically:

State(s)

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

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

**Print and Mail Selections (use only if e-file ineligible):**

- Federal return printed and mailed to IRS
- State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

**Practitioner PIN Program:**

- Sign return electronically using Practitioner PIN
- Choose one:**
- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
  - Taxpayer(s) entered own PIN(s)
  - Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_  
Spouse's PIN filing a joint return (enter any 5 numbers) . . . . \_\_\_\_\_  
Date PIN entered. . . . . \_\_\_\_\_

**Identity Verification Information**

**Driver's License and/or State Id:**

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.



**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license
  - State issued identification card
  - Passport
  - Account statement from financial institution
  - Utility billing statement
  - Credit card billing statement
- 

**Finish and File Info:**

- To indicate a client return download in FnF

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Manual Selection of Lines Calculated Smart Worksheet**

After checking 2017 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.

**A**  Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction

**B**  Lines 1-30 - Calculate all lines

**C**  Lines 5-23 - Tax before credits

**D**  Lines 6-23 - Nonrefundable credits/other taxes

**E**  Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Information Smart Worksheet**

**Original return filing status**

Single                       Married filing joint return                       Married filing separate return

Qualifying widow(er)                       Head of household

**Full-year coverage**

All household members have full-year minimal essential health care coverage . . . . .  Yes

**1040 X line number**

**6** Tax. Enter method used to figure tax: Table

**16** Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Payments Smart Worksheet**

**A** Total amount paid with request for extension of time to file. . . . . 0.

**B** Tax Paid with original return (not including penalties). . . . . 0.

**C** Additional tax paid after return was filed . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Overpayment Smart Worksheet**

**A** Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). . . . . 1,036.

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Exemptions Smart Worksheet**

**A** Number of exemptions claimed on line 6d of original return . . . . . 4

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Filing Address Smart Worksheet**

Send Form 1040X to: Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-0052  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

**Tax Smart Worksheet**

**A** Tax . . . . . 15,171.  
 Check if from:

<b>1</b>	Tax table . . . . .	<input checked="" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . .	<input type="checkbox"/>
<b>3</b>	Form 8615 . . . . .	<input type="checkbox"/>

**B** Recapture tax from Form 8863 . . . . . \_\_\_\_\_

**C Tax.** Add lines A and B. Enter the result here and on line **28**. . . . . 15,171.

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

**Credit Limitation Smart Worksheet**

**Note:** Line 10 is presently calculated by subtracting line B from line A. If zero or less, **stop**; you cannot take the credit.

**A** The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45 . . . . . 17,949.

**B** Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Dependent Information Worksheet (Sai Aishani)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person? (Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse [X]
Taxpayer [ ]
Spouse [ ]

C Did this person provide more than 1/2 their own support? [ ] Yes [X] No

D Was this person married on December 31, 2017 and filing a joint return for the year (You may answer no if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? [ ] Yes [ ] No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 [ ] Yes [ ] No
- If married, filed a joint return for the year [ ] Yes [ ] No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. [ ] Yes [ ] No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately [ ] Yes [ ] No

E Is this person a Full time student? [ ] Yes [ ] No

F Is this person's gross income less than \$4,050? [ ] Yes [ ] No

1 Did you provide over 1/2 the support for this person? or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? [ ] Yes [ ] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? [ ] Yes [ ] No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? [ ] Yes [ ] No

Has the other parent waived their legal right so you can claim this dependent on your tax return? [ ] Yes [ ] No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? [X]
Other parent in different return? [ ]
Someone else in different return? [ ]

SMART WORKSHEET FOR: Dependent Information Worksheet (Shreeman Mahadev)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person? (Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse [X]
Taxpayer [ ]
Spouse [ ]

C Did this person provide more than 1/2 their own support? [ ] Yes [X] No

D Was this person married on December 31, 2017 and filing a joint return for the year (You may answer no if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? [ ] Yes [ ] No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 [ ] Yes [ ] No
- If married, filed a joint return for the year [ ] Yes [ ] No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. [ ] Yes [ ] No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately [ ] Yes [ ] No

E Is this person a Full time student? [ ] Yes [ ] No

F Is this person's gross income less than \$4,050? [ ] Yes [ ] No

1 Did you provide over 1/2 the support for this person? or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return?

[ ] Yes [ ] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? [ ] Yes [ ] No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? [ ] Yes [ ] No

Has the other parent waived their legal right so you can claim this dependent on your tax return? [ ] Yes [ ] No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? [X]

Other parent in different return? [ ]

Someone else in different return? [ ]

SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>7,667.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,793.</u>
<b>C</b>	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>9,460.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>9,460.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . . _____
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 6 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____ <u>9,460.</u>

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

**QuickZoom** to enter nontaxable combat pay on Form W-2 . . . . . ▶

**A Taxpayer:**

1 Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_

1a Taxpayer, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**  
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ▶  Yes  No

**3 Election for dependent care benefits (DCB):**  
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ▶  Yes  No

**4 Election for child and dependent care credit:**  
Elect taxpayer's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ▶  Yes  No

**B Spouse:**

1 Spouse, nontaxable combat pay . . . . . \_\_\_\_\_

1a Spouse, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**  
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . ▶  Yes  No

**3 Election for dependent care benefits (DCB):**  
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . ▶  Yes  No

**4 Election for child and dependent care credit:**  
Elect spouse's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ▶  Yes  No

**C** You may compare the tax benefit of electing or not electing by checking a box on line A or  
line B and reviewing the overpayment or amount due below:

Overpayment \_\_\_\_\_ Amount due 1,742.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Hurricane and Wildfire Victims Smart Worksheet**  
Election to use 2016 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used  
for EIC and Additional Child Tax Credit calculations.

**A Elect to use 2016 earned income for EIC  
and Additional Child Tax Credit.** . . . . . ▶  Yes  No

**B** Taxpayer is eligible to elect to use 2016 earned income  
(see Publication 4492 for details) . . . . . ▶  Yes  No

**C** Earned income for EIC from your 2016 return . . . . . 113,400.

**D** Current year earned income for EIC . . . . . 123,657.

If Line D is equal to or greater than Line C the taxpayer is not eligible  
to use 2016 earned income for EIC and Additional Child Tax Credit  
calculations.

**E** You may compare the tax benefit of electing to use 2016 Earned Income  
by checking the boxes on line A and B

Overpayment \_\_\_\_\_ Amount due 1,742.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
<b>A</b>	Taxable and tax exempt interest . . . . . _____
<b>B</b>	Dividend income . . . . . _____
<b>C</b>	Capital gain net <b>income</b> . . . . . _____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . . _____
<b>E</b>	Passive activity net <b>income</b> :
<b>1</b>	Rental real estate net income or loss . . . . . _____
<b>2</b>	Farm rental net income or loss . . . . . _____
<b>3</b>	Partnerships and S corporations net income or loss . . . . . _____
<b>4</b>	Estates and trusts net income or loss . . . . . _____
<b>5</b>	Total of lines 1 through 4 . . . . . _____
<b>6</b>	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . . _____
<b>F</b>	Interest and dividends from Forms 8814 . . . . . _____
<b>G</b>	Adjustments . . . . . _____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . . <u>  0  </u>
<p>Is line H, <b>total investment income</b> over \$3,450?</p> <p><input checked="" type="checkbox"/> <b>No.</b> You may take the credit.</p> <p><input type="checkbox"/> <b>Yes. Stop.</b> You <b>cannot</b> take the credit.</p>	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet						
First name Last name	MI Suff	Social security number Relationship	Year of birth			
			Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2017?	Lived with taxpayer in the U.S.	
Sai Aishani Ganta		768-90-3396 Daughter	2010	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
Shreeman Mahadev Ganta		898-66-6168 Son	2013	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
-----		-----	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	-----





Illinois Department of Revenue  
**2017 Form IL-1040-X**  
 Amended Individual Income Tax Return

REV 12

**Step 1: Personal information**

**A** Print or type your current Social Security number(s), name(s), and address.

5 0 5 - 5 1 - 0 0 6 5      8 2 0 - 1 5 - 5 3 0 3  
 Your Social Security number      Spouse's Social Security number

Murali Mohan      Ajita Degala      Ganta  
 Your first name and initial      Spouse's first name and initial (and last name - only if different)      Your last name

consuelo way      2964      Round Rock      TX      78665  
 Mailing address      Apt. number      City      State      ZIP or Postal Code      Foreign Nation, if not U.S.A.

**B**  Check if your Social Security number(s), name(s), or address listed above are different from your previously filed return. See instructions.

**C Filing Status:**  Single or head of household     Married filing jointly     Married filing separately     Widowed

**D** Check the box that identifies why you are making this change. **\*\* Attach a copy of your federal finalization.** See instructions.

\*\*Federal change accepted on \_\_\_/\_\_\_/\_\_\_     \*\*NOL accepted on \_\_\_/\_\_\_/\_\_\_     State change  
 Month Day Year      Month Day Year

**E** On what date did you file your original Form IL-1040 or your latest Form IL-1040-X?      \_\_\_/\_\_\_/\_\_\_

**F** Did you file a federal Form 1040X or Form 1045? If "yes," you must attach a copy to this form. See instructions.     yes     no

**G** Explain, in detail, the reason(s) for filing this amended return. Attach a separate sheet if necessary.

If you are changing your Illinois return due to a change to your federal return that resulted in an overpayment, **do not file** this form until you receive notification that the Internal Revenue Service (IRS) accepted the changes.

Staple W-2 and 1099 forms here.

Staple your check and IL-1040-X-V here.

		Column A		Column B	
		As originally reported or adjusted		Corrected figures	
<b>Income</b>	<b>1</b> Federal adjusted gross income	<b>1</b>	123,657.00	<b>1</b>	123,657.00
	<b>2</b> Federally tax-exempt interest and dividend income	<b>2</b>	.00	<b>2</b>	.00
	<b>3</b> Other additions. <b>Attach</b> Schedule M with amended figures.	<b>3</b>	.00	<b>3</b>	.00
	<b>4 Total income.</b> Add Lines 1 through 3.	<b>4</b>	123,657.00	<b>4</b>	123,657.00
<b>Step 3: Base Income</b>	<b>5</b> Social Security benefits and certain retirement plan income. <b>Attach</b> federal Form 1040 or 1040A, Page 1 with amended figures.	<b>5</b>	.00	<b>5</b>	.00
	<b>6</b> Illinois Income Tax overpayment included in federal Form 1040, Line 10. <b>Attach</b> federal Form 1040, Page 1 with amended figures.	<b>6</b>	.00	<b>6</b>	.00
	<b>7</b> Other subtractions. <b>Attach</b> Schedule M with amended figures.	<b>7</b>	.00	<b>7</b>	.00
	<b>8</b> Total subtractions. Add Lines 5 through 7.	<b>8</b>	.00	<b>8</b>	.00
	<b>9 Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	123,657.00	<b>9</b>	123,657.00
<b>Step 4: Exemptions</b>	<b>See instructions before completing Step 4.</b>				
<b>Exemptions</b>	<b>10 a</b> Number of exemptions <u>4</u> X \$2,175	<b>10a</b>	8,700.00	<b>10a</b>	8,700.00
	<b>b</b> Claimed as a dependent. See instructions.      ___ X \$2,175	<b>10b</b>	.00	<b>10b</b>	.00
	<b>c</b> 65 or older      ___ X \$1,000	<b>10c</b>	.00	<b>10c</b>	.00
	<b>d</b> Legally blind      ___ X \$1,000	<b>10d</b>	.00	<b>10d</b>	.00
	<b>Exemption allowance.</b> Add Lines 10a through 10d.	<b>10</b>	8,700.00	<b>10</b>	8,700.00
<b>Step 5: Net Income</b>	<b>11 Residents only:</b> Net income. Subtract Line 10 from Line 9.	<b>11</b>	.00	<b>11</b>	.00
	<b>12 Nonresidents and part-year residents only:</b> <b>Attach</b> Schedule NR. Write your Illinois base income from Schedule NR and check the box that applies to you during 2017. <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-year resident	<b>12</b>	0.00	<b>12</b>	0.00
<b>Step 6: Tax</b>	<b>13 Residents:</b> Multiply Line 11 by 4.3549% (.043549). <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"/>	<b>13</b>	0.00	<b>13</b>	0.00
	<b>14</b> Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>14</b>	.00	<b>14</b>	.00
	<b>15 Income tax.</b> Add Lines 13 and 14.	<b>15</b>	0.00	<b>15</b>	0.00
	<b>16</b> Credit from Schedule CR. <b>Attach</b> Schedule CR with amended figures.	<b>16</b>	.00	<b>16</b>	.00
	<b>17</b> Property tax and K-12 education expense credit from Schedule ICR. <b>Attach</b> Schedule ICR with amended figures.	<b>17</b>	.00	<b>17</b>	.00
<b>Step 7: Tax After Non-refundable Credits</b>	<b>18</b> Credit from Schedule 1299-C. <b>Attach</b> Schedule 1299-C with amended figures.	<b>18</b>	.00	<b>18</b>	.00
	<b>19</b> Nonrefundable credits. Add Lines 16, 17, and 18.	<b>19</b>	.00	<b>19</b>	.00
	<b>20 Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	<b>20</b>	0.00	<b>20</b>	0.00



Official Use





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

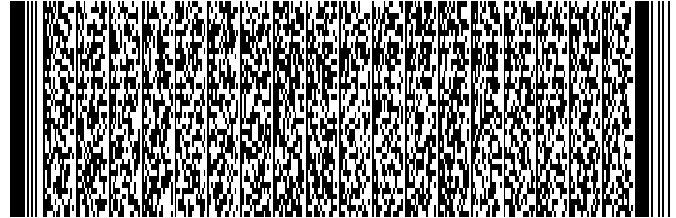
Individual Income Tax Return

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

505-51-0065      820-15-5303  
 Murali Mohan      Ganta  
 Ajita      Degala  
 consuelo way      2964  
 Round Rock      TX      78665



