

# 2017 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 17, 2018.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name <b>BRAHMANAIDU</b>	M.I.	Last Name <b>YANALA</b>	2. Filer's Full Social Security No. (Example: 123-45-6789)  <b>113 — 57 — 8423</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)  — —
Home Address (Number, Street, or P.O. Box) <b>3255 STUART LN</b>			4. School District Code (5 digits – see page 60) <b>82030</b>
City or Town <b>DEARBORN</b>	State <b>MI</b>	ZIP Code <b>48120</b>	

<p><b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2017 FILING STATUS.</b> Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately* <input style="width:150px; height:20px;" type="text"/></p>	<p><b>8. 2017 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	<input style="width:30px; text-align: center;" type="text" value="1"/>	x	\$4,000	9a.	4000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.	<input style="width:30px;" type="text"/>	x	\$2,600	9b.		00
c. Number of qualified disabled veterans .....	9c.	<input style="width:30px;" type="text"/>	x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above .....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....	9e.				9e.	4000	00
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					60135	00
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11.						00
<b>12. Total.</b> Add lines 10 and 11 .....	12.					60135	00
<b>13. Subtractions from Schedule 1, line 27. Include Schedule 1</b> .....	13.					28500	00
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14.					31635	00
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.					2104	00
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.					29531	00
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17.					1255	00

**NON-REFUNDABLE CREDITS**

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	00	19b.	00
<b>20. Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....	20.			1255 00

Filer's Full Social Security Number

113 — 57 — 8423

21. Enter amount of Income Tax from line 20.....	21.	1255	00
22. Voluntary Contributions from Form 4642, line 7. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
<b>24. Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	1255	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....	25.		00
26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5.....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Michigan tax withheld from Schedule W, line 7. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	1344	00
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00
31. <b>2017 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include <b>Schedule AMD (see instructions)</b> .	31.		
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
<b>32. Total refundable credits and payments.</b> Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	1344	00

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>YOU OWE</b>	33.		00
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	89	00
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00
<b>36. Subtract line 35 from line 34.....</b>	36.	89	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
111000025	586036202529	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2016, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02090332

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Preparer's Name (print or type)  
APPANA RUPA VENKATA SATYA SAI

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

2530 PEBBLE CREEK LN  
CUMMING GA 30041

By checking this box, I authorize Treasury to discuss my return with my preparer.

646-727-7157

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 33 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

# 2017 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7  
Include with Form MI-1040.

**Attachment 01**

Filer's First Name BRAHMANAIDU	M.I.	Last Name YANALA	Filer's Full Social Security No. (Example: 123-45-6789) 113 — 57 — 8423
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**Additions to Income (all entries must be positive numbers)**

1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions.....	1.		00
2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions).....	2.		00
3. Gains from Michigan column of MI-1040D and MI-4797.....	3.		00
4. Losses attributable to other states (see instructions).....	4.		00
5. Net loss from federal column of your Michigan MI-1040D or MI-4797.....	5.		00
6. Oil, gas, and nonferrous metallic mineral expenses (Michigan sourced) deducted to arrive at Adjusted Gross Income (AGI).....	6.		00
7. Federal Net Operating Loss deduction.....	7.		00
8. Other (see instructions). Describe: _____	8.		00
9. <b>Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11.....</b>	9.	0.	00

**Continue on page 2.  
If subtractions do not apply, only submit page 1 of the Schedule 1 with your return.**

## 2017 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name <b>BRAHMANAIDU</b>	M.I.	Last Name <b>YANALA</b>	Filer's Full Social Security No. (Example: 123-45-6789) <b>113 — 57 — 8423</b>
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### Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits .....	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797 .....	12.		00
13. Income attributable to another state. <b>Explain type and source:</b> <u>SCHEDULE NR</u> .....	13.	28500	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions) .....	15.		00
16. Michigan state and local income tax refunds received in 2017 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust .....	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI.....	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> .....	20.		00
21. Michigan Net Operating Loss .....	21.		00
22. Miscellaneous subtractions (see instructions). <b>Describe:</b> .....	22.		00

### Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

**NOTE: See instructions before continuing with this section.**

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2017)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2017)	F. Check if SSA Exempt
	1990	27	<input type="checkbox"/>			<input type="checkbox"/>

