

2017

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2017

DO NOT MAIL!

STATE OF DELAWARE

YOUR SOCIAL SECURITY NUMBER 865785774 SPOUSE'S SOCIAL SECURITY NUMBER
FIRST NAME(S) AND INITIAL(S) NAGARJUNA LAST NAME ATHELLI
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 10413 N MAC ARTHUR BLVD, APT. 126C
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE IRVING TX 75063
DAYTIME TELEPHONE NUMBER

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 or FORM 200-02, LINE 37) 52,370.
2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42) 2,193.
3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM 200-02, LINE 48) 2,165.
4. NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59) 75.
5. NET BALANCE DUE (FORM 200-01, LINE 27 or FORM 200-02, LINE 58)

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account X Checking Savings 7. Routing number 0 3 1 2 0 2 0 8 4
8. Account number 3 8 3 0 1 3 0 6 7 9 1 9
9. Is this refund going to or through an account that is located outside of the United States? Yes X No

PART 3 DECLARATION OF TAXPAYER

10. X I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I do not want direct deposit of my refund or am not receiving a refund.

I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2017 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO 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. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE SIGNATURE DATE SPOUSE'S SIGNATURE DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE '2017 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS' AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN HERE ERO'S SIGNATURE DATE EIN, SSN, OR PTIN.
GLOBAL TAXES LLC
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF ALSO PREPARER CHECK IF SELF-EMPLOYED
2530 PEBBLE CREEK LN CUMMING GA 30041 (678) 965-9729
ADDRESS (STREET, CITY, STATE & ZIP CODE) Business phone #

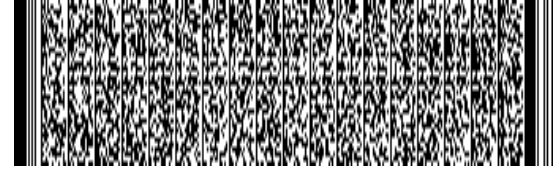
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN HERE PREPARER'S SIGNATURE DATE EIN, SSN, OR PTIN.
APPANA RUPA VENKATA SATYA SAI MANI KUMAR
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF SELF-EMPLOYED
2530 PEBBLE CREEK LN CUMMING GA 30041
ADDRESS (STREET, CITY, STATE & ZIP CODE)

For Fiscal year beginning and ending
Your Social Security No. Spouse's Social Security No.

8 6 5 7 8 5 7 7 4

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.
ATHELLI NAGARJUNA
Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.



ATTACH LABEL HERE

Present Home Address (Number and Street) Apt. #

10413 N MAC ARTHUR BLVD, APT. 126C
City State Zip Code
IRVING TX 75063

Check if FULL-YEAR non-resident in 2017

FILING STATUS (MUST CHECK ONE)
1. X Single, Divorced, Widowed(er)
2. Joint
3. Married & Filing Separate Forms
5. Head of Household

Form DE2210 If you were a part-year resident in 2017, give the dates you resided in Delaware.
From 0 1 0 1 2017 to 0 7 0 1 2017

Attached Month Day Month Day

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-59 for income, deductions, credits, and tax liability.

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct, and complete.

Signature and contact information section including fields for Your Signature, Spouse's Signature, Home Phone, Business Phone, Email Address, Signature of Paid Preparer, and Address of Paid Preparer.

Business Phone (646) 727-7157
EIN, SSN, or PTIN 301017196
Email Address KUMAR@GTAXFILE.COM





DF20317021555

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with 3 columns: Line number, Description, Federal COLUMNS 1 and 2. Includes rows for Wages, Interest, Dividends, State refunds, Alimony, Business income, Capital gain, Other gains, IRA distributions, Taxable pensions, Rents, Farm income, Unemployment, Social Security, and Total income.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

Table with 3 columns: Line number, Description, Federal COLUMNS 1 and 2. Includes rows for Interest received on obligations, Fiduciary adjustment, and TOTAL - Add Lines 18 & 19.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

Table with 3 columns: Line number, Description, Federal COLUMNS 1 and 2. Includes rows for Interest received on U.S. obligations, Pension/Retirement Exclusions, Delaware State tax refund, Fiduciary Adjustment, Taxable Social Security Benefits, and TOTAL - Add lines 22 through 26.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

Table with 3 columns: Line number, Description, Federal COLUMNS 1 and 2. Includes rows for Enter total Itemized Deductions, Enter Foreign Taxes Paid, Enter Charitable Mileage Deduction, and Enter State Income Tax included.