**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

<b>Step 2:</b>	<b>1</b>	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	(Whole dollars only)	<b>1</b>	<u>123,657.00</u>
<b>Income</b>	<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ		<b>2</b>	<u>.00</u>
	<b>3</b>	Other additions. <b>Attach</b> Schedule M.		<b>3</b>	<u>.00</u>
	<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.		<b>4</b>	<u>123,657.00</u>
<b>Step 3:</b>	<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.		<b>5</b>	<u>.00</u>
<b>Base Income</b>	<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040, Line 10		<b>6</b>	<u>.00</u>
	<b>7</b>	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>		<b>7</b>	<u>.00</u>
	<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.		<b>8</b>	<u>.00</u>
	<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.		<b>9</b>	<u>123,657.00</u>
<b>Step 4:</b>	<b>See instructions before completing Step 4.</b>				
<b>Exemptions</b>	<b>10 a</b>	Number of exemptions from your federal return	<u>4</u> X \$2,175	<b>a</b>	<u>8,700.00</u>
	<b>b</b>	If someone can claim you as a dependent, see instructions.	<u>   </u> X \$2,175	<b>b</b>	<u>.00</u>
	<b>c</b>	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u>   </u> X \$1,000	<b>c</b>	<u>.00</u>
	<b>d</b>	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u>   </u> X \$1,000	<b>d</b>	<u>.00</u>
		<b>Exemption allowance.</b> Add Lines a through d.		<b>10</b>	<u>8,700.00</u>
<b>Step 5:</b>	<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.		<b>11</b>	<u>.00</u>
<b>Net Income</b>	<b>12</b>	<b>Nonresidents and part-year residents:</b> Check the box that applies to you during 2017 <input type="checkbox"/> Nonresident <input checked="" type="checkbox"/> Part-year resident, and enter the <b>Illinois base income</b> from Schedule NR. <b>Attach</b> Schedule NR.		<b>12</b>	<u>0.00</u>
<b>Step 6:</b>	<b>13</b>	<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"/>		<b>13</b>	<u>0.00</u>
<b>Tax</b>	<b>14</b>	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.		<b>14</b>	<u>.00</u>
	<b>15</b>	<b>Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.		<b>15</b>	<u>0.00</u>
<b>Step 7:</b>	<b>16</b>	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.		<b>16</b>	<u>.00</u>
<b>Tax After Non-refundable Credits</b>	<b>17</b>	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.		<b>17</b>	<u>.00</u>
	<b>18</b>	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.		<b>18</b>	<u>.00</u>
	<b>19</b>	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		<b>19</b>	<u>0.00</u>
	<b>20</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.		<b>20</b>	<u>0.00</u>



	21	Tax after nonrefundable credits from Page 1, Line 20	21	0.00
<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	0.00
<b>Step 9:</b>	26	Illinois Income Tax withheld. <b>Attach</b> all W-2 and 1099 forms.	26	.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	.00
<b>Step 10:</b>	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	.00
<b>Total</b>	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	0.00

<b>Step 11:</b>	<b>Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.</b>			
<b>Underpayment of Estimated Tax Penalty and Donations</b>	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

<b>Step 12:</b>	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	.00
<b>Refund</b>	37	Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instructions.	37	.00
	38	I choose to receive my refund by		
		a <input type="checkbox"/> <b>direct deposit</b> - Complete the information below if you check this box.		
		Routing number <input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
		Account number <input type="text"/>		
		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

<b>Step 13:</b>	40	If you have an amount on Line 32, add Lines 32 and 35. <b>- or -</b>		
<b>Amount You Owe</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	0.00

**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>					( 213 ) 840-5540
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>	Print/Type paid preparer's name		Self-Prepared	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
	Paid preparer's signature		Paid Preparer's PTIN		
	Firm's name	Firm's FEIN			
	Firm's address	Firm's phone			
<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.



**Illinois Department of Revenue**  
**2017 Schedule NR**  
 Attach to your Form IL-1040

**Nonresident and Part-Year Resident**  
**Computation of Illinois Tax**

IL Attachment No. 2

Murali Mohan Ganta & Ajita Degala  
 Your name as shown on your Form IL-1040

5 0 5 - 5 1 - 0 0 6 5  
 Your Social Security number

**Step 1: Provide the following information**

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?  
 Yes  No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2017.
  - I lived in **Illinois** from 01 / 01 / 17 to 05 / 28 / 17 I lived in Texas from 05 / 29 / 17 to 12 / 31 / 17  
 Month Day Year Month Day Year State Month Day Year Month Day Year
  - My spouse lived in **Illinois** from 01 / 01 / 17 to 05 / 28 / 17, and Texas from 05 / 29 / 17 to 12 / 31 / 17  
 Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.  
 Iowa  Kentucky  Michigan  Wisconsin  Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.  
TX

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
<b>5</b> Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	<u>5</u> 123,657.00	<u>0.00</u>
<b>6</b> Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	<u>6</u> .00	<u>.00</u>
<b>7</b> Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	<u>7</u> .00	<u>.00</u>
<b>8</b> Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	<u>8</u> .00	<u>0.00</u>
<b>9</b> Alimony received (federal Form 1040, Line 11)	<u>9</u> .00	<u>.00</u>
<b>10</b> Business income or loss (federal Form 1040, Line 12)	<u>10</u> .00	<u>.00</u>
<b>11</b> Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	<u>11</u> .00	<u>.00</u>
<b>12</b> Other gains or losses (federal Form 1040, Line 14)	<u>12</u> .00	<u>.00</u>
<b>13</b> Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	<u>13</u> .00	<u>.00</u>
<b>14</b> Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	<u>14</u> .00	<u>.00</u>
<b>15</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17)	<u>15</u> .00	<u>0.00</u>
<b>16</b> Farm income or loss (federal Form 1040, Line 18)	<u>16</u> .00	<u>.00</u>
<b>17</b> Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	<u>17</u> .00	<u>.00</u>
<b>18</b> Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	<u>18</u> .00	<u>.00</u>
<b>19</b> Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the <b>Illinois State Lottery</b> as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
<b>20</b> Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	<b>20</b>	<u>0.00</u>





**Step 3: Continued**

		Column A Federal Total	Column B Illinois Portion
<b>Adjustments to Income</b>	<b>21</b> Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	<b>21</b>	0.00
	<b>22</b> Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	<b>22</b> .00	.00
	<b>23</b> Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	<b>23</b> .00	.00
	<b>24</b> Health savings account deduction (federal Form 1040, Line 25)	<b>24</b> .00	.00
	<b>25</b> Moving expenses (federal Form 1040, Line 26)	<b>25</b> .00	.00
	<b>26</b> Deductible part of self-employment tax (federal Form 1040, Line 27)	<b>26</b> .00	.00
	<b>27</b> Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	<b>27</b> .00	.00
	<b>28</b> Self-employed health insurance deduction (federal Form 1040, Line 29)	<b>28</b> .00	.00
	<b>29</b> Penalty on early withdrawal of savings (federal Form 1040, Line 30)	<b>29</b> .00	.00
	<b>30</b> Alimony paid (federal Form 1040, Line 31a)	<b>30</b> .00	.00
	<b>31</b> IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	<b>31</b> .00	.00
	<b>32</b> Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	<b>32</b> .00	.00
	<b>33</b> Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	<b>33</b> .00	.00
	<b>34</b> Domestic production activities deduction (federal Form 1040, Line 35)	<b>34</b> .00	.00
	<b>35</b> Other adjustments (see instructions)	<b>35</b> .00	.00
	<b>36</b> Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	<b>36</b>	.00
	<b>37</b> Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	<b>37</b> 123,657.00	
	<b>38</b> Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	<b>38</b>	0.00

**Step 4: Figure your Illinois additions and subtractions**

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
<b>Illinois Adjustments</b>	<b>39</b> Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	<b>39</b> .00	.00
	<b>40</b> Other additions (Form IL-1040, Line 3)	<b>40</b> .00	.00
	<b>41</b> Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	<b>41</b>	0.00
	<b>42</b> Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	<b>42</b> .00	.00
	<b>43</b> Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	<b>43</b> .00	.00
	<b>44</b> Other subtractions (Form IL-1040, Line 7)	<b>44</b> .00	.00
	<b>45</b> Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	<b>45</b>	.00

**Step 5: Figure your Illinois income and tax**

<b>Tax Calculations</b>	<b>46</b> Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your <b>Illinois base income</b> . Enter this amount on your Form IL-1040, Line 12. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	<b>46</b> →	0.00
	<b>47</b> Enter the base income from Form IL-1040, Line 9.	<b>47</b>	.00
	<b>48</b> Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	<b>48</b> ●	0.000
	<b>49</b> Enter your exemption allowance from your Form IL-1040, Line 10.	<b>49</b>	.00
	<b>50</b> Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	<b>50</b>	.00
	<b>51</b> Subtract Line 50 from Line 46. This is your Illinois net income.	<b>51</b>	.00
	<b>52</b> Multiply the amount on Line 51 by 4.3549% (.043549). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 13. If you completed Schedule SA, enter the amount from Line 25 of that schedule here <b>and</b> on your Form IL-1040, Line 13. This is your <b>tax</b> .	<b>52</b> →	0.00



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name . . . . . Murali Mohan
Middle Initial . . . . .
Last Name . . . . . Ganta
Suffix . . . . .
Social Security No. . . . . 505-51-0065
Date of Birth . . . . . 09/02/1978
Age 65 or Over . . . . .
Legally Blind . . . . .
Date of Death . . . . .
Daytime Phone . . . . . (213) 840-5540 \* [X]
Home phone . . . . . \*

Spouse:

First Name . . . . . Ajita
Middle Initial . . . . .
Last Name . . . . . Degala
Suffix . . . . .
Social Security No. . . . . 820-15-5303
Date of Birth . . . . . 08/23/1983
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 . . . . . consuelo way Apartment Number . . . . . 2964
City . . . . . Round Rock State . TX ZIP Code . . . . . 78665

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

[ ] Full-Year Resident
[ ] Nonresident
[X] Part-Year Resident . . . . . lived in Illinois from 01/01/17 to 05/28/17
also lived in TX from 05/29/17 to 12/31/17

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

Part III - Filing Status

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

Part IV - Other Information

Form IL-2210 Information:

[ ] At least two-thirds of your total federal gross income came from farming
[ ] 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)

First Time Filer:

Yes No
[ ] [ ] Have you ever filed a tax return in Illinois?

**Part V – Electronic Filing Information**

**Authenticate Your Return for the On-Line Filing Program**

Before transmitting your return to the Intuit Electronic Filing Center and then to the Illinois Department of Revenue (IDOR), you must first read and authenticate the Illinois "Tax Return Signature/Consent to Disclosure" presented here. This is a legal statement authorizing Intuit and the IDOR to process your return electronically.

**Tax Return Signature:**

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

**Consent to Disclosure:**

I consent to my on-line service provider (OLSP) and/or my transmitter sending my return to the IDOR. I also consent to the IDOR sending my OLSP and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and if rejected the reason(s) for the rejection.

I am signing this Tax Return Signature/Consent to Disclosure by entering my IL-PIN (Illinois Personal Identification Number) below:

Taxpayer's Illinois Personal Identification Number (IL-PIN) . . . . . \_\_\_\_\_  
 If you're filing a joint return:  
 Spouse's Illinois Personal Identification Number (IL-PIN) . . . . . 34858094  
 Today's Date . . . . . 02/20/2018

Optional (see tax help):	Taxpayer	Spouse
Prior year Adjusted Gross Income, IL-1040, Line 1 . . . . .	<u>113,400.</u>	<u>0.</u>
Illinois Driver's License or ID Card Number . . . . .	_____	_____
Illinois Driver's License or ID Card First Name . . . . .	_____	_____
Illinois Driver's License or ID Card Middle Name . . . . .	_____	_____
Illinois Driver's License or ID Card Last Name . . . . .	_____	_____
Illinois Driver's License or ID Card Suffix . . . . .	_____	_____
Illinois Driver's License or ID Card Weight . . . . .	_____	_____

**Direct Deposit Consent:**

"I consent that my refund be directly deposited as designated below and declare that the RTN and DAN are correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund."

**Electronic Funds Withdrawal Consent:**

"I authorize the Illinois Department of Revenue and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2017 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment."



**Part VI – Direct Deposit Information or Direct Debit Information**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use <b>direct deposit</b> for <b>state tax refund</b>
<input type="checkbox"/>	<input type="checkbox"/>	Elect to receive a state issued debit card
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>direct debit</b> for <b>state tax payment</b> (Electronic Filing only)

If you selected direct deposit or direct debit above fill out the information below:

Name of Financial Institution (optional) . . . . . \_\_\_\_\_

Name on account . . . . . \_\_\_\_\_

Check the appropriate box:

Account type . . . . . Checking  Savings

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

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

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

**International ACH Transactions**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII – Third Party Designee Information**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allow another person to discuss your return with the Illinois Dept. of Revenue?
Designee's name . . . . . _____		
Designee's phone number . . . . . _____		

**Part VIII – Extension Status**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax return due date extended?
Extended due date . . . . . _____		
<b>QuickZoom</b> to Form IL-505-I: Automatic Extension Payment . . . . . ▶ _____		

**Part IX – Amended Return**

<input checked="" type="checkbox"/>	Check this box if you are filing an Illinois amended return
Enter the tax year you are amending . . . . . <u>2017</u>	
Previous Illinois payment made (before any penalty or interest) . . . . . _____ 0.	
Previous Illinois overpayment (before contributions or amount applied) . . . . . _____	
<b>QuickZoom</b> here to Form IL-1040X . . . . . ▶ _____	

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
---	---------------------------------------

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

► Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Your Social Security Number

505-51-0065

**Part I 2018 Estimated Tax Amount Options**

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

- a 100% of **2017** taxes (2017 actual tax exception) (default, see Tax Help) . . . . .  0.
- b 100% of tax on **2018** estimated taxable income . . . . .  0.
- c 90% of tax on **2018** estimated taxable income . . . . .  0.
- d Taxpayer is a farmer - no estimated payments required . . . . .
- e Equal to 100% of overpayment (no vouchers) . . . . .  0.
- f Enter total amount you want to use for estimates and check box . . . . . ►

**2 Selected estimated tax amount:**

- a **2018** Required Annual Payment based on your choice above . . . . . 0.
- b Estimated amount of **2018** state income tax withholding . . . . . 0.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if more than \$500 (default) . . . . .
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
- c Calculate estimates regardless of amount . . . . .
- d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

**1** Amount of overpayment available (Form IL-1040, line 35) . . . . . 0.

**2 Select Overpayment Application Amount Option:**

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

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options**

**1 Select Rounding Option:**

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

**2 Select Voucher Printing Option:**

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

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 17, 2018	<b>2</b> Jun 15, 2018	<b>3</b> Sep 17, 2018	<b>4</b> Jan 15, 2019	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts					
<b>2</b> Indicate which payment is due next. (e.g. if it is now May 1, 2018, check col. 2) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required payment . . . . .					
<b>4</b> Overpayment applied . . . . .					
<b>5</b> Net payment due . . . . .					
<b>6</b> Voucher amounts . . . . .					

**Part V Changes to Income, Exemptions, Withholding and Credits for 2018**

2017 income, exemptions, withholding and credits are shown in the '2017 Actual' column below.

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

	2017 Actual	*2018 Estimated
1 Illinois base income . . . . .	0.	
2 Total number of exemptions . . . . .	<u>4</u>	
3 Check the boxes you expect to apply for 2018. <input type="checkbox"/> you will be 65 or older <input type="checkbox"/> spouse will be 65 or older <input type="checkbox"/> you will be legally blind <input type="checkbox"/> spouse will be legally blind Total number of boxes checked . . . . .	<u>0</u>	
4 Estimated income tax to be withheld from wages or other income and any pass-through withholding payments paid on your behalf . . .	0.	
5 Estimated allowable credits for Illinois property tax paid, income tax paid to other states, education expenses, earned income, and tax credits from Schedule 1299-C. . . . .	0.	
6 Do you expect to be a resident of Illinois for all of tax year 2018? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you check the 'No' box, enter total base income . . . . .		