24. <b>Michigan Standard Deduction.</b> Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1951, and reached age 67 on or before December 31, 2017. <b>Do not complete lines 25 and 26</b> .....	24.		00
25. <b>Retirement benefits.</b> Enter amount from line 15, 26, 27 or 28 of Form 4884, <i>Michigan Pension Schedule</i> . <b>Include Form 4884</b> .....	25.		00
26. Dividend/interest/capital gains deduction for taxpayers <b>72 years and older</b> . Deduction is limited to \$11,259 for single or married filing separately filers and \$22,518 for joint filers, less any deduction for retirement benefits (see instructions).....	26.		00

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

27. <b>Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13</b> .....	27.	28500.	00
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**2017 MICHIGAN Nonresident and Part-Year Resident Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Include with Form MI-1040. Read all instructions before completing this form.

**Attachment 02**

1. Filer's First Name <b>BRAHMANAIDU</b>	M.I.	Last Name <b>YANALA</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>113 — 57 — 8423</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

**4. 2017 RESIDENCY STATUS:**

Check all that apply.

a.  Nonresident

b.  Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2017\*

\*Dates of Michigan residency in 2017 (Enter dates as MM-DD-YYYY, Example: 04-15-2017)

	FILER	SPOUSE
FROM:	07 — 01 — 2017	— — 2017
TO:	12 — 31 — 2017	— — 2017

**Income Allocation**

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.) .....	61635 00	31635 00	30000 00
6. Interest and dividends .....	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions) .....	00	00	00
12. Total income. Add lines 5 through 11.....	61635 00	31635 00	30000 00
13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe: <u>MOVING EXPENSES</u>	1500 00	0 00	1500 00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	60135 00	31635 00	28500 00

**Exemption Allowance** (If one spouse is a full-year resident, and the other is not, see instructions.)

15. Enter amount from MI-1040, line 9e .....					
			4000		00
16. Enter Michigan source income from line 14, column B .....	16.	31635			00
17. Enter total income from line 14, column A.....	17.	60135			00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.		52.61		%
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19.		2104		00

**2017 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name <b>BRAHMANAIDU</b>	M.I.	Last Name <b>YANALA</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>113 — 57 — 8423</b>
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>— —</b>

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		31-1486797	FAST SWITCH LTD	31635	00	1344	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
<b>4. SUBTOTAL.</b> Enter total of Table 1, column E. ....						<b>4.</b>	1344 00

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS**

A		B	C	D	E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld		
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
					00	00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
<b>5. SUBTOTAL.</b> Enter total of Table 2, column E. ....						<b>5.</b>	00

# Michigan Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

**Taxpayer:**

Last Name . . . . . YANALA  
 First Name . . . . . BRAHMANAIDU  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 113-57-8423  
 Date of Birth . . . . . 06/01/1990 (mm/dd/yyyy)  
 Age as of 12/31/2017 27  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . SOFTWARE ENGINEER  
 Work Phone . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

Last Name . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 12/31/2017 \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Work Phone . . . . . \_\_\_\_\_

Print phone number on city returns  Home  TP work  Spouse work

c/o Name . . . . . \_\_\_\_\_  
 Address . . . . . 3255 STUART LN Apt No. \_\_\_\_\_  
 City . . . . . Dearborn State . . MI ZIP Code . . . . . 48120  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_  
 School District Code . . . . . ▶ 82030

## Part II – Main Form

<b>Taxpayer</b>	<b>Spouse</b> (if different)	Form MI-1040: Full-Year Resident . . . . . ▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Nonresident . . . . . ▶ _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Part-Year Resident . . . . . ▶ _____

Enter Nonresident and Part-Year Resident allocations on Schedule NR. . . . . ▶ \_\_\_\_\_

Taxpayer residency dates . . . . . From 07/01/2017 To 12/31/2017

Spouse residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

**City Resident Status** (complete if filing a city income tax return):

<b>Detroit</b>	Full-year resident	Nonresident	Part-year resident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

**Other cities:**

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

**Important:** Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion      • Battle Creek      • Big Rapids      • Flint      • Grand Rapids      • Grayling
- Hamtramck      • Highland Park      • Ionia      • Jackson      • Lansing      • Lapeer
- Muskegon      • Muskegon Heights      • Pontiac      • Portland      • Saginaw      • Springfield
- Walker

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2017 Michigan tax return
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet . . . . . ▶ \_\_\_\_\_

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

Description	Filename

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . 0.

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . 0.