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number 0 3 1 2 0 2 0 8 4

b. Type: Checking X Savings

c. Account Number 3 8 3 0 1 3 0 6 7 9 1 9

d. Is this refund going to or through an account that is located outside of the United states? Yes No X

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): DELAWARE DIVISION OF REVENUE P.O. BOX 8710, WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711, WILMINGTON, DE 19899-8711

Delaware Information Worksheet

2017

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

First Name NAGARJUNA
Middle Initial Suffix
Last Name ATHELLI
Social Security No. 865-78-5774
Date of Birth 05/23/1987
Age as of 12/31/2017 30
Date of Death
Daytime Phone
Home Phone

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
Age as of 12/31/2017
Date of Death
Daytime Phone

Print phone number on tax return Home Taxpayer Daytime Spouse Daytime

Address 10413 N MAC ARTHUR BLVD Apt No 126C
City Irving State TX ZIP Code 75063

Part II — Main Form

- Form 200-01: Full-Year Resident
Form 200-02: Non-Resident
Form 200-01: Part-Year Resident treated as Full-Year Resident
[X] Form 200-02: Part-Year Resident treated as Non-Resident
Part-Year residency dates From 01/01/2017 To 07/01/2017

Nonresidents and Part-Year residents must complete Form 200-02, Section A,
Income and Adjustments from Federal Return

Part III — Filing Status

- [X] 1 Single, divorced, widow(er)
2 Married filing joint return
3 Married filing separate return
4 Married filing combined separate return (Delaware residents only)
5 Head of Household

Part IV — Standard Deductions/Itemized Deductions

- Check if itemizing even though itemized deductions are less than your standard deduction
Check to take the standard deduction even if less than itemized deductions

Part V — Other Information

Child Care Credit:

Total amount from line 11 of federal Form 2441 (must be attached)

Above value multiplied by 50%. Enter on line 13 of Form 200-01

Farming or Fishing

Check this box if at least 2/3 rds of your gross income was from farming or fishing in both
2016 and 2017 and the return will be filed and all tax due will be paid by March 1, 2018.

Discuss with Preparer

Check here to allow the state of Delaware to discuss this return with preparer.

Part VI — Electronic Filing Information

New! State e-file disclosure consent

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

[X] File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

EF Status Dates:

Date return was EFiled
Date return was accepted by the state
Enter the date Form DE 200-V was given to client

QuickZoom to Form DE-8453 Additional Information SmartWorksheet

Part VII — Direct Deposit Information or Direct Debit Information

Yes No

[X] [] Elect direct deposit of state tax refund?
[] [] Electronic funds withdrawal of state tax payment (EF Only)?

Note: Electronic funds withdrawal occurs upon acceptance date

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

Bank Information:

Name of Financial Institution (optional) . . Bank of America
Account type Checking [X] Savings []
Routing number 031202084
Account number 383013067919

International ACH Transactions

Yes No

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

Enter the payment date to withdraw from the account above
State balance-due amount from this return

Part VIII —Paid Preparer Information:

Enter Preparer Code from Firm/Preparer Info 1

QuickZoom to Firm/Preparer Info

Part IX — Extension Status

Yes No

[] [X] Tax return due date extended?

Extended due date

QuickZoom to Form 1027:Application of Automatic Extension of Time to File

Previous Delaware payment made
Previous Delaware refund received

QuickZoom to Form 200-01: Resident Tax Return

QuickZoom to Form 200-02: Nonresident or Part-Year Resident Tax Return

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>NAGARJUNA ATHELLI</u>	Social Security Number <u>865-78-5774</u>
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Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			2,165.
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-K			
13 Other state tax withholding			
14 Total income tax withheld			2,165.
15 Date return will be filed and balance paid		15	

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return
NAGARJUNA ATHELLI

Your Social Security No.
865-78-5774

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from DE sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	54,120.	49,080.	5,040.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	54,120.	49,080.	5,040.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from DE sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T	1,750.	0.	1,750.	0.
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	RESERVED T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	1,750.	0.	1,750.	0.
	S				
37	Adjusted gross income T	52,370.	49,080.	3,290.	0.
	S				

Smart Worksheets from your 2017 Delaware Tax Return

SMART WORKSHEET FOR: Form 8453: Individual Income Tax Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form DE-8453: <u>Form W-2 (State Copy)</u> _____ _____ _____
D	Document to attach to the BACK of Form DE-8453: <u>Copies of all Federal/Delaware Schedules for income/losses reported</u> <u>on Delaware return.</u> <u>Copies of other state tax returns for the credit for</u> <u>See BATTACH</u> _____
E	Retain Form DE-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

SMART WORKSHEET FOR: Form 200-02: DE Individual Non-Resident Income Tax Return

Capital Gains Tax Payments Smart Worksheet	
A	Delaware tax withheld from the Tax Payments Worksheet <u>2,165.</u>
B	Capital Gains Tax Payments from form 5403 included above _____
C	Delaware estimated taxes paid from the Tax Payments Worksheet _____
D	Capital Gains Tax Payments from form 5403 included above _____

Additional information from your 2017 Delaware Tax Return

SMART WORKSHEET FOR: Form 8453: Individual Income Tax Declaration for Electronic Filing
BATTACH **Continuation Statement**

taxes paid to another state.
All documents requiring manual signatures