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

1 Enter the Illinois base income you expect to receive in the year 2018. <b>Nonresidents and part-year residents</b> , see Schedule NR, Nonresidents and Part-Year Residents Computation of Illinois Tax . . . . .	<b>1</b>	<u>0.</u>
2 Figure your expected exemption allowance. a Enter the total number of exemptions that you expect to claim on your 2018 Illinois income tax return . . . . <u>4</u> Multiply this number by \$2,000 . .	<b>2 a</b>	<u>8,000.</u>
b Check the boxes that will apply to you in 2018. <input type="checkbox"/> you will be 65 or older <input type="checkbox"/> spouse will be 65 or older <input type="checkbox"/> you will be legally blind <input type="checkbox"/> spouse will be legally blind Add the number of boxes checked . . <u>0</u> Multiply this number by \$1,000 . .	<b>2 b</b>	<u>0.</u>
3 Add lines 2a and 2b. This is your total expected exemption allowance. <b>Nonresidents and part-year residents</b> , see Schedule NR . . . . .	<b>3</b>	<u>8,000.</u>
4 Subtract line 3 from line 1. This is the Illinois net income expected in 2018 . . . . .	<b>4</b>	<u>-8,000.</u>
5 Multiply line 4 by 4.95% (.0495) . . . . .	<b>5</b>	<u>0.</u>
6 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act Surcharge expected in 2018 . . . . .	<b>6</b>	
7 Add lines 5 and 6 . . . . .	<b>7</b>	<u>0.</u>
8 Enter the amount of estimated allowable credits for Illinois property tax paid, income tax paid to other states, education expenses, earned income and tax credits from Schedule 1299-C . . . . .	<b>8</b>	<u>0.</u>
9 Subtract line 8 from line 7. <b>This is your 2018 tax based on your estimate of 2018 income</b> . . . . .	<b>9</b>	<u>0.</u>

**Tax Summary**  
 ▶ Keep for your records

**2017**

Name(s) Murali Mohan Ganta & Ajita Degala	
<b>Federal Adjusted Gross Income</b> .....	123,657.
<b>Additions to income</b> .....	
<b>Subtractions from income</b> .....	
<b>Base income</b> .....	123,657.
<b>Exemption amount</b> .....	8,700.
<b>Taxable net income</b> .....	
<b>Illinois income tax</b> .....	0.
<b>Nonrefundable credits</b> .....	0.
<b>Tax after nonrefundable credits</b> .....	0.
<b>Household employment tax</b> .....	
<b>Use tax</b> .....	
<b>Total tax</b> .....	0.
<b>Withholding, payments, refundable credits</b> .....	
<b>IL-2210 penalty</b> .....	
<b>Voluntary contributions</b> .....	
<b>Overpayment after penalty and contributions</b> .....	
<b>Amount applied to next year's estimated tax</b> .....	
<b>Refund to you</b> .....	0.
<b>Balance due</b> .....	0.

# 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.**

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

**Illinois Self-Employment (ISE) Smart Worksheet**  
For use in column B, lines 26, 27, and 28 below.

<b>A</b>	Self-employment income included in column B, line 20 above . . . . .	_____
<b>B</b>	Total self-employment income (from federal Schedule SE, Section A, line 3 or Section B, lines 3 and 5a) . . . . .	_____
<b>C</b>	Illinois self-employment (ISE) decimal. Line A divided by line B . . . . .	<u>0.000</u>
<b>D</b>	Deductible portion of self-employment tax (column A, line 26 below) . . . . .	_____
<b>E</b>	Illinois portion. Multiply line D by line C. Enter in column B, line 26 below . . . . .	_____
<b>F</b>	Self-employed health insurance deduction (column A, line 28 below) . . . . .	_____
<b>G</b>	Illinois portion. Multiply line F by line C. Enter in column B, line 28 below . . . . .	_____
<b>H</b>	Keogh and self-employed SEP plans (column A, line 27 below) . . . . .	_____
<b>I</b>	Illinois portion. Multiply line H by line C. Enter in column B, line 27 below . . . . .	_____

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

**IRA Deduction Smart Worksheet**  
For use in column B, line 31 below.

<b>A</b>	Wages, salaries, tips, and alimony received from Illinois sources (column B, lines 5 and 9 above) . . . . .	<u>0.</u>
<b>B</b>	Wages, salaries, tips, and alimony received from all sources (column A, lines 5 and 9 above) . . . . .	<u>123,657.</u>
<b>C</b>	Line A divided by line B . . . . .	<u>0.000</u>
<b>D</b>	Total IRA deduction (column A, line 31 below) . . . . .	_____
<b>E</b>	Illinois IRA deduction. Multiply line D by line C. Enter in column B, line 31 below . . . . .	_____

TAXABLE YEAR

California Online e-file Return Authorization for Individuals

FORM

2017

8453-OL

Form fields for personal information: Your first name and initial, Last name, Suffix, Your SSN or ITIN, Spouse's/RDP's first name, Last name, Suffix, Spouse's/RDP's SSN or ITIN, Street address, Apt. no., PMB/private mailbox, Daytime telephone number, City, State, ZIP code, Foreign country name, Foreign province/state/county, Foreign postal code.

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions . . . . . 1 16,000.
2 Refund or no amount due. See instructions . . . . . 2 2,762.
3 Amount you owe. See instructions. . . . . 3

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4 [X] Direct deposit of refund
5 [ ] Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2018 These are not installment payments for the current amount you owe.

Table with 5 columns: Amount, First Payment Due 4/17/2018, Second Payment Due 6/15/2018, Third Payment Due 9/17/2018, Fourth Payment Due 1/15/2019. Row 6: Amount. Row 7: Withdrawal date.

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 2,762. 12 The remaining amount of my refund for direct deposit
9 Routing number 071103619 13 Routing number
10 Account number 002915097258 14 Account number
11 Type of account: [X] Checking [ ] Savings 15 Type of account: [ ] Checking [ ] Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.

Sign Here

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign. It is unlawful to forge a spouse's/RDP's signature.

Date



TAXABLE YEAR **2017** California Nonresident or Part-Year Resident Income Tax Return

Long Form

FORM 540NR

APE AMENDED 1

505-51-0065 GANT 820-15-5303 17
MURALIMOHAN GANTA
AJITA DEGALA

A
R
RP

CONSUELO WAY APT 2964
ROUND ROCK TX 78665

09-02-1978 08-23-1983

- Filing Status
1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 Head of household (with qualifying person). See instructions.
5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died
If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 2 X \$114 = \$ 228

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$114 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$114 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 2 X \$353 = \$ 706

11 Exemption amount: Add line 7 through line 10 11 \$ 934

12 Total California wages from your Form(s) W-2, box 16 12 72900 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 123657 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 123657 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 123657 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions 18 8472 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 115185 00

Total Taxable Income

Your name: GANTA

Your SSN or ITIN: 505-51-0065

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803	31	5425	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	16000	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	14904	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 4 7 1
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	702	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	1 2 9 4
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39	121	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	581	00
	41	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A	41		00
	42	Add line 40 and line 41	42	581	00

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
	58	Enter credit name _____ code ● _____ and amount	58		00
	59	Enter credit name _____ code ● _____ and amount	59		00
	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
62	Add line 50 and line 55 through 61. These are your total credits	62		00	
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	581	00	

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
	72	Mental Health Services Tax. See instructions	72		00
	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	581	00

Payments	81	California income tax withheld. See instructions	81	3345	00
	82	2017 CA estimated tax and other payments. See instructions	82		00
	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPD) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86	3345	00

Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	2764	00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	2764	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: GANTA

Your SSN or ITIN: 505-51-0065



Contributions

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions .....	● 400	00
Alzheimer's Disease/Related Disorders Fund .....	● 401	1   00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund .....	● 405	1   00
California Firefighters' Memorial Fund .....	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund .....	● 407	00
California Peace Officer Memorial Foundation Fund .....	● 408	00
California Sea Otter Fund .....	● 410	00
California Cancer Research Voluntary Tax Contribution Fund .....	● 413	00
School Supplies for Homeless Children Fund .....	● 422	00
State Parks Protection Fund/Parks Pass Purchase .....	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund .....	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse .....	● 430	00
Prevention of Animal Homelessness and Cruelty Fund .....	● 431	00
Revive the Salton Sea Fund .....	● 432	00
California Domestic Violence Victims Fund .....	● 433	00
Special Olympics Fund .....	● 434	00
Type 1 Diabetes Research Fund .....	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund .....	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund .....	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund .....	● 440	00
<b>120</b> Add code 400 through code 440. This is your total contribution .....	<b>● 120</b>	2   00

Your name: GANTA Your SSN or ITIN: 505-51-0065

**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **121** ..... **00**  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**122** Interest, late return penalties, and late payment penalties. .... **122** ..... **00**  
**123** Underpayment of estimated tax. Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . ● **123** ..... **00**  
**124** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **124** ..... **00**

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **125** ..... 2 7 6 2 . **00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking  
 Savings ..... **00**  
● Routing number ● Type ● Account number ● **126** Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking  
 Savings ..... **00**  
● Routing number ● Type ● Account number ● **127** Direct deposit amount

**IMPORTANT:** Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/RDP's signature (if a joint tax return, both must sign) \_\_\_\_\_  
X \_\_\_\_\_ X \_\_\_\_\_

Your email address. Enter only one email address. \_\_\_\_\_  Preferred phone number \_\_\_\_\_  
( 2 1 3 ) 8 4 0 5 5 4 0

# Sign Here

It is unlawful to forge a spouse's/RDP's signature.  
Joint tax return? (See instructions)

SELF-PREPARED  
Firm's name (or yours, if self-employed) \_\_\_\_\_ ● PTIN \_\_\_\_\_  
Firm's address \_\_\_\_\_ ● FEIN \_\_\_\_\_

Do you want to allow another person to discuss this tax return with us? See instructions. . . . ●  Yes  No  
Print Third Party Designee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
( )



California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: M U R A L I , M O H A N , G A N T A , & A J I T A , D E G A L A , SSN or ITIN: 5 0 5 - 5 1 - 0 0 6 5

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

- 1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [ ] Part-Year Resident [ ] Resident
b Spouse: [X] Nonresident [ ] Part-Year Resident [ ] Resident

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows 7-22 detailing income adjustments for wages, interest, dividends, etc.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	<b>b</b> Enter totals from Side 1, line 22a, col. A through col. E. . . . . <b>22b</b>	<input checked="" type="radio"/> 123,657.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 123,657.	<input checked="" type="radio"/> 16,000.
23	Educator expenses. . . . . <b>23</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>24</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction . . . . . <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses . . . . . <b>26</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
27	Deductible part of self-employment tax . . . <b>27</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>28</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction <b>29</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . <b>30</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ . <b>31a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction . . . . . <b>32</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction . . . . . <b>33</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Tuition and fees . . . . . <b>34</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
35	Domestic production activities deduction . <b>35</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E . . . . . <b>36</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37	<b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . <b>37</b>	<input checked="" type="radio"/> 123,657.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 123,657.	<input checked="" type="radio"/> 16,000.

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . <input checked="" type="radio"/> <b>38</b>	5,794.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . <input checked="" type="radio"/> <b>39</b>	5,794.
40	Subtract line 39 from line 38 . . . . . <input checked="" type="radio"/> <b>40</b>	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____ . . . . . <input checked="" type="radio"/> <b>41</b>	
42	Combine line 40 and line 41 . . . . . <input checked="" type="radio"/> <b>42</b>	0.
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b> Single or married/RDP filing separately . . . . . <b>\$187,203</b> Head of household . . . . . <b>\$280,808</b> Married/RDP filing jointly or qualifying widow(er) . . . . . <b>\$374,411</b> <b>No.</b> Transfer the amount on line 42 to line 43. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . <input checked="" type="radio"/> <b>43</b>	0.
44	<b>Enter the larger of the amount on line 43 or your standard deduction. See instructions</b> . . . . . <input checked="" type="radio"/> <b>44</b>	8,472.

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E . . . . . <input checked="" type="radio"/> <b>45</b>	16,000.
46	Enter your deductions from line 44 . . . . . <input checked="" type="radio"/> <b>46</b>	8,472.
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> <b>47</b> <u>0.1294</u>	
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . . <input checked="" type="radio"/> <b>48</b>	1,096.
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> <b>49</b>	14,904.

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
---	---------------------------------------

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
<b>I</b> Schedule P/P(540NR), Part III, Section A, line 5, column (c) . . . . .			293 .	
<b>II Credits that reduce excess tax and have carryover provisions.</b>				
<b>Code                      Credit Name</b>				
<b>223</b> Motion Picture and Television Production . . . . .			293 .	
<b>205</b> Disabled Access . . . . .			293 .	
<b>204</b> Donated Agricultural Products Transportation . . . . .			293 .	
<b>190</b> Employer Childcare Contribution . . . . .			293 .	
<b>189</b> Employer Child Care Program . . . . .			293 .	
<b>203</b> Enhanced Oil Recovery . . . . .			293 .	
<b>218</b> Environmental Tax . . . . .			293 .	
<b>207</b> Farmworker Housing . . . . .			293 .	
<b>198</b> Local Agency Military Base Recovery Area Hiring . . . . .			293 .	
<b>198</b> Local Agency Military Base Recovery Area Sales or Use Tax . . . . .			293 .	
<b>211</b> Manufacturing Enhancement Area Hiring . . . . .			293 .	
<b>220</b> New Jobs . . . . .			293 .	
<b>237</b> New Motion Picture & Television . . . . .			293 .	
<b>238</b> New Donated Fresh Fruits or Vegetables . . . . .			293 .	
<b>234</b> New Employment . . . . .			293 .	
<b>175</b> Agricultural Products . . . . .			293 .	
<b>209</b> Community Development Financial Institution Deposits Credit . . . . .			293 .	
<b>224</b> Donated Fresh Fruits or Vegetables Credit . . . . .			293 .	
<b>194</b> Employee Ridesharing . . . . .			293 .	
<b>191</b> Employer Ridesharing (Large) . . . . .			293 .	
<b>192</b> Employer Ridesharing (Small) . . . . .			293 .	
<b>193</b> Employer Ridesharing (Transit Passes) . . . . .			293 .	
<b>182</b> Energy Conservation . . . . .			293 .	
<b>160</b> Low Emission Vehicles . . . . .			293 .	
<b>184</b> Political Contributions . . . . .			293 .	
<b>174</b> Recycling Equipment . . . . .			293 .	
<b>186</b> Residential Rental and Farm Sales . . . . .			293 .	
<b>206</b> Rice Straw . . . . .			293 .	
<b>171</b> Ridesharing . . . . .			293 .	
<b>200</b> Salmon and Steelhead Trout Habitat Restoration . . . . .			293 .	
<b>179</b> Solar Pump . . . . .			293 .	
<b>178</b> Water Conservation . . . . .			293 .	