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

EF Status Dates:

Date return was EFiled . . . . . \_\_\_\_\_

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

Date Form MI-1040-V was given to client . . . . . \_\_\_\_\_

QuickZoom to Form MI-8453 Additional Information Smart Worksheet . . . . . ▶ \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund on an amended return.

State Information:

- Yes No
- Use direct deposit for any state tax refund
  - Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

State balance-due amount from this return . . . . . \_\_\_\_\_  
Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

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

Bank Information (State and City):

For any of the above options, fill out information below:  
For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . Bank of America

Account type . . . . . Checking  Savings

Routing number . . . . . 111000025

Account number . . . . . 586036202529

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 – Additional Return Information

Exemptions:

Taxpayer

Spouse

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

- Use federal Form 1310 in place of Form MI-1310
- Personal Representative
- Claimant

First Name . . . \_\_\_\_\_ Middle Initial . . . \_\_\_\_ Last Name . . . \_\_\_\_\_  
Address . . . . . \_\_\_\_\_  
City . . . . . \_\_\_\_\_ State . . . \_\_\_\_ ZIP Code . . . \_\_\_\_\_

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No

- Does TP want \$3 to go to State Campaign Fund?
- Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1 \_\_\_\_\_

QuickZoom to Firm/Preparer Info . . . . . \_\_\_\_\_ ▶ \_\_\_\_\_

If not signing as preparer, have following printed instead of firm information:

- self-prepared or
- prepared by a non-paid preparer

Third Party Designee (See Help):

Yes No

- TP authorizes Michigan Department of Treasury to discuss return with preparer (MI-1040 and Detroit returns only)?
- TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
- Preparer is third party designee (CF-1040 only)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) . . . . . \_\_\_\_\_  
Designee's phone number (other than preparer) . . . . . \_\_\_\_\_  
Personal identification number . . . . . \_\_\_\_\_

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 4: Application for extension to file tax returns . . . . . \_\_\_\_\_ ▶ \_\_\_\_\_

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns . . . . . \_\_\_\_\_ ▶ \_\_\_\_\_

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns . . . . . \_\_\_\_\_ ▶ \_\_\_\_\_

Detroit City Extensions:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 5209: Application for extension to file Detroit city tax return . . . . . \_\_\_\_\_ ▶ \_\_\_\_\_

Spouse, if Yes No

different   Tax return due date extended?

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

**QuickZoom** to Form 5209: Application for extension to file spouse's **Detroit city** tax return . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form MI-1040: Individual Income Tax Return . . . . . ▶ \_\_\_\_\_

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# Total Household Resources Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return  
BRAHMANAIDU YANALA

Social Security Number  
113-57-8423

## Household Income Computation (for full year and part-year residents)

	Column A	Column B
Full year residents: Complete column A only.	Total Amount	Received during Michigan residency
Part-year residents: Complete columns A and B. <b>QuickZoom</b> to Schedule NR before completing column B . . . ▶ _____		
<b>1</b> Wages, salaries, tips, sick, strike and SUB pay . . . . . ▶ <b>1</b>	61,635.	31,635.
<b>Interest and dividends:</b>		
<b>2 a</b> Taxable interest and dividend income . . . . .		
less: interest and dividend income from Schedules K-1 . . . . .		
<b>b</b> Nontaxable interest . . . . .		
Interest and dividends (including nontaxable interest) . . . . . ▶ <b>2</b>		
<b>Net business and farm income:</b>		
<b>3 a</b> U.S. Schedule C income or loss . . . . .		
<b>b</b> Net farm income or loss . . . . .		
<b>c</b> Other gains or losses . . . . .		
<b>d</b> Income from Schedules K-1 . . . . .		
Net business and farm income . . . . . ▶ <b>3</b>		0.
<b>Net royalty and rent income:</b>		
<b>4</b> U.S. Schedule E income (if negative, enter 0) . . . . . ▶ <b>4</b>		
<b>Retirement pension and annuity benefits:</b>		
<b>5 a</b> Pension and IRA distributions . . . . .		
<b>b</b> Lump-sum distribution . . . . .		
Name of payer: _____		
Retirement pension and annuity benefits . . . . . ▶ <b>5</b>		
<b>Capital gains or (losses):</b>		
<b>6 a</b> Capital gains less capital losses . . . . .		
<b>b</b> Excluded gain on sale of residence . . . . .		
Combine lines 6a and 6b . . . . . ▶ <b>6</b>		
<b>Alimony and other taxable income:</b>		
<b>7 a</b> Gambling/lottery winnings . . . . .		
<b>b</b> Prizes and awards from Form 1099-MISC . . . . .		
<b>c</b> Combine lines 7a and 7b . . . . .		
<b>d</b> Line 7c minus \$300 . . . . .		
<b>e</b> Other income from Form 1099-MISC . . . . .		
<b>f</b> Alimony received . . . . .		
<b>g</b> Other taxable income . . . . .		
<b>h</b> Combine lines 7d through 7g . . . . .		
less: prior year Michigan Property Tax Credit (see tax help) . . . . .		
Total. Describe: _____ . . . . . ▶ <b>7</b>		
<b>Social security, SSI and railroad retirement benefits:</b>		
<b>8 a</b> Social security or railroad retirement benefits . . . . .		
<b>b</b> Less deductions for medicare premiums . . . . .		
<b>c</b> Supplemental security income . . . . .		
<b>d</b> Death benefits and amounts received for minor children or other dependent adults who live with you . . . . .		
Combine lines 8a through 8d . . . . . ▶ <b>8</b>		
<b>9</b> Child support and foster parent payments . . . . . ▶ <b>9</b>		
<b>10</b> Unemployment compensation . . . . . ▶ <b>10</b>		
<b>11</b> Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 . . . . . ▶ <b>11</b>		