	<b>(a)</b> Credit amount	<b>(b)</b> Credit used this year	<b>(c)</b> Tax that may be offset by credits	<b>(d)</b> Credit carryover
<b>III</b> Schedule P/P(540NR), Part III, Section B, line 15, column (c) . . . . .			581.	
<b>IV Credits that reduce net tax and have carryover provisions.</b>				
<b>Code                      Credit Name</b>				
<b>233</b> California Competes . . . . .			581.	
<b>235</b> College Access . . . . .			581.	
<b>197</b> Child Adoption . . . . .			581.	
<b>176</b> Enterprise Zone Hiring			581.	
<b>176</b> Enterprise Zone Sales or Use Tax . .			581.	
<b>172</b> Low-Income Housing . . . . .			581.	
<b>213</b> Natural Heritage Preservation . . . . .			581.	
<b>183</b> Research . . . . .			581.	
<b>210</b> Targeted Tax Area Hiring . . . . .			581.	
<b>210</b> Targeted Tax Area Sales or Use Tax .			581.	
<b>196</b> Commercial Solar Electric System . .			581.	
<b>181</b> Commercial Solar Energy . . . . .			581.	
<b>185</b> Orphan Drug . . . . .			581.	
<b>180</b> Solar Energy . . . . .			581.	

# California Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . Murali Mohan  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . Ganta  
 Social Security No. . . . . 505-51-0065  
 Date of Birth . . . . . 09/02/1978 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 39  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Daytime Phone . . . . . (213) 840-5540 Ext \_\_\_\_\_  
 Home phone . . . . . \_\_\_\_\_

### Spouse/RDP:

First Name . . . . . Ajita  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . Degala  
 Social Security No. . . . . 820-15-5303  
 Date of Birth . . . . . 08/23/1983 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 34  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Daytime Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_

Your email address to print on Form 540, 540NR or 540X (optional) . . . . . \_\_\_\_\_  
 Check to print phone number on Form 540. . . . .  Taxpayer daytime  Spouse/RDP day  Home

c/o Address . . . . . \_\_\_\_\_  
 Street Address . . . . . consuelo way  
 Unit Description . . . . . APT Unit Number 2964 Private Mailbox (PMB) . . . . . \_\_\_\_\_  
 City . . . . . Round Rock State . . . . . TX ZIP Code . . . . . 78665  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_

### Military Filers:

APO  FPO  
 For Military Extension:  
 Military indicator . . ▶ Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II – Main Form

Form 540: Resident Income Tax Return . . . . . ▶  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ▶  
 Enter your state of residence as of December 31, 2017 . . . . . TX  
 Resident entire year  
 Resident part of year  
 Date you established residence in state above . . . . . 05/29/2017  
 In which state (or foreign country) did you reside before this change? . . . . . IL  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ \_\_\_\_\_

## Part III – Filing Status

Single  
 Married/RDP filing joint return  
 Married/RDP filing separate return  
 You **did not** live with spouse at any time during the year  
**Yes No**  
  If filing electronically, is spouse a CA Nonresident?  
  If filing electronically, is spouse Active Duty Military?  
 Head of household (with qualifying person) **Stop**. See instructions.  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . . \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_  
 Qualifying widow(er)  
 Year spouse/RDP died . . .  2015  2016  
 Check the box if your California filing status is different from your federal filing status.

## Part IV – Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
<u>Sai Aishani</u>	<input type="checkbox"/>	<u>Ganta</u>	<u>768-90-3396</u>	<u>Daughter</u>
<u>Shreeman Mahadev</u>	<input type="checkbox"/>	<u>Ganta</u>	<u>898-66-6168</u>	<u>Son</u>
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
You are married filing separately and your spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If you filed your 2016 return under a different last name, enter the last name only from the 2016 return . . . . Taxpayer . . . . . Spouse/RDP . . . . .

Dependent of Someone Else:

Taxpayer Spouse
Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties . . . . .

Farmers and Fishermen:

- At least two-thirds of your 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- X You are required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian . . . . .
Executor type (if filing electronically) . . . . .

Third Party Designee:

Yes No
Do you want to allow another person to discuss your return with the Franchise Tax Board?
If yes, enter the person's name . . . . Telephone . . . .
First . . . Middle init . . . Last Name . . . Suffix . . .

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation . . . . .

Outside of the USA:

You were living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

AMENDED, DO NOT PROCESS - ATTACH TO SCHEDULE X

Part VII – Direct Deposit Information or Direct Debit Information

- X No
Do you want to elect direct deposit of state tax refund?
Do you want direct debit of state tax payment (Electronic Filing Only)?

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:
Name of Financial Institution (optional) . . . . BOA
Account type . . . . . Checking [X] Savings [ ]
Routing number . . . . . 071103619
Account number . . . . . 002915097258

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above . . . . .
State balance-due amount from this return . . . . .

**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 VIII – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	_____
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	_____
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	_____ 1.
4	Rare and Endangered Species Preservation Program . . . . .	4	_____
5	California Breast Cancer Research Fund . . . . .	5	_____ 1.
6	California Firefighters' Memorial Fund . . . . .	6	_____
7	Emergency Food For Families Fund . . . . .	7	_____
8	California Peace Officer Memorial Foundation Fund . . . . .	8	_____
9	California Sea Otter Fund . . . . .	9	_____
10	California Cancer Research Fund . . . . .	10	_____
11	School Supplies for Homeless Children Fund . . . . .	11	_____
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	_____
13	Protect Our Coast and Oceans Fund . . . . .	13	_____
14	Keep Arts in Schools Fund . . . . .	14	_____
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	_____
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	_____
17	Revive the Salton Sea Fund . . . . .	17	_____
18	California Domestic Violence Victims Fund . . . . .	18	_____
19	Special Olympics Fund . . . . .	19	_____
20	Type 1 Diabetes Research Fund . . . . .	20	_____
21	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	21	_____
22	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	22	_____
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	23	_____
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	24	_____
25	Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	25	_____

**Part IX – Extension Status**

Yes  No  Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return? . . . . .

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ► \_\_\_\_\_

**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Beginning Military Date . . . . .	_____	_____
Ending Military Date . . . . .	_____	_____
Combat zone/QHDA Operation or Area Served . . . . .	_____	_____

**Part X – Amended Return**

Are you filing a California amended return?

Enter the tax year you are amending . . . . . 2017

Previous California payment made . . . . . \_\_\_\_\_

Previous California refund received . . . . . 2,762.

**QuickZoom** here to Schedule X . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 540 . . . . . ► \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ► \_\_\_\_\_

## Interest and Dividend Adjustments Worksheet

**2017**

Name as Shown on Return <u>Murali Mohan Ganta &amp; Ajita Degala</u>	Social Security Number <u>505-51-0065</u>
---	--

<b>Interest Income Adjustments</b>	<b>(B) Subtractions</b>	<b>(C) Additions</b>
<b>1</b> Bonds or obligations of the United States or any of its territories* . . . . .		
<b>2</b> Loans made in an enterprise zone . . . . .		
<b>3</b> Interest on obligations of District of Columbia issued after December 27, 1973 . . . . .		
<b>4</b> Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California . . . . .		
<b>5</b> California interest adjustments from K-1's . . . . .		
<b>6</b> Interest earned from Health Savings Account . . . . .		
<b>7</b> Interest from Ottoman Turkish Empire Settlement Payments . . . . .		
<b>8</b> Other interest income subtraction . . . . .		
<b>9</b> Tax exempt interest from other states or that do not meet 50% rule . . . . .		
<b>10 a</b> Canadian RRSP undistributed interest income from Form 8891 . . . . .		
<b>b</b> RRSP total interest income for the year . . . . .		
<b>11</b> Interest from Build America Bond . . . . .		
<b>12</b> Other adjustments (itemize):		
<b>a</b> ----- . . . . .		
<b>b</b> ----- . . . . .		
<b>c</b> ----- . . . . .		
<b>d</b> ----- . . . . .		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 8. . . . .		

<b>Dividend Income Adjustments</b>	<b>(B) Subtractions</b>	<b>(C) Additions</b>
<b>13</b> Controlled foreign corporation dividends . . . . .		
<b>14</b> Regulated investment company (RIC) capital gains . . . . .		
<b>15</b> Distributions of pre-1987 earnings from S Corporations . . . . .		
<b>16</b> U.S. obligations dividends adjustment . . . . .		
<b>17</b> California dividend adjustments from K-1's . . . . .		
<b>18 a</b> Canadian RRSP undistributed dividend income from Form 8891 . . . . .		
<b>b</b> RRSP total interest dividend for the year . . . . .		
<b>19</b> Other adjustments (itemize):		
<b>a</b> ----- . . . . .		
<b>b</b> ----- . . . . .		
<b>c</b> ----- . . . . .		
<b>d</b> ----- . . . . .		
<b>e</b> Dividend earned from Health Savings Account . . . . .		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 9. . . . .		

\* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

**Schedule CA  
Line 21**

**California Other Income Statement**  
▶ Attach to return (after all other FTB forms)

**2017**

Name as Shown on Return  
Murali Mohan Ganta & Ajita Degala

Social Security Number  
505-51-0065

	(B) Subtractions	(C) Additions
1 Olympic medals and prize money . . . . .		
2 Native American income, Form 3504 . . . . .		
3 Reward from a crime hotline . . . . .		
4 Federal foreign earned income or housing exclusion, from Form 2555 . . . . .		
5 Beverage container recycling income . . . . .		
6 Rebates or vouchers from a local water agency, energy agency or energy supplier . . . . .		
7 Financial incentive for turf removal . . . . .		
8 Financial incentive for seismic improvement . . . . .		
9 Original issue discount (OID) for debt instruments issued in 1985 and 1986 . . . . .		
10 Foreign income of nonresident aliens . . . . .		
11 Cost-share payments received by forest landowners . . . . .		
12 Coverdell (ESA) distributions . . . . .		
13 HSA distributions for unqualified medical expense . . . . .		
14 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
15 Grants paid to low-income individuals . . . . .		
16 California National Guard Surviving Spouse & Children Relief Act of 2004 . . . . .		
17 Ottoman Turkish Empire Settlement Payments . . . . .		
18 Federal form 8814/California form 3803 adjustment . . . . .		
19 Other income, from Schedule(s) K-1 . . . . .		
20 Canceled debt income . . . . .		
21 a Canadian RRSP undistributed other income from Form 8891 . . . . .		
b RRSP total other income for the year . . . . .		
Other taxable income:		
22 a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
23 <b>Total.</b> Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f. . . . .		

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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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	3,345.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,345.
15	Date return will be filed and balance paid . . . . .	15	

# California Carryover Worksheet

**2017**

*Use this worksheet to enter information from your 2016 tax return  
which will be used on your 2017 tax return*

▶ Keep for your records

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
--	---------------------------------------

## 2016 Tax and Income Information

**1** Filing status:

<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	

<b>2</b> Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73) . . . . .	<b>2</b>	
<b>3</b> Tax on lump-sum distributions (Schedule G-1) . . . . .	<b>3</b>	
<b>4</b> California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83). . . . .	<b>4</b>	
<b>5</b> Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84). . . . .	<b>5</b>	
<b>6</b> California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) . . . . .	<b>6</b>	
<b>7</b> Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125) . . . . .	<b>7</b>	
<b>8</b> Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124) . . . . .	<b>8</b>	

## Loss Carryovers (Non-passive)

		Regular Tax	AMT
<b>9 a</b> Capital loss carryover . . . . .	<b>9 a</b>		
<b>b</b> Capital loss carryover (nonresidents) . . . . .	<b>b</b>		
<b>10</b> Schedule D-1 - Nonrecaptured net section 1231 losses from:			
<b>a</b> 2016 . . . . .	<b>10 a</b>		
<b>b</b> 2015 . . . . .	<b>b</b>		
<b>c</b> 2014 . . . . .	<b>c</b>		
<b>d</b> 2013 . . . . .	<b>d</b>		
<b>e</b> 2012 . . . . .	<b>e</b>		

## Other Carryovers

<b>11</b> Disallowed investment interest expense carryforward (Form 3526, line 7) . . . . .	<b>11</b>	
<b>12</b> Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7) . . . . .	<b>12</b>	
<b>13</b> Net operating loss carryforward from Form 3805V . . . . .	<b>13</b>	
<b>14</b> Disaster loss carryforward from Form 3805V . . . . .	<b>14</b>	



**Form 3510 (Credit for Prior Year Alternative Minimum Tax)**

<b>15 Form 3510 information - 2016 Resident filers</b>		
<b>a</b> Schedule P, Part I, line 15 through line 18 . . . . .	<b>15 a</b>	_____
<b>b</b> Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed . . . . .	<b>b</b>	_____
<b>c</b> Schedule P, Part II, line 25 . . . . .	<b>c</b>	_____
<b>d</b> Schedule P, Part II, line 26 . . . . .	<b>d</b>	_____
<b>e</b> Schedule P, Part III, Section C, lines 22 and 23, column b . . . . .	<b>e</b>	_____
<b>16 Form 3510 information - 2016 Nonresident or Part-year residents</b>		
<b>a</b> Schedule P(NR), Part I, line 15 through line 18 . . . . .	<b>16 a</b>	_____
<b>b</b> Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed . . . . .	<b>b</b>	_____
<b>c</b> Schedule P(NR), Part II, line 35 . . . . .	<b>c</b>	_____
<b>d</b> Schedule P(NR), Part II, line 28 . . . . .	<b>d</b>	_____
<b>e</b> Schedule P(NR), Part II, line 29a and 29h . . . . .	<b>e</b>	_____
<b>f</b> Schedule P(NR), Part II, line 44 . . . . .	<b>f</b>	_____
<b>g</b> Schedule P(NR), Part II, line 45 . . . . .	<b>g</b>	_____
<b>h</b> Schedule P(NR), Part III, Section C, lines 22 and 23, column b . . . . .	<b>h</b>	_____

► Keep for your records

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

**Investment Interest Expense** (Form 3526, line 1)

1	Investment interest expense from Schedule K-1 . . . . .		
2	Investment interest expense from royalties . . . . .		
3	Other investment interest expense:		
a	_____		
b	_____		
c	_____		
d	_____		
4	<b>Total investment interest expense.</b> Add lines 1 through 3 . . . . .		

**Gross Income from Property Held for Investment** (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803. . . . .		
6	Royalty income from Schedule E . . . . .		
7	Net passive income from publicly traded partnerships . . . . .		
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
9	Other investment income:		
a	_____		
b	_____		
c	_____		
d	_____		
10	<b>Total investment income.</b> Add lines 5 through 9 . . . . .		

**Net Gain from the Disposition of Property Held for Investment** (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8 . . . . .		
b	Less net gains from property not held for investment . . . . .		
c	<b>Net gains from property held for investment.</b> Line 11a less line 11b . . . . .		

**Net Capital Gain from the Disposition of Property Held for Investment** (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment . . . . .		
----	---	--	--

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
<b>Investment Expenses</b> (Form 3526, line 5)		
<b>13</b> Royalty expenses . . . . .	_____	_____
<b>14 a</b> Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	_____	_____
<b>b</b> Investment expenses included as itemized deductions (not 2% limitation) . . . . .	_____	_____
<b>15</b> Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	_____	_____
<b>16</b> Other investment expenses:		
<b>a</b> _____	_____	_____
<b>b</b> _____	_____	_____
<b>c</b> _____	_____	_____
<b>d</b> _____	_____	_____
<b>17 Total investment expenses.</b> Add lines 13 through 16. . . . .	_____	_____
	(a) Regular Tax	(b) Alternative Minimum Tax

**Allocation of Investment Interest Expense**

<b>18</b> Allowed investment interest expense, from Form 3526, line 8 . . . . .	_____	_____
<b>19</b> Less interest expense deducted on other forms and schedules:		
<b>a</b> Deducted on Schedule E, page 2 for passthru entities . . . . .	_____	_____
<b>b</b> Deducted on Schedule E, page 1 for royalties . . . . .	_____	_____
<b>c</b> Other amounts deducted on other forms and schedules . . . . .	_____	_____
<b>d</b> Total amount deducted on other forms and schedules . . . . .	_____	_____
<b>20</b> California investment interest expense. . . . .	_____	_____
<b>21</b> Allowed federal investment interest expense deducted elsewhere . .	_____	_____
<b>22</b> Allowed federal Schedule A investment interest expense . . . . .	_____	_____
<b>23</b> Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19 . . . . .	_____	_____
<b>24</b> Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 41 . . . . .	_____	_____

# California Depreciation Options

**2017**

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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## MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2017 unless you check 'Mid-quarter convention' below.

- 1  Half-year convention
- 2  Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? . . . . .  Yes  No

## Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

## Section 179 Information

1 a Calculated "Total cost of Section 179 property placed in service" . . . . .	1 a	_____
b Additions or subtractions to calculated value . . . . .	b	_____
2 If Married Filing Separately, enter:		
a Total cost of eligible property placed in service this year by spouse. . . . .	2 a	_____
b Allocation percentage elected for your return, if other than 50%. . . . .	b	_____ %
3 Taxable Income for the Section 179 Limitation		
a Federal taxable income for the Section 179 limitation . . . . .	3 a	_____
b California Adjustments (calculated) . . . . .	b	_____
c Other additions or subtractions to taxable income . . . . .	c	_____
d California Taxable Income for the Section 179 Limitation . . . . .	d	_____

**Two-Year Comparison**

**2017**

Murali Mohan Ganta & Ajita Degala

<b>Income</b>	<b>2016</b>	<b>2017</b>	<b>Difference</b>	<b>%</b>
<b>Federal AGI and California Adjustments:</b>				
Federal adjusted gross income . . . . .		123,657.	123,657.	
California adjustments . . . . .				
<b>Adjusted Gross Income . . . . .</b>		123,657.	123,657.	
<b>Standard or Itemized Deduction . . .</b>		8,472.	8,472.	
<b>Taxable Income . . . . .</b>		115,185.	115,185.	
Tax . . . . .		702.	702.	
Exemption credits . . . . .		121.	121.	
Tax less exemption credits . . . . .		581.	581.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits . . . . .		581.	581.	
Credits . . . . .				
Tax after credits . . . . .		581.	581.	
Alternative minimum tax . . . . .				
Other taxes and IRC interest . . . . .				
<b>Total Tax After Credits . . . . .</b>		581.	581.	
Withholding . . . . .		3,345.	3,345.	
Estimated payments . . . . .				
Other payments . . . . .				
<b>Total Payments.</b> . . . .		3,345.	3,345.	
Use tax . . . . .				
Contributions . . . . .		2.	2.	
Form 5805/5805F penalty . . . . .				
Other penalties and interest . . . . .				
Applied to next year's estimated tax . . .				
<b>Amount Refund . . . . .</b>		2,762.	2,762.	
<b>Amount Due . . . . .</b>				

Current year effective tax rate . . . . . 0.47%

**Tax Summary**  
 ▶ Keep for your records

**2017**

Name(s) Murali Mohan Ganta & Ajita Degala	
<b>Federal adjusted gross income</b> . . . . .	123,657.
<b>Net California adjustments</b> . . . . .	_____
<b>California adjusted gross income</b> . . . . .	123,657.
<b>Itemized/standard deduction</b> . . . . .	8,472.
<b>California taxable income</b> . . . . .	14,904.
<b>Tax</b> . . . . .	702.
<b>Exemption credits</b> . . . . .	121.
<b>Tax less exemptions</b> . . . . .	581.
<b>Tax from Schedule G-1/FTB 5870A</b> . . . . .	_____
<b>Credits</b> . . . . .	_____
<b>Other taxes</b> . . . . .	_____
<b>Total tax</b> . . . . .	581.
<b>Total payments</b> . . . . .	3,345.
<b>Use tax</b> . . . . .	_____
<b>Contributions</b> . . . . .	2.
<b>Underpayment penalty</b> . . . . .	_____
<b>Interest, late filing and late payment penalties</b> . . . . .	_____
<b>Refund</b> . . . . .	0.
<b>Balance due</b> . . . . .	_____
<b>Tax bracket</b> . . . . .	1.0%

# California Electronic Filing Information Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return <u>Murali Mohan Ganta &amp; Ajita Degala</u>	Social Security Number <u>505-51-0065</u>
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## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Phone Number	Fax Number
Address	Employer Identification Number	
City	State	Zip Code
Country	E-mail Address	
	EFIN	

## Paid Preparer Information

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Employer Identification Number	
Address	Phone Number	Fax Number
City	State	Zip Code
Country	E-mail Address	

## Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically

		Yes	No
<b>1</b> Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Are there more than twenty five copies of Schedule S? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> Is this an amended return, or is there an amended Form 3805P attached? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Is this a fiscal year filer? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12</b> Is Federal Form 4852 (substitute W2) being used? . . . . .	▶	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Check that you have the correct selections for the RDP return? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14</b> On the 3506, are there any foreign care providers? . . . . .	▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Is Direct Debit selected and no balance due on the return? . . . . .	▶	<input type="checkbox"/>	<input type="checkbox"/>

# Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>3,345.</u>
<b>B</b>	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 81. Subtract line B from line A . . . . . <u>3,345.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Form 540NR Smart Worksheet	
Check this box to transfer the information from the "Yourself" column to the "Spouse/RDP" column (if no entry is already made in the "Spouse/RDP" column) . . . . . <input checked="" type="checkbox"/>	

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
<b>1</b>	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>72,900.</u>



Amended U.S. Individual Income Tax Return

(Rev. January 2018)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Personal information section including name, address, and social security numbers.

Amended return filing status. You must check one box even if you are not changing your filing status.

Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

Main table with columns for line number, description, A. Original amount, B. Net change, and C. Correct amount. Includes sections for Income and Deductions, Tax Liability, Payments, and Refund or Amount You Owe.

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b> 2	0	2
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b> 2	0	2
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b> 0	0	0
<b>27</b>	Other dependents . . . . .	<b>27</b> 0	0	0
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b> 4	0	4
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b> 16,200.	0.	16,200.
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
Sai Aishani	Ganta	768-90-3396	Daughter	<input checked="" type="checkbox"/>
Shreeman Mahadev	Ganta	898-66-6168	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

I got a mail from IRS

**Remember to keep a copy of this form for your records.**

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

**Sign Here**

▶ \_\_\_\_\_ Date SAP Systems Analyst  
 Your signature Your occupation

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's signature. If a joint return, **both** must sign. Spouse's occupation

**Paid Preparer Use Only**

▶ \_\_\_\_\_ Date Self-Prepared  
 Preparer's signature Firm's name (or yours if self-employed)

\_\_\_\_\_ Firm's address and ZIP code

\_\_\_\_\_  Check if self-employed \_\_\_\_\_  
 PTIN Phone number EIN

Your first name and initial <b>Murali Mohan</b>		Last name <b>Ganta</b>	OMB No. 1545-0074
If a joint return, spouse's first name and initial <b>Ajita</b>		Last name <b>Degala</b>	<b>Your social security number</b> 505 51 0065
Home address (number and street). If you have a P.O. box, see instructions. <b>consuelo way</b>		Apt. no. <b>2964</b>	<b>Spouse's social security number</b> 820 15 5303
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Round Rock TX 78665</b>		Foreign country name	<b>▲ Make sure the SSN(s) above and on line 6c are correct.</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 province/state/county		Foreign postal code	

**Filing status** Check only one box.

<b>1</b> <input type="checkbox"/> Single	<b>4</b> <input type="checkbox"/> 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. ▶
<b>2</b> <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<b>5</b> <input type="checkbox"/> Qualifying widow(er) (see instructions)
<b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

**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)
Sai Aishani	Ganta	768-90-3396	Daughter	<input checked="" type="checkbox"/>
Shreeman Mahadev	Ganta	898-66-6168	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed. 4

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	123,657.
<b>8a</b> Taxable interest. Attach Schedule B if required.	8a	
<b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a.	8b	
<b>9a</b> Ordinary dividends. Attach Schedule B if required.	9a	
<b>b</b> Qualified dividends (see instructions).	9b	
<b>10</b> Capital gain distributions (see instructions).	10	
<b>11a</b> IRA distributions.	11a	
<b>11b</b> Taxable amount (see instructions).	11b	
<b>12a</b> Pensions and annuities.	12a	
<b>12b</b> Taxable amount (see instructions).	12b	
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b> Social security benefits.	14a	
<b>14b</b> Taxable amount (see instructions).	14b	
<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶	15	123,657.

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions).	16	
<b>17</b> IRA deduction (see instructions).	17	
<b>18</b> Student loan interest deduction (see instructions).	18	
<b>19</b> Tuition and fees. Attach Form 8917.	19	
<b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> .	20	
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶	21	123,657.



**Child and Dependent Care Expenses**



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Murali Mohan Ganta & Ajita Degala

Your social security number

505-51-0065

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
 (If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
First Foundation pre-school	11902 Anderson Mill Rd Austin TX 78726	74-2917851	3,900.

Did you receive dependent care benefits? **No** → Complete only Part II below.  
**Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Sai Aishani	Ganta	768-90-3396	0.
Shreeman Mahadev	Ganta	898-66-6168	3,900.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .	<b>3</b>	3,900.																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	118,600.																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	5,057.																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	3,900.																																																										
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	123,657.																																																										
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	.20																																																										
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43,000—No limit		.20																																																										
<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions . . . . .	<b>9</b>	780.																																																										
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . .	<b>10</b>	17,949.																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	780.																																																										

**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.  
▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

**2017**  
Attachment  
Sequence No. **73**

Name shown on your return <b>Murali Mohan Ganta &amp; Ajita Degala</b>	Your social security number <b>505-51-0065</b>
---	---

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

1 Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d		<b>1</b>	4
2a Modified AGI. Enter your modified AGI (see instructions)	<b>2a</b>	123,657.	
b Enter the total of your dependents' modified AGI (see instructions)	<b>2b</b>		
3 Household income. Add the amounts on lines 2a and 2b (see instructions)	<b>3</b>	123,657.	
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	<b>4</b>	24,300.	
5 Household income as a percentage of federal poverty line (see instructions)	<b>5</b>	401 %	
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.			
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	<b>7</b>		
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>		
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>		

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						463.
13 February						463.
14 March						463.
15 April						463.
16 May						463.
17 June						463.
18 July						0.
19 August						0.
20 September						0.
21 October						0.
22 November						0.
23 December						0.
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						<b>24</b>
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here						<b>25</b> 2,778.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27						<b>26</b>

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here		<b>27</b>	2,778.
28 Repayment limitation (see instructions)		<b>28</b>	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44		<b>29</b>	2,778.

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .			MFJ	MFJ	MFJ
Total income . . . . .			132,335.	113,400.	123,657.
Adjustments to income					
Adjusted gross income			132,335.	113,400.	123,657.
Tax expense . . . . .			4,963.	4,252.	5,794.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					0.
Total itemized/standard deduction . .			12,600.	12,600.	12,700.
Exemption amount . .			16,000.	16,200.	16,200.
Taxable income . . . .			103,735.	84,600.	94,757.
Tax . . . . .			17,521.	13,983.	17,949.
Alternative min tax . .					
Total credits . . . . .			850.	1,800.	2,080.
Other taxes . . . . .				0.	0.
Payments . . . . .			18,493.	13,655.	14,127.
Form 2210 penalty . .					
Amount owed . . . . .					1,742.
Applied to next year's estimated tax .					
Refund . . . . .			1,822.	1,472.	
Effective tax rate % . .			12.60	10.74	12.83
**Tax bracket % . . . .			25.0	25.0	25.0

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



# Smart Worksheets from your 2017 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Manual Selection of Lines Calculated Smart Worksheet**

After checking 2017 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.

**A**  Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction

**B**  Lines 1-30 - Calculate all lines

**C**  Lines 5-23 - Tax before credits

**D**  Lines 6-23 - Nonrefundable credits/other taxes

**E**  Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Information Smart Worksheet**

**Original return filing status**

Single                       Married filing joint return                       Married filing separate return

Qualifying widow(er)                       Head of household

**Full-year coverage**

All household members have full-year minimal essential health care coverage . . . . .  Yes

**1040 X line number**

**6** Tax. Enter method used to figure tax: Table

**16** Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Payments Smart Worksheet**

**A** Total amount paid with request for extension of time to file. . . . . 0.

**B** Tax Paid with original return (not including penalties). . . . . 0.

**C** Additional tax paid after return was filed . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Overpayment Smart Worksheet**

**A** Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). . . . . 1,036.

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Exemptions Smart Worksheet**

**A** Number of exemptions claimed on line 6d of original return . . . . . 4

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Filing Address Smart Worksheet**

Send Form 1040X to: Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-0052  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

**Tax Smart Worksheet**

**A** Tax . . . . . 15,171.  
Check if from:

<b>1</b>	Tax table . . . . .	<input checked="" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . .	<input type="checkbox"/>
<b>3</b>	Form 8615 . . . . .	<input type="checkbox"/>

**B** Recapture tax from Form 8863 . . . . . \_\_\_\_\_

**C Tax.** Add lines A and B. Enter the result here and on line **28**. . . . . 15,171.

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

**Credit Limitation Smart Worksheet**

**Note:** Line 10 is presently calculated by subtracting line B from line A. If zero or less, **stop**; you cannot take the credit.

**A** The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45 . . . . . 17,949.

**B** Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . \_\_\_\_\_

2017 Virginia Nonresident Income Tax Return  
Due May 1, 2018



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name MURALI MOHAN	MI	Last Name GANTA	Suffix	Your Social Security Number 505-51-0065	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only) AJITA	MI	Last Name DEGALA	Suffix	Spouse's Social Security Number 820-15-5303	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) CONSUELO WAY APT 2964			Your Birth Date (mm-dd-yyyy) 09 - 02 - 1978		
City, Town or Post Office ROUND ROCK		State TX	ZIP Code 78665	Spouse's Birth Date (mm-dd-yyyy) 08 - 23 - 1983	
State of Residence TX	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment or income source is located. RICHMOND				Locality Code 760
<input checked="" type="checkbox"/> City <b>OR</b> <input type="checkbox"/> County					

<b>Check Applicable Boxes</b>	<input checked="" type="checkbox"/> Amended Return Check if Result of NOL <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2016 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

1 = Single. Federal head of household? YES

2 = Married, Filing Joint Return - both must have Virginia income

3 = Married, Spouse Has No Income From Any Source

4 = Married, Filing Separate Returns

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 13.