<b>Other nontaxable income:</b>			
<b>12 a</b>	Compensation for damages to character or for personal injury or sickness . . . . .		
<b>b</b>	An inheritance or life insurance proceeds (from other than spouse) . . . . .		
<b>c</b>	Death benefits paid by or on behalf of an employer . . . . .		
<b>d</b>	Minister's housing allowance . . . . .		
<b>e</b>	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification . . . . .		
<b>f</b>	Adoption subsidies . . . . .		
<b>g</b>	Combat pay from W-2, box 12 code Q . . . . .		
<b>h</b>	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution . . . . .		
<b>i</b>	Reimbursement from dependent care and/or medical care spending accounts . . . . .		
<b>j</b>	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 . . . . .		
<b>k</b>	Other (see <i>Tax Help</i> ). Enter description: . . . . .		
	Total. Describe: _____ ▶ <b>12</b>		
<b>13</b>	Workers' compensation, veterans' disability compensation . . . . . ▶ <b>13</b>		
<b>14</b>	FIP and other MDHHS benefits . . . . . ▶ <b>14</b>		
<b>15</b>	<b>Subtotal.</b> Add lines 1 through 14. . . . . ▶ <b>15</b>	61,635.	31,635.
<b>Adjustments:</b>			
<b>16 a</b>	IRA deduction . . . . .		
<b>b</b>	Moving expenses . . . . .	1,500.	0.
<b>c</b>	One half of self-employment tax . . . . .		
<b>d</b>	Self-employment health insurance deduction . . . . .		
<b>e</b>	SEP, SIMPLE or qualified plans . . . . .		
<b>f</b>	Penalty for early withdrawal . . . . .		
<b>g</b>	Alimony paid . . . . .		
<b>h</b>	Student loan interest deduction . . . . .		
<b>i</b>	Health savings account deduction . . . . .		
<b>j</b>	Net operating loss deduction: (1) Federal net operating loss deduction . . . . . (2) Federal modified taxable income (see <i>Help</i> ). . . . . (3) Enter the smaller of (1) or (2). If less than zero, enter -0- . . . . .		
<b>k</b>	Educator expenses . . . . .		
<b>l</b>	Tuition and fees deduction . . . . .		
<b>m</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .		
<b>n</b>	Domestic production activities deduction . . . . .		
<b>o</b>	Archer MSA deduction . . . . .		
<b>p</b>	Jury duty pay given to employer . . . . .		
<b>q</b>	Other adjustments . . . . .		
<b>16</b>	Total adjustments. Describe: <u>Moving expenses</u> . . . . . ▶ <b>16</b>	1,500.	0.
<b>17 a</b>	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only) . . . . .		
<b>b</b>	Automobile insurance premiums (medical care portion only) . . . . .		
<b>17</b>	Total medical insurance (line 17a plus line 17b) . . . . . ▶ <b>17</b>		
<b>18</b>	Add lines 16 and 17 . . . . . ▶ <b>18</b>	1,500.	0.
<b>19</b>	<b>Total Household Resources.</b> Subtract line 18 from line 15. . . . . ▶ <b>19</b>	60,135.	31,635.

- QuickZoom** to Form MI-1040CR (Homestead Property Tax Credit) . . . . . ▶ \_\_\_\_\_
- QuickZoom** to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) . . . . . ▶ \_\_\_\_\_
- QuickZoom** to Form MI-1040CR7 (Home Heating Credit) . . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name BRAHMANAIDU YANALA	Social Security Number 113-57-8423
----------------------------	---------------------------------------

## 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	1,344.
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	1,344.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Michigan Tax Return

SMART WORKSHEET FOR: Form 1040 Schedule 1: Additions and Subtractions

<b>Other States Income Smart Worksheet</b>	
<b>Full year residents:</b>	
<b>A</b>	Apportioned income from MI-1040H, line 11 . . . . . _____
<b>B</b>	Business income (including rents and royalties) derived solely in another state . . . . . _____
<b>Part-year or nonresidents:</b>	
<b>C</b>	Enter the amount of income from Schedule NR, line 14, column C . . . . . <u>28,500.</u>

SMART WORKSHEET FOR: Form 1040 Schedule NR: Nonresident and Part-Year Resident Schedule

<b>Income Allocation Smart Worksheet</b>		
	<b>Column A</b> Total Income	<b>Column B</b> Michigan Income
<b>1</b> Wages, salaries, tips, sick, strike and SUB pay . . . . .	61,635.	31,635.
<b>2</b> Interest and dividends from U.S. Schedule B . . . . .		
<b>3</b> Business income or loss from U.S. Schedule C . . . . .		
<b>4</b> Farm income or loss from U.S. Schedule F . . . . .		
<b>5</b> Capital gains/losses from U.S. Schedule D . . . . .		
<b>6</b> Income reported on U.S. Schedule E . . . . .		
<b>7</b> Pension and IRA distributions . . . . .		
<b>8</b> Taxable Social Security benefits . . . . .		
<b>9</b> State and local tax refunds . . . . .		
<b>10</b> Alimony received . . . . .		
<b>11</b> Unemployment compensation . . . . .		
<b>12</b> Other gains or losses from U.S. Form 4797 . . . . .		
<b>13</b> Other income . . . . .		
<b>14 Total income.</b> Add lines 1 through 13 . . . . .	61,635.	31,635.
<b>15</b> Educator expenses . . . . .		
<b>16</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .		
<b>17</b> IRA deduction . . . . .		
<b>18</b> Student loan interest deduction . . . . .		
<b>19</b> Tuition and fees deduction . . . . .		
<b>20</b> Health savings account deduction . . . . .		
<b>21</b> Moving expenses . . . . .	1,500.	0.
<b>22</b> One-half of self-employment tax . . . . .		
<b>23</b> Self-employment health insurance deduction . . . . .		
<b>24</b> Self-Employed SEP, SIMPLE or qualified plans . . . . .		
<b>25</b> Penalty for early withdrawal of savings . . . . .		
<b>26</b> Alimony paid . . . . .		
<b>27</b> Domestic production activities deduction . . . . .		
<b>28</b> Archer MSA deduction . . . . .		
<b>29</b> Jury duty pay given to employer . . . . .		
<b>30</b> Other adjustments to income . . . . .		
<b>31 Total adjustments.</b> Add lines 15 through 30 . . . . .	1,500.	0.
<b>32 Adjusted gross income.</b> Subtract line 31 from line 14 . . . . .	60,135.	31,635.





PA-40 - 2017
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

113578423

YANALA

BRAHMANAIDU

Occupation SOFTWARE E

Occupation

3255 STUART LN

DEARBORN

MI 48120

99999

N Extension. N Amended Return.
P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 010117 to 063017
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (30000), 1b (0), 1c (30000), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (30000), 10 (0), 11 (30000)



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2017

Social Security Number

113578423

Name(s) BRAHMANAIDU YANALA

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2016 PA Income Tax return.

15 2017 Estimated Installment Payments. REV-459B included.