You	Spouse if Filing Status 2 or 3	Dependents	<b>Total Section 1</b>	
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	= <input type="text" value="4"/>	X \$930 = <input type="text" value="3720"/>
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	<b>Total Section 2</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	= <input type="text"/> X \$800 = <input type="text"/>

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	123657	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	<b>Add Lines 1 and 2.</b> .....	3	123657	00
4	Age Deduction (See instructions and the Age Deduction Worksheet). .....	4a		00
	Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b.....	4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6	State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	<b>Add Lines 4a, 4b, 5, 6 and 7.</b> .....	8		00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.</b> .....	9	123657	00
10	Itemized Deductions. See instructions. ....	10		00
11	State and local income taxes claimed from federal Schedule A, if claiming itemized deductions. ....	11		00
12	If claiming itemized deductions subtract Line 11 from Line 10 or enter standard deduction amount. ....	12	6000	00
13	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.....	13	3720	00
14	Deductions from Schedule 763 ADJ, Line 9.....	14	3900	00
15	<b>Add Lines 12, 13, and 14.</b> .....	15	13620	00
16	Virginia Taxable Income computed as a resident. Subtract Line 15 from Line 9.....	16	110037	00
17	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	17	37.0	%
18	Nonresident Taxable Income. (Multiply Line 16 by percentage on Line 17).....	18	40714	00
19	Income Tax from Tax Table or Tax Rate Schedule.....	19	2084	00

Va. Dept. of Taxation For Local Use  
2601044 Rev. 06/17

**LTD**  \$ \_\_\_\_\_



Your Name <b>MURALI MOHAN GANTA &amp; AJITA DEGALA</b>	Your SSN <b>505-51-0065</b>
---	--------------------------------

20a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099 and VK-1.	20a	2449	00
20b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099 and VK-1.	20b		00
21	2017 Estimated Tax Payments	21		00
22	2016 overpayment credited to 2017 estimated tax	22		00
23	Extension Payment - submitted using Form 7601P	23		00
24	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17	24		00
25	Total credits from Schedule OSC	25		00
26	Reserved for future use	26		
27	Credits from Schedule CR, Section 5, Line 1A	27		00
28	<b>Total payments and credits. Add Lines 20a through 27.</b>	28	2449	00
29	If Line 19 is larger than Line 28, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>	29		00
30	If Line 28 is larger than Line 19, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b>	30	365	00
31	Amount of overpayment on Line 30 to be CREDITED TO 2018 ESTIMATED INCOME TAX	31		00
32	Virginia College Savings Plan Contributions from Schedule VAC, Part I, Line 6	32		00
33	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	33	2	00
34	Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21	34		00
35	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	35		00
36	Add Lines 31 through 35	36	2	00
37	If you owe tax on Line 29, add Lines 29 and 36 - <b>OR</b> - If you have an overpayment on Line 30 and Line 36 is larger than Line 30, enter the difference. <b>AMOUNT YOU OWE.</b> Enclose payment or pay at <b>www.tax.virginia.gov.</b> Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	37		00
38	If Line 30 is larger than Line 36, subtract Line 36 from Line 30. This is the amount to be <b>REFUNDED TO YOU.</b> If the Direct Deposit section below is not completed, your refund will be issued by check.	38	363	00

<b>DIRECT BANK DEPOSIT</b>	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only No International Deposits	0 7 1 1 0 3 6 1 9	0 0 2 9 1 5 0 9 7 2 5 8		

**Nonresident Allocation Percentage**

	A - All Sources	B - Virginia Sources
1. Wages, salaries, tips, etc.	123657 00	45700 00
2. Interest income	00	00
3. Dividends	00	00
4. Alimony received	00	00
5. Business income or loss	00	00
6. Capital gain or loss/capital gain distributions	00	00
7. Other gains or losses	00	00
8. Taxable pensions, annuities and IRA distributions	00	
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	00	00
10. Farm income or loss	00	00
11. Other income	00	00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1	00	
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3	00	00
14. TOTAL - Add Lines 1 through 13 and enter each column total here	123657 00	45700 00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 17		37.0 %

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (213) 840-5540	Date
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Preparer's PTIN 1555
Preparer's Name <b>SELF-PREPARED</b>	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number 7
		Filing Election Code 7
		Office Use Only

# 2017 Virginia Schedule 763 ADJ (Form 763 ADJ)

Page 1



Your Name MURALI MOHAN GANTA & AJITA DEGALA	Your SSN 505-51-0065
--	-------------------------

## Additions to Adjusted Gross Income

1. Interest on obligations of other states, exempt from federal income tax, but not from state tax.	1		00
2. Other additions to adjusted gross income.			
2a. Fixed Date Conformity addition - See instructions .....	2a		00
2b - 2c. Refer to the Form 763 instructions for Other Addition Codes.			
2b	2b		00
2c	2c		00
3. Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 763, Line 2. ....	3		00

## Subtractions from Adjusted Gross Income

4. Income (interest, dividends or gains) from obligations or securities of the U.S. exempt from state income tax, but not from federal tax .....	4		00
5. Disability income reported as wages (or payments in lieu of wages) on your federal return. If claiming this subtraction <b>you cannot also claim Age Deduction. Claim the one that benefits you most.</b>			
5a. Enter <b>YOUR</b> disability subtraction on 5a. ....	5a		00
5b. Enter <b>SPOUSE's</b> disability subtraction on 5b, if claiming Filing status 2 .....	5b		00
6. Other Subtractions as provided in instructions			
6a. Fixed Date Conformity subtraction. See instructions.....	6a		00
6b - 6d. Refer to the Form 763 instructions for Other Subtraction Codes.			
6b	6b		00
6c	6c		00
6d	6d		00
7. Total Subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 763, Line 7. ....	7		00

## Deductions from Virginia Adjusted Gross Income

8. Refer to the Form 763 instructions for Deduction Codes.			
8a	1 0 1	3900	00
8b			00
8c			00
9. Total Deductions. Add Lines 8a - 8c. Enter here and on Form 763, Line 14 .....	9	3900	00

**Avoid delays - If completed, submit Schedule 763 ADJ with Form 763**



Your Name	Your SSN
MURALI MOHAN GANTA & AJITA DEGALA	505-51-0065

**Tax Credit for Low-Income Individuals or Virginia Earned Income Credit - SEE INSTRUCTIONS**

Family VAGI	Name	Social Security Number (SSN)	Guideline Income
	Yourself	- -	00
	Spouse	- -	00
	Dependent	- -	00
	Dependent	- -	00
10.	If more than 4 exemptions, enclose schedule listing the name, SSN & VAGI. Enter total Family Guideline Income here.		10 00
11.	Enter the total number of exemptions reported in the table above. Next, go to the Poverty Guidelines Table shown in the Form 763 instruction book for this Line to see if you qualify for this credit .....		11
12.	If you qualify, enter the number of personal and dependent exemptions reported on your Form 763 (see instructions).		12
13.	Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14. If you do not qualify for the Tax Credit for Low-Income Individuals, but claimed an Earned Income Credit on your federal return, enter \$0 and proceed to Line 14 .....		13 00
14.	Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim an Earned Income Credit on your federal return, enter \$0 .....		14 00
15.	Multiply Line 14 by 20% (.20) .....		15 00
16.	Enter the greater of Line 13 or Line 15 .....		16 00
17.	Compare the amount on Line 16 above to the amount of tax on Form 763, Line 19. Enter the lesser of the two amounts here and on Form 763, Line 24. This is your credit amount.....		17 00

**Addition to Tax, Penalty and Interest**

18.	Addition to tax. Check if addition came from: .....	<input type="checkbox"/> Form 760C	<input type="checkbox"/> Form 760F	18	00
19.	Penalty.....	<input type="checkbox"/> Late Filing Penalty	<input type="checkbox"/> Extension Penalty	19	00
20.	Interest (accrued on the tax you owe) .....			20	00
21.	Total Addition to Tax, Penalty and Interest (add Lines 18 - 20). Enter here and on Form 763, Line 34.....			21	00

**2017 Schedule INC/CG**

505510065

Report all W-2s, 1099s & VK-1s with VA Withholding



MURALI MOHAN GANTA

AJITA DEGALA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
505510065	W	2449.	470914658	30470914658F001	45700.

Total VA Withholding	SSN	VA Withholding
You	505510065	2449.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.



**I. Virginia College Savings Plan and ABLEnow Contributions**

Balance of Total Overpayment available	365.
--	------

**Virginia College Savings Plan and ABLEnow Contribution Information**

Program Type	Beneficiary's Last Name	Account #	Routing # (CollegeAmerica only)	Contribution Amount
--------------	-------------------------	-----------	------------------------------------	---------------------

Total VA College Savings Plan and ABLEnow Contributions

More than 5 VA College / ABLEnow Accounts

**II. Other Voluntary Contributions**

A. Balance of Remaining Overpayment available	1.			365.
		<b>Code</b>		<b>Contribution Amount</b>
B. Voluntary Contributions to be made from refund	2.	65		1.
	3.	67		1.
	4.			
	5.			
	6.			
	7.			
C. Voluntary Contributions to be made from refund or tax payments	8.			
	9.			
	10.			
	11.			
	12.			
	13.			
D. Total Voluntary Contributions			14.	2.



**FDC Worksheet**  
**Fixed Date Conformity to Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Computation of Fixed Date Conformity Federal Adjusted Gross Income**

<b>1</b>	Federal Adjusted Gross Income (FAGI) from federal return . . . . .	<b>1</b>	_____
<b>2</b>	Fixed date conformity additions. . . . .	<b>2</b>	_____
<b>3</b>	Subtotal. Add line 1 and line 2 . . . . .	<b>3</b>	_____
<b>4</b>	Fixed date conformity subtractions . . . . .	<b>4</b>	_____
<b>5</b>	Fixed date conformity FAGI. Subtract line 4 from line 3 . . . . .	<b>5</b>	_____

**MODIFICATIONS TO ITEMIZED DEDUCTION DUE TO FIXED DATE CONFORMITY**

**All references are to the same line and amount claimed on federal Schedule A unless otherwise specified.**

<b>6</b>	Medical and dental expenses claimed on federal Schedule A, line 1 . . . . .	<b>6</b>	_____
<b>7</b>	Enter amount from line 5 above . . . . .	<b>7</b>	_____
<b>8</b>	Multiply line 7 above by 7.5% (.075) . . . . .	<b>8</b>	_____
<b>9</b>	Subtract line 8 from line 6. If line 8 is more than line 6, enter 0 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the amount from federal Schedule A, line 9. . . . .	<b>10</b>	_____
<b>11</b>	Enter the amount from federal Schedule A, line 15 . . . . .	<b>11</b>	_____
<b>12</b>	Enter the amount from federal Schedule A, line 19 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from federal Schedule A, line 20 . . . . .	<b>13</b>	_____
<b>14</b>	Unreimbursed employee expenses from federal Schedule A, line 21 . . . . .	<b>14</b>	_____
<b>15</b>	Tax preparation fees from federal Schedule A, line 22 . . . . .	<b>15</b>	_____
<b>16</b>	Other expenses claimed on federal Schedule A, line 23 . . . . .	<b>16</b>	_____
<b>17</b>	Add lines 14 through 16 . . . . .	<b>17</b>	_____
<b>18</b>	Enter amount from line 5 above . . . . .	<b>18</b>	_____
<b>19</b>	Multiply line 18 above by 2% (.02) . . . . .	<b>19</b>	_____
<b>20</b>	Subtract line 19 from line 17. If line 19 is more than line 17, enter 0 . . . . .	<b>20</b>	_____
<b>21</b>	Enter the amount from federal Schedule A, line 28 . . . . .	<b>21</b>	_____
<b>22</b>	Modified itemized deduction. Add lines 9, 10, 11, 12, 13, 20 and 21 . . . . .	<b>22</b>	_____

Is line 5 above over \$313,800 if filing jointly or qualifying widow(er), \$287,650 if head of household, \$261,500 if single, or \$156,900 if married and filing a separate return?

**No.** Your deduction is not limited. Enter the amount from line 22 on Form 760, line 10 or Form 763, line 10. For part-year residents filing Form 760PY, enter the amount of deductions from line 22 attributable to your period of residence in Virginia on Form 760PY, line 11.

**Yes.** Your deduction may be limited. Complete the Virginia Limited Itemized Deduction Worksheet.

## Other Additions Statement

**2017**

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Form 760PY filers** - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
10	Interest of federally exempt U.S. obligations . . . . .	_____	_____
11	Accumulation distribution income . . . . .	_____	_____
12	Lump-sum distribution income. . . . .	_____	_____
14	Income from dealer disposition of property . . . . .	_____	_____
16	Telework expenses <b>Cannot be claimed for 2017</b> . . . . .	_____	_____
17	First-time home buyer savings account distributions . . . . .	_____	_____
18	Food Crop Donations. . . . .	_____	_____
99	Other. Describe: _____	_____	_____
	<b>Total Other Additions</b> . . . . .	_____	_____

**Other Subtractions Statement**

**2017**

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Form 760PY filers** - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
20	Income from Virginia Obligations . . . . .	_____	_____
21	Federal Work Opportunity Tax Credit Wages . . . . .	_____	_____
22	Tier 2 and Other Railroad Retirement and Railroad Unemployment Benefits . . . . .	_____	_____
24	Virginia Lottery prizes . . . . .	_____	_____
28	Virginia National Guard Income . . . . .	_____	_____
30	Military pay and allowances attributable to active duty . . . . . service in a combat zone or a qualified hazardous duty area . . .	_____	_____
31	Retirement plan income previously taxed by another state	_____	_____
34	Virginia College Savings Plan or ABLEnow Income Distribution or Refund . . . . .	_____	_____
37	Unemployment Compensation Benefits . . . . .	_____	_____
38	Military Basic Pay . . . . .	_____	_____
39	Federal and State Employees . . . . .	_____	_____
40	Income Received by Holocaust Victims . . . . .	_____	_____
44	Congressional Medal of Honor Recipients . . . . .	_____	_____
49	Certain Death Benefit Payments . . . . .	_____	_____
51	Gains from Land Preservation . . . . .	_____	_____
52	Long-Term Capital Gain . . . . .	_____	_____
53	Historic Rehabilitation . . . . .	_____	_____
54	First-time home buyer savings account distributions . . . . .	_____	_____
55	Discharge of Student Loans . . . . .	_____	_____
99	Other. Describe: _____	_____	_____
	<b>Total Other Subtractions</b> . . . . .	_____	_____

<b>Fixed Date Conformity Subtractions - Other</b>		
	Spouse	Taxpayer
<b>A</b> Applicable High Yield Discount Obligation modification . . . . .	_____	_____
<b>B</b> Cancellation of Debt Income modification . . . . .	_____	_____
<b>C</b> Other changes as a result of Virginia's conformity to Internal Revenue Code as it existed on December 31, 2016 . . . . .	_____	_____
Total Other Fixed Date Conformity Subtractions . . . . .	_____	_____

# Deductions Statement

**2017**

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Form 760PY filers** - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
101	Child and dependent care expenses . . . . . <b>Information for Foster Care Deduction:</b> Name of each foster child claimed for this subtraction:  _____		3,900.
102	Foster care deduction (\$1,000 times number of foster children claimed) . . . . .		
103	Bone marrow screening fee . . . . .		
104	Virginia College Savings Plan Prepaid Tuition Contract Payments and Savings Account Contributions: Total contributions deductible in 2017 . . . . .		
105	Continuing teacher education: Tuition costs not deducted on federal return . . . . . Allowable deduction. Multiply tuition paid by 20% . . . . .		
106	Long-term health care premiums . . . . .		
107	Virginia public school construction grants program and fund . . .		
108	Tobacco quota buyout . . . . .		
109	Sales tax paid on certain energy efficient equipment or appliances: Actual sales tax paid on qualified equipment . . . . . Multiply sales tax paid by 20% . . . . . Allowable deduction amount . . . . .		
110	Organ and tissue donor expenses . . . . .		
111	Charitable mileage deduction difference between: <input type="checkbox"/> \$.18 per mile . . . . . less charitable mileage deduction . . . . . or <input type="checkbox"/> \$.18 per mile . . . . . less actual expense . . . . . Total charitable mileage deductions . . . . .		
112	Virginia Bank Franchise Tax deduction . . . . .		
113	Income from Dealer Disposition of Property . . . . .		
114	Prepaid funeral, medical or dental insurance premiums . . . . .		
115	ABLEnow Account Contributions . . . . .		
199	Other. Describe: _____		
	<b>Total deductions</b> . . . . .		3,900.