16 2017 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2018 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		921
13		921
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		921
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
APPANA RUPA VENKATA SATYA SAI MANI 6789659729	061518

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02090332



**PA SCHEDULE W-2S**  
Wage Statement Summary

1701910026

PA-40 W-2S 03-17 (1)  
PA Department of Revenue

**2017**

OFFICIAL USE ONLY

**Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation**

Name shown first on the PA-40 (if filing jointly) <b>BRAHMANAIDU YANALA</b>	Social Security Number (shown first) <b>113-57-8423</b>
--	--

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

**Part A Instructions:** List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

**Part B Instructions:** List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

**IMPORTANT:** You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2						SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2	
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17		
T	46-2516265	30,000		30,000	921		
<b>Total Part A - Add the Pennsylvania columns</b>				<b>30,000</b>	<b>921</b>		

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
<b>Total Part B - Add the Pennsylvania columns</b>							

<b>TOTAL - Add the totals from Parts A and B</b>	<b>30,000</b>	<b>921</b>
Enter the TOTALS on your PA tax return on:		
	Line 1a	Line 13

- Payment type:**
- |                 |                            |   |                       |
|-----------------|----------------------------|---|-----------------------|
| A. Executor fee | B. Jury duty pay           | C. Director's fee   | D. Expert witness fee |
| E. Honorarium   | F. Covenant not to compete | G. Damages or settlement for lost wages, other than personal injury |                       |
- H. Other nonemployee compensation. Describe: \_\_\_\_\_
- I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
- J. Distribution from IRA (Traditional or Roth)
- K. Distribution from Life Insurance, Annuity or Endowment Contracts
- L. Distribution from Charitable Gift Annuities
- M. Distribution from Employee Stock Ownership Plan
- Describe: \_\_\_\_\_



1555  
REV 11/13/17 PRO

1701910026

Pennsylvania Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . BRAHMANAIDU
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . YANALA
Social Security No. 113-57-8423
Occupation . . . . . SOFTWARE E
Date of Birth . . . . . 06/01/90
Date of Death . . . . .
Daytime phone . . . . . \*
Home phone . . . . . \*

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .
Occupation . . . . .
Date of Birth . . . . .
Date of Death . . . . .
Daytime phone . . . . . \*

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

Apt. No., Suite, RR No., etc. . . . .
Address . . . . . 3255 STUART LN
City . . . . . Dearborn State . . MI ZIP Code . . . 48120
Foreign country . . . . .

Prior Year Filing:

- Boxes for: The tax booklet label is not correct, Taxpayer did not file a 2016 Pennsylvania return, Taxpayer filed a 2016 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2017 enter where taxpayer lived:
School district Not in PA School code . . . . . 99999
County . . . . . County code . . . . .

Underpayment Penalty:

- Boxes for: Allow the Pennsylvania Treasury to figure the interest and penalty, Farmers Only: At least 2/3 of gross income was from farming, This tax return will be filed and all tax paid by March 1, 2018, This final PA tax return will be filed and all tax paid by February 1, 2018

Military:

- Box for: Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No

Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's, 2017 Federal tax return?

- Boxes for: Taxpayer (X), Spouse

- Box for: Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness? (X)

Part II - Resident Status

- Boxes for: Form PA-40: Full-Year resident, Form PA-40: Nonresident, Form PA-40: Part-Year resident (X)
Part-Year residency dates . . . . . From 01/01/17 To 06/30/17

Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn compensation both within and outside Pennsylvania may need to complete and file

- Boxes for: Schedule NRH Compensation Apportionment, Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax

Part III – Filing Status

- S** Single
- J** Married, filing joint
- M** Married, filing separate
- F** Final return. Indicate reason . . . . . \_\_\_\_\_
- D** Deceased

Part IV – 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 Pennsylvania Department of Revenue, as applicable by the law.

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled . . . . . \_\_\_\_\_  
 Date return was accepted by the state . . . . . \_\_\_\_\_  
 Enter the date Form PA-V was given to client . . . . . \_\_\_\_\_  
 QuickZoom to PA-8453 Additional Information SmartWorksheet . . . . . ► \_\_\_\_\_

Part V – Paid Preparer Information

Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer's assigned code from Preparer/ERO Information Worksheet . . . . . 1

Part VI – Extension Status

**Yes No**  
  Has the tax return due date been extended?  
 Extended due date \_\_\_\_\_

QuickZoom to Rev 276: Application for Extension of Time to File . . . . . ► \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

**Yes No**  
  Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?  
  Do you want electronic funds withdrawal of state tax payment (EF Only)?  
  Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

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

Name of Financial Institution (optional) . . . . . Bank of America

Check the appropriate box:

Checking . . . . .  Routing number . . . 111000025  
 Savings . . . . .  Account number . . . 586036202529