## Voluntary Contributions Statement

2017

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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**Part 1 – Voluntary Contributions to be made from refund**

Code	Description	Available Refund	Contribution Amount
10	Office of the Secretary of Veterans and Defense Affairs . . . . .	365 .	
60	Virginia Nongame Wildlife Program . . . . .	365 .	
Each taxpayer may contribute \$25 to code 61:			
61	Democratic Political Party . . . . .	365 .	
Each taxpayer may contribute \$25 to code 62:			
62	Republican Political Party . . . . .	365 .	
64	Virginia Housing Program . . . . .	365 .	
65	Transportation Services for the Elderly and Disabled Fund . . . . .	365 .	1 .
67	Virginia Arts Foundation . . . . .	364 .	1 .
68	Open Space Recreation & Conservation Fund . . . . .	363 .	
84	Virginia Federation of Humane Societies . . . . .	363 .	
86	Spay and Neuter Fund . . . . .	363 .	
88	Virginia Cancer Centers . . . . .	363 .	
94	Medicare Part D Counseling Fund . . . . .	363 .	
95	Virginia Foundation for Community College . . . . .	363 .	
96	Middle Peninsula Chesapeake Bay Public Access . . . . .	363 .	
97	Breast and Cervical Cancer Prevention and Treatment Fund . . . . .	363 .	
98	Virginia Aquarium and Marine Science Center . . . . .	363 .	
99	Virginia Capitol Foundation . . . . .	363 .	
<b>Total</b>			2 .

**Part 2 – Voluntary Contributions to be made from refund OR tax payment**

11	Federation of Virginia Food Banks . . . . .		
71	Chesapeake Bay Restoration Fund . . . . .		
72	Family and Children’s Trust Fund (FACT) . . . . .		
73	Virginia’s State Forests Fund . . . . .		
92	Virginia Military Family Relief Fund . . . . .		
<b>Total</b>			

# Virginia Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . Murali Mohan  
 Last Name . . . . . Ganta  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . 505-51-0065  
 Date of Birth . . . . . 09/02/1978  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No . . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date . . . . . \_\_\_\_\_  
 E-mail Address . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . (213) 840-5540 \*   
 Home Phone . . . . . \_\_\_\_\_ \*

### Spouse:

First Name . . . . . Ajita  
 Last Name . . . . . Degala  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . 820-15-5303  
 Date of Birth . . . . . 08/23/1983  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No . . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date . . . . . \_\_\_\_\_  
 E-mail Address . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \*

\* Check a box to print daytime and/or home phone numbers on the return.

Address . . . . . consuelo way Apartment Number . . . . . 2964  
 City . . . . . Round Rock State . . . . . TX ZIP Code . . . . . 78665  
 Locality \*. . . . . Richmond City  County

\* Select a Virginia city or county you were a resident of on January 1, 2018.

If nonresident, select a city or county where the Virginia source income was located (see help).

## Part II – Main Form

- Form 760: Resident Tax Return . . . . . ▶
- Form 760PY: Part-Year Resident Tax Return . . . . . ▶
- Form 763: Nonresident Tax Return . . . . . ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld . . . . . Taxpayer ▶  
Spouse ▶

### Nonresident

- Enter state of residence . . . . . TX TX

### Part-Year Resident

- If you moved out of Virginia during 2017, enter date you moved out . . . . . \_\_\_\_\_
- If you moved into Virginia during 2017, enter date you moved in . . . . . \_\_\_\_\_
- Part-year residency ratio . . . . . \_\_\_\_\_

## Part III – Filing Status

### Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

### Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

### Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

### Low Income Credit

- Check if married Filing Separate and spouse is claiming the low income credit

## Part IV – Other Information

### Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at [www.tax.virginia.gov](http://www.tax.virginia.gov)
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Form checkboxes for self-employed status and tax due date.

Sales & Use Tax Information

Form checkboxes for merchandise purchase and tax liability instructions.

Form lines for entering total cost of food and non-food items, and use tax rate information.

Underpayment Penalty Information

Form lines for entering last year's Virginia adjusted gross income, deductions, credits, and spouse tax adjustment credit.

Part V – Direct Deposit Information or Direct Debit Information

Form checkboxes for direct deposit election and important note regarding paper checks.

Form checkboxes for direct debit election and credit/debit card payment options.

Form checkboxes for International ACH Transactions and explanatory note.

Instructional text: If you answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) . . . . . ▶ BOA

Check the appropriate box:

Form checkboxes for Checking and Savings, with routing and account numbers.

Form lines for date to withdraw and state balance-due amount.

Part VI – Extension Status

Form checkboxes for tax return due date extension.

Extended due date . . . . .

QuickZoom to Form 760-IP Automatic Extension Payment . . . . . ▶

**Part VII – Amended Return**

- You are filing a Virginia amended return
- You are filing a Virginia amended return due to NOL

Enter the tax year you are amending . . . . . 2017

Previous Virginia payment made . . . . . \_\_\_\_\_

Previous Virginia refund received . . . . . 363.

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment . . . . . ▶

**QuickZoom** to Form 760 . . . . . ▶

**QuickZoom** to Form 760PY . . . . . ▶

**QuickZoom** to Form 763 . . . . . ▶

**QuickZoom** to Form 763S (Taxpayer) . . . . . ▶

**QuickZoom** to Form 763S (Spouse) . . . . . ▶



# Worksheet for Amended Returns

2017

► Keep for your records

Name Murali Mohan Ganta & Ajita Degala	Social Security No. 505-51-0065
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If you are filing an amended return, use the worksheet below to determine if you will receive an additional refund, or if you need to make an additional payment.

1	Amount paid with original return, plus additional tax paid after it was filed . . . . . (Do not include interest, penalty, or addition to tax from Form 760C or 760F)	
2	Total payments and credits from Form 760 line 28; 760PY line 28; or 763 line 28 . . . . .	2,449.
3	Add line 1 and line 2 . . . . .	2,449.
4	Refund, if any, as shown on original return or as previously adjusted . . . . . (Do not include interest, penalty, or addition to tax from Form 760C or 760F)	363.
5	Subtract line 4 from line 3 . . . . .	2,086.
6	Total tax from Form 760 line 19; 760PY line 19; or 763 line 19 . . . . .	2,084.
7	If line 6 is greater than line 5, subtract line 5 from line 6. This is the additional tax due . . . . .	
8	If line 6 is less than line 5, subtract line 6 from line 5. This is the tax you overpaid. . . . .	2.

# Age Deduction Worksheet

**2017**

**For taxpayers born on or between January 2, 1939 and January 1, 1953**

Name(s) Shown on Return

Your Social Security Number

### Checklist for Married Filing Separate Filers Claiming Age Deduction

- Check if spouse claims the credit for low income or the Virginia Earned Income Credit. . . . .
- Check if spouse files a Virginia return and claims an income-based age deduction. . . . .
- Report spouse income in Taxpayer/Spouse Allocation Worksheet . . . . . ▶

<b>1</b>	Enter the number of taxpayers born on or between January 2, 1939 and January 1, 1953, who are claiming an income-based age deduction . . . . .	—
<b>2</b>	Federal Adjusted Gross Income (FAGI) - include spouse amount if married . . . . .	
<b>3</b>	Fixed date conformity (FDC) addition - include spouse amount if married . . . . .	
<b>4</b>	Add line 2 and line 3 . . . . .	
<b>5</b>	Fixed date conformity (FDC) subtraction - include spouse amount if married . . . . .	
<b>6</b>	Subtract line 5 from line 4 . . . . .	
<b>7</b>	Social Security and Tier 1 Railroad Benefits - include spouse amount if married . . . . .	
<b>8</b>	<b>Adjusted Federal Adjusted Gross Income</b> (AFAGI). Subtract line 7 from line 6 . . . . .	
<b>9</b>	Income limit for age deduction (Single \$50,000; Married \$75,000) . . . . .	
<b>10</b>	If line 8 is less than line 9, your AFAGI is below the threshold. Single, enter \$12,000. Married, enter \$12,000 for each spouse claiming a deduction. This is your age deduction . . . . .	
	<b>You</b>	
	<b>Spouse</b>	
<b>11</b>	If line 8 is greater than line 9, subtract line 9 from line 8 . . . . .	
<b>12</b>	Multiply line 1 by \$12,000 . . . . . If line 11 is greater than line 12, <b>STOP</b> here. <b>You do not qualify for a deduction.</b>	
<b>13</b>	If line 12 is greater than line 11, subtract line 11 from line 12 . . . . .	
<b>14</b>	Single or married with only one spouse claiming an income-based age deduction: Enter the amount from line 13. This is your age deduction. . . . .	
<b>15</b>	Married taxpayers and both spouses are claiming an income-based age deduction: Divide line 13 by 2 . . . . .	
	<b>You</b>	
	<b>Spouse</b>	

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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## Tax Payments for the Current Year

	Date	Payment
1 First Payment . . . . .		
2 Second Payment . . . . .		
3 Third Payment . . . . .		
4 Fourth Payment . . . . .		
<b>Additional Payments</b>		
5 a Payment . . . . .		
b Payment . . . . .		
c Payment . . . . .		
d Payment . . . . .		
e Payment . . . . .		
6 Overpayment from previous year applied to 2017 . . . . .		
7 Amount paid with current year extension . . . . .		
8 <b>Total tax payments.</b> Add lines 1 through 7 . . . . .		

## Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2 . . . . .		2,449.
10 State withholding on Forms W-2G . . . . .		
11 State withholding on Forms 1099-R . . . . .		
12 a State withholding on Forms 1099-MISC . . . . .		
b State withholding on Forms 1099-G . . . . .		
c State withholding on Forms 1099-INT . . . . .		
d State withholding on Forms 1099-K . . . . .		
13 a Withholding from Schedule VK-1 . . . . .		
b Other state tax withholding . . . . .		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here . . . . . ▶		
14 <b>Total income tax withheld.</b> . . . . .		2,449.
15 Date return will be filed and balance paid . . . . .		

# Taxpayer/Spouse Allocation Worksheet

2017

▶ Keep for your records

Name Murali Mohan Ganta & Ajita Degala	Social Security No. 505-51-0065
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<b>Part 1 – Income and Adjustments</b>	<b>Column A Taxpayer</b>	<b>Column B Spouse</b>
1 Wages, salaries, tips, etc . . . . .	123,657.	
2 Taxable interest income . . . . .		
3 Dividend income . . . . .		
4 Taxable refunds, credits or offsets of state and local income taxes . .		
5 Alimony received . . . . .		
6 Business income or (loss) . . . . .		
7 Capital gain or (loss) . . . . .		
8 Other gains or (losses) . . . . .		
9 Taxable amount of IRA distributions . . . . .		
10 Taxable amount of pensions and annuities . . . . .		
11 Rents, royalties, partnerships, estates, trusts . . . . .		
12 Farm income or (loss) . . . . .		
13 Unemployment compensation . . . . .		
14 Taxable social security benefits . . . . .		
15 Other income . . . . .		
16 <b>Total income</b> (add lines 1 through 15) . . . . .	123,657.	
17 Educator expenses . . . . .		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction . . . . .		
20 Moving expenses . . . . .		
21 Deductible part of self-employment tax . . . . .		
22 Self-employed SEP, SIMPLE, and qualified plans . . . . .		
23 Self-employed health insurance deduction . . . . .		
24 Penalty on early withdrawal of savings . . . . .		
25 Alimony paid . . . . .		
26 IRA deduction . . . . .		
27 Student loan interest deduction . . . . .		
28 Tuition and fees deduction . . . . .		
29 Domestic production activities deduction . . . . .		
30 Other adjustments . . . . .		
31 <b>Total adjustments to income</b> (add lines 17 through 30) . . . . .		
32 <b>Federal adjusted gross income</b> (line 16 minus line 31) . . . . .	123,657.	

<b>Part 2 – Fixed Date Conformity Adjustments</b>		
1 Fixed Date Conformity addition . . . . .		
2 Fixed Date Conformity subtraction . . . . . (above from depreciation adjustment plus any Other Additions Statement and Other Subtractions Statement manual entries)		

## Low Income Credit Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Murali Mohan Ganta &amp; Ajita Degala</u>	Your Social Security Number <u>505-51-0065</u>
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### Part I – Family VAGI Calculations

	Name	Social Security Number	VA Adjusted Gross Income
a Taxpayer . . . . .	<u>Murali Mohan Ganta</u>	<u>505-51-0065</u>	<u>123,657.</u>
b Spouse* . . . . .	<u>Ajita Degala</u>	<u>820-15-5303</u>	
c Dependent . . . . .	<u>Sai Aishani Ganta</u>	<u>768-90-3396</u>	
d Dependent . . . . .	<u>Shreeman Mahadev Ganta</u>	<u>898-66-6168</u>	
e Dependent . . . . .			
f Dependent . . . . .			
g Dependent . . . . .			
h Dependent . . . . .			
i Dependent . . . . .			
j Dependent . . . . .			
k Dependent . . . . .			
l Dependent . . . . .			