Enter the payment date to withdraw from 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 – Amended Return

This is an amended Pennsylvania tax return (See Tax Help)  
 Tax year being amended . . . . . \_\_\_\_\_ QuickZoom to Form PA-40X . . . ► \_\_\_\_\_

QuickZoom to Form PA-40, Income Tax Return . . . . . ► \_\_\_\_\_

QuickZoom to Form PA-1000, Property Tax or Rent Rebate Claim . . . . . ► \_\_\_\_\_



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name BRAHMANAIDU YANALA	Social Security Number 113-57-8423
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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 . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
6 Overpayment from previous year applied to current year . . . . .				
7 Amount paid with current year extension . . . . .				
8 <b>Total tax payments</b> . . . . .				

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2 . . . . .			921.
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 <b>Total income tax withheld</b> . . . . .			921.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

Name  
BRAHMANAIDU YANALA

Social Security Number  
113-57-8423

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		FORMAC INC 46-2516265	30,000.	30,000. 921.	PA
2	X	T		FAST SWITCH LTD 31-1486797	31,635.	31,635. 0.	MI

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	30,000.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .	31,635.	
Withholding . . . . .	921.	

**Federal Forms W-2: Local Tax**

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Withholding . . . . .		

**Excess Reimbursements**

*	Description	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .		



**Miscellaneous Compensation from Federal Forms 1099MISC and other statements**

*	Payer Name	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
[ ]						
[ ]						
[ ]						

**Pennsylvania Payment type:**

- |   |   |
|---|---|
| <p><b>A</b> Executor fee<br/> <b>B</b> Jury duty pay<br/> <b>C</b> Director's fee<br/> <b>D</b> Expert witness fee<br/> <b>E</b> Honorarium<br/> <b>F</b> Covenant not to compete</p> | <p><b>G</b> Damages or settlement for lost wages, other than personal injury<br/> <b>H</b> Other nonemployee compensation.<br/>                 Describe: _____<br/> <b>I</b> Employer sponsored retirement/pension/deferred compensation plan<br/> <b>J</b> Distribution from IRA (Traditional or Roth)<br/> <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts<br/> <b>L</b> Distribution from Charitable Gift Annuities<br/> <b>M</b> Distribution from Employee Stock Ownership Plan.<br/>                 Describe: _____</p> |
|---|---|

	<b>Taxpayer</b>	<b>Spouse</b>
Miscellaneous Compensation from Form 1099MISC/1099K. . . . .	_____	_____
Withholding . . . . .	_____	_____

**Compensation from Federal Forms 1099R**

*	Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
[ ]								
[ ]								
[ ]								

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- N** No entry
- I31** PA school, state, or municipal employee plan
- I11** United Mine Workers pension
- I32** Military pension
- I33** U.S. Civil service retirement/disability/annuity
- K1** Annuity or Non-civil service disability
- I21** Early distribution from a retirement plan
- I12** Rollover
- I13** I'm eligible; plan is eligible (no PA tax)
- I22** I'm not eligible yet; plan is eligible in PA
- J1** Traditional or Roth IRA; I'm over 59.5
- J2** Traditional or Roth IRA; I'm under 59.5
- K2** Non-qualified deferred compensation plan
- K3** Life insurance or endowment
- L** Distribution from Charitable Gift Annuities
- H1** ESOP: Allocated ESOP Stock Dividend
- H2** ESOP: Non-Allocated ESOP Stock Dividend

	<b>Taxpayer</b>	<b>Spouse</b>
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . .	_____	_____
Distribution from Charitable Gift Annuities . . . . .	_____	_____
Compensation from Form 1099R (eligible retirement plans) . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Total Gross Compensation**

	<b>Taxpayer</b>	<b>Spouse</b>
Total gross compensation to Form PA-40 line 1a. . . . .	30,000.	0.
Total Schedule NRH gross compensation to PA-40, line 12. . . . .	_____	_____
Withholding to Form PA-40 line 13. . . . .	921.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	30,000.
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\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

# Smart Worksheets from your 2017 Pennsylvania Tax Return

SMART WORKSHEET FOR: PA 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Using the Federal PIN in Place of Form PA-8453 (See Help) . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D</b>	Documents to attach to the FRONT of Form PA-8453: Form W-2 (Copy 2) _____ Signed copies of returns filed with other states _____ _____
<b>E</b>	Document to attach to the BACK of PA-8453: _____ _____ _____ _____