\* Note: If married filing separate, enter spouse's Virginia adjusted gross income (enter 0 if none)

1	Total number of exemptions . . . . .	<u>4</u>
2	Total family VAGI (Virginia adjusted gross income) . . . . .	<u>123,657.</u>

Go to Part II to see if you qualify for a Low Income Credit.

### Part II – Low Income Credit and Virginia Earned Income Credit Eligibility

You are **not** eligible for the **low income credit** and the **Virginia earned income credit** because your filing status is married filing separate and your spouse is claiming low income credit

You are **not** eligible for the **low income credit** and the **Virginia earned income credit** due to one or more of the following reasons:

- Claiming age deduction
- Claiming additional exemption for blindness or age 65 and over
- Claiming Virginia National Guard subtraction (code 28)
- Claiming basic military pay subtraction (code 38)
- Claiming federal and state employee subtraction (code 39)
- Claimed as a dependent on another person's return

You are **not** eligible for the **low income credit** because your family VAGI is greater than the federal poverty guideline amount below for your family size:

Eligible exemptions	Poverty Guideline
1	\$ 12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8 *	41,320

\* For each additional person, spouse or dependent exemption, add \$4,180 to the poverty guideline amount

**Federal/State Adjustment Summary**

**2017**

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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<b>Schedule C</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Schedule E</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Schedule F</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

<b>Form 4835</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . . \_\_\_\_\_

**Federal/State Adjustment Summary**

**2017**

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
--	---------------------------------------

<b>Schedule K-1 Partnership</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . \_\_\_\_\_

<b>Schedule K-1 S Corporation</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . . \_\_\_\_\_

<b>Schedule K-1 Estates &amp; Trusts</b>	<b>(A)</b> Fed Income/ Loss Before Passive and At-Risk Adj	<b>(B)</b> Depreciation Adjustment	<b>(C)</b> Other Adjustments	<b>(D)</b> State Inc/ Loss Before Passive and At-Risk Limit	<b>(E)</b> State Inc/ Loss After Passive and At-Risk Limit	<b>(F)</b> Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . . . \_\_\_\_\_

<b>Form 2106</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . . . \_\_\_\_\_  
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income . . . . . \_\_\_\_\_  
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation . . . . . \_\_\_\_\_  
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . . . \_\_\_\_\_

**Federal/State Adjustment Summary**

**2017**

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
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<b>Schedule A</b>		<b>(C)</b> Depreciation Adjustment	<b>(D)</b> Other Adjustments	<b>(E)</b> Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E) . . . . . \_\_\_\_\_

**Total Depreciation Adjustment**

Depreciation Adjustment Included in Adjusted Gross Income . . . . . \_\_\_\_\_  
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation . . . . . \_\_\_\_\_  
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . . \_\_\_\_\_

**Asset Dispositions**

<b>(A)</b> Description of Asset Sold		<b>(B)</b> If reported on, Ck Box:	<b>(C)</b> Federal Gain/Loss	<b>(D)</b> Accumulated Depreciation	<b>(E)</b> Gain Adjustment	<b>(G)</b> Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252		(1) State	(F) Other Adjustments	
		Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments . . . . . \_\_\_\_\_  
 Total Sale of Asset Adjustment . . . . . \_\_\_\_\_



## Section 179 Worksheet

**2017**

Name as Shown on Return Murali Mohan Ganta & Ajita Degala	Social Security Number 505-51-0065
--	---------------------------------------

### Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation . . . . .	1	
<b>State adjustments:</b>		
2 Depreciation adjustment (without Section 179) . . . . .	2	
3 Section 1231 gain adjustment . . . . .	3	
4 Other additions or subtractions to taxable income . . . . .	4	
5 <b>State taxable income</b> for the Section 179 limitation (line 1 plus lines 2 - 4) . . . . .	5	
6 Total Section 179 before limitation . . . . .	6	
7 Section 179 allowable, if different . . . . .	7	
8 Federal Section 179 allowed . . . . .	8	
9 <b>State Section 179 adjustment</b> . . . . .	9	
10 Carryover to next year . . . . .	10	

**QuickZoom** to Activity Worksheet . . . . . ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G) . . . . . \_\_\_\_\_

### Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) . . . . . \_\_\_\_\_

**Tax Summary**  
 ▶ Keep for your records

**2017**

Name(s) Murali Mohan Ganta & Ajita Degala	
<b>Federal adjusted gross income</b> .....	123,657.
<b>Additions to income</b> .....	
<b>Subtractions from income</b> .....	
<b>Standard/Itemized deductions</b> .....	6,000.
<b>Exemption amount</b> .....	3,720.
<b>Deductions</b> .....	3,900.
<b>Virginia taxable income</b> .....	40,714.
<b>Virginia income tax</b> .....	2,084.
<b>Total payments</b> .....	2,449.
<b>Overpayment amount</b> .....	365.
<b>Addition to tax, penalty and interest</b> .....	
<b>Overpayment credited to next year's estimated tax</b>	
<b>Consumer's use tax and voluntary contributions</b> .	2.
<b>Amount you owe</b> .....	
<b>Refund</b> .....	363.

# Smart Worksheets from your 2017 Virginia Tax Return

SMART WORKSHEET FOR: Deductions Statement

Prepaid Funeral, Medical or Dental Insurance Smart Worksheet		
<b>Eligibility Requirements</b>	<b>Spouse</b>	<b>Taxpayer</b>
● Age . . . . .	34	39
Age 66 or over? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
● Earned income . . . . .	5,057.	118,600.
Earned income is \$20,000 or more . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
● Federal adjusted gross income . . . . .	5,057.	118,600.
Federal adjusted gross income is \$30,000 or less . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>A</b> Enter premiums paid in 2017 for a prepaid funeral insurance policy . . . . .	<b>Taxpayer</b>	_____
	<b>Spouse</b>	_____
<b>B</b> Enter the total medical and dental insurance premiums paid in 2017 for taxpayer, spouse and dependents (do not include long-term care) . . . . .		_____
<b>C</b> Enter the medical and dental portion of the self-employed health insurance premiums deducted on federal Form 1040, line 29 . . . . .		_____
<b>D</b> If taking federal itemized deductions, enter the medical and dental portion of the amount shown on federal Schedule A, line 4 . . . . .		_____
<b>E</b> Add line C and line D . . . . .		_____
<b>F</b> Subtract line E from line B. This is the Virginia basis of the medical and dental insurance premiums deduction . . . . .	<b>Total</b>	_____
	<b>Taxpayer</b>	_____
	<b>Spouse</b>	_____
<b>G</b> Add line A and line F, enter result under code 114 below. This is your prepaid funeral, medical and dental insurance premiums deduction.		_____

Amended U.S. Individual Income Tax Return

(Rev. January 2018)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2017 2016 2015 2014

Other year. Enter one: calendar year or fiscal year (month and year ended):

Personal information section including name, address, and social security numbers.

Amended return filing status. You must check one box even if you are not changing your filing status.

Full-year coverage. If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

Main table with columns for line number, description, A. Original amount, B. Net change, and C. Correct amount. Includes sections for Income and Deductions, Tax Liability, Payments, and Refund or Amount You Owe.

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b> 2	0	2
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b> 2	0	2
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b> 0	0	0
<b>27</b>	Other dependents . . . . .	<b>27</b> 0	0	0
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b> 4	0	4
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b> 16,200.	0.	16,200.
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
Sai Aishani	Ganta	768-90-3396	Daughter	<input checked="" type="checkbox"/>
Shreeman Mahadev	Ganta	898-66-6168	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- Check here if you didn't previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

▶ Attach any supporting documents and new or changed forms and schedules.

I got a mail from IRS

**Remember to keep a copy of this form for your records.**

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

**Sign Here**

▶ \_\_\_\_\_ SAP Systems Analyst  
 Your signature Date Your occupation

▶ \_\_\_\_\_  
 Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation

**Paid Preparer Use Only**

▶ \_\_\_\_\_ Self-Prepared  
 Preparer's signature Date Firm's name (or yours if self-employed)

\_\_\_\_\_ Firm's address and ZIP code

\_\_\_\_\_  Check if self-employed \_\_\_\_\_  
 PTIN Phone number EIN

Your first name and initial <b>Murali Mohan</b>		Last name <b>Ganta</b>	OMB No. 1545-0074
If a joint return, spouse's first name and initial <b>Ajita</b>		Last name <b>Degala</b>	<b>Your social security number</b> 505 51 0065
Home address (number and street). If you have a P.O. box, see instructions. <b>consuelo way</b>		Apt. no. <b>2964</b>	<b>Spouse's social security number</b> 820 15 5303
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Round Rock TX 78665</b>		Foreign country name	<b>▲ Make sure the SSN(s) above and on line 6c are correct.</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 province/state/county		Foreign postal code	

**Filing status** Check only one box.

<b>1</b> <input type="checkbox"/> Single	<b>4</b> <input type="checkbox"/> 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. ▶
<b>2</b> <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<b>5</b> <input type="checkbox"/> Qualifying widow(er) (see instructions)
<b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

**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)
Sai Aishani	Ganta	768-90-3396	Daughter	<input checked="" type="checkbox"/>
Shreeman Mahadev	Ganta	898-66-6168	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed. 4

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	123,657.
<b>8a</b> Taxable interest. Attach Schedule B if required.	8a	
<b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a.	8b	
<b>9a</b> Ordinary dividends. Attach Schedule B if required.	9a	
<b>b</b> Qualified dividends (see instructions).	9b	
<b>10</b> Capital gain distributions (see instructions).	10	
<b>11a</b> IRA distributions.	11a	
<b>11b</b> Taxable amount (see instructions).	11b	
<b>12a</b> Pensions and annuities.	12a	
<b>12b</b> Taxable amount (see instructions).	12b	
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b> Social security benefits.	14a	
<b>14b</b> Taxable amount (see instructions).	14b	
<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income.</b> ▶	15	123,657.

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions).	16	
<b>17</b> IRA deduction (see instructions).	17	
<b>18</b> Student loan interest deduction (see instructions).	18	
<b>19</b> Tuition and fees. Attach Form 8917.	19	
<b>20</b> Add lines 16 through 19. These are your <b>total adjustments.</b>	20	
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income.</b> ▶	21	123,657.



**Child and Dependent Care Expenses**



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Murali Mohan Ganta & Ajita Degala

Your social security number

505-51-0065

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
 (If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
First Foundation pre-school	11902 Anderson Mill Rd Austin TX 78726	74-2917851	3,900.

Did you receive dependent care benefits? **No** → Complete only Part II below.  
**Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Sai Aishani	Ganta	768-90-3396	0.
Shreeman Mahadev	Ganta	898-66-6168	3,900.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .	<b>3</b>	3,900.																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	118,600.																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	5,057.																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	3,900.																																																										
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	123,657.																																																										
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	.20																																																										
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions . . . . .	<b>9</b>	780.																																																										
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . .	<b>10</b>	17,949.																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	780.																																																										



**Premium Tax Credit (PTC)**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.  
▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.

**2017**  
Attachment  
Sequence No. **73**

Name shown on your return <b>Murali Mohan Ganta &amp; Ajita Degala</b>	Your social security number <b>505-51-0065</b>
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You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

**Part I Annual and Monthly Contribution Amount**

1 Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d		<b>1</b>	4
2a Modified AGI. Enter your modified AGI (see instructions)	<b>2a</b>	123,657.	
b Enter the total of your dependents' modified AGI (see instructions)	<b>2b</b>		
3 Household income. Add the amounts on lines 2a and 2b (see instructions)		123,657.	
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC		24,300.	
5 Household income as a percentage of federal poverty line (see instructions)		401 %	
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.			
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	<b>8a</b>		
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	<b>8b</b>		

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.  No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						463.
13 February						463.
14 March						463.
15 April						463.
16 May						463.
17 June						463.
18 July						0.
19 August						0.
20 September						0.
21 October						0.
22 November						0.
23 December						0.
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						<b>24</b>
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here						<b>25</b> 2,778.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27						<b>26</b>

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27 Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here		<b>27</b>	2,778.
28 Repayment limitation (see instructions)		<b>28</b>	
29 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44		<b>29</b>	2,778.

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
	<b>Allocation percentage applied to monthly amounts</b>	<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

**Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

**No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .			MFJ	MFJ	MFJ
Total income . . . . .			132,335.	113,400.	123,657.
Adjustments to income					
Adjusted gross income			132,335.	113,400.	123,657.
Tax expense . . . . .			4,963.	4,252.	5,794.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					0.
Total itemized/standard deduction . .			12,600.	12,600.	12,700.
Exemption amount . .			16,000.	16,200.	16,200.
Taxable income . . . .			103,735.	84,600.	94,757.
Tax . . . . .			17,521.	13,983.	17,949.
Alternative min tax . .					
Total credits . . . . .			850.	1,800.	2,080.
Other taxes . . . . .				0.	0.
Payments . . . . .			18,493.	13,655.	14,127.
Form 2210 penalty . .					
Amount owed . . . . .					1,742.
Applied to next year's estimated tax .					
Refund . . . . .			1,822.	1,472.	
Effective tax rate % . .			12.60	10.74	12.83
**Tax bracket % . . . .			25.0	25.0	25.0

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

### Smart Worksheets from your 2017 Virginia Tax Return Attachment

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Manual Selection of Lines Calculated Smart Worksheet**

After checking 2017 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.

**A**  Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction  
**B**  Lines 1-30 - Calculate all lines  
**C**  Lines 5-23 - Tax before credits  
**D**  Lines 6-23 - Nonrefundable credits/other taxes  
**E**  Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Information Smart Worksheet**

**Original return filing status**  
 Single       Married filing joint return       Married filing separate return  
 Qualifying widow(er)       Head of household

**Full-year coverage**  
All household members have full-year minimal essential health care coverage . . . . .  Yes

**1040 X line number**  
**6** Tax. Enter method used to figure tax: Table  
**16** Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Payments Smart Worksheet**

**A** Total amount paid with request for extension of time to file. . . . . 0.  
**B** Tax Paid with original return (not including penalties). . . . . 0.  
**C** Additional tax paid after return was filed . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Overpayment Smart Worksheet**

**A** Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). . . . . 1,036.

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Original 2017 Return Exemptions Smart Worksheet**

**A** Number of exemptions claimed on line 6d of original return . . . . . 4

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

**Filing Address Smart Worksheet**

Send Form 1040X to: Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-0052  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

**Tax Smart Worksheet**

**A** Tax . . . . . 15,171.  
Check if from:

<b>1</b>	Tax table . . . . .	<input checked="" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . .	<input type="checkbox"/>
<b>3</b>	Form 8615 . . . . .	<input type="checkbox"/>

**B** Recapture tax from Form 8863 . . . . . \_\_\_\_\_

**C Tax.** Add lines A and B. Enter the result here and on line **28**. . . . . 15,171.

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

**Credit Limitation Smart Worksheet**

**Note:** Line 10 is presently calculated by subtracting line B from line A. If zero or less, **stop**; you cannot take the credit.

**A** The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . . 17,949.

**B** Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . \_\_\_\_\_