

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name venu GOPAL REDDY SOMA	Social security number 861-06-6840
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	92,686.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	12,695.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	16,726.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	4,031.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

6	6	8	4	0
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8					
---	---	---	---	---	---	--	--	--	--	--

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and initial: **VENU GOPAL REDDY** Last name: **SOMA** Your social security number: **861-06-6840**

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

Home address (number and street). If you have a P.O. box, see instructions. **12437 WHISPER HOLLOW DR** Apt. no. **D**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MARYLAND HEIGHTS MO 63043**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

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

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

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:

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

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

d Total number of exemptions claimed

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

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above ▶ **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	92,686.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	92,686.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	92,686.

38	Amount from line 37 (adjusted gross income)	38	92,686.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,803.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	71,883.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	67,833.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	12,695.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	12,695.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	12,695.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	12,695.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	16,726.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	16,726.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,031.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,031.
Direct deposit? See instructions.	b Routing number <input type="text" value="111000025"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text" value="488050501854"/>		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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

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

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

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/31/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's EIN		Firm's address	
GLOBAL TAXES LLC	30-1017196		2530 Pebble Creek Ln Cumming GA 30041	
Firm's address	Phone no.			
2530 Pebble Creek Ln Cumming GA 30041	(678)965-9729			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

VENU GOPAL REDDY SOMA

861-06-6840

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38 2		
3	Multiply line 2 by 7.5% (0.075).	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		4,575.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	4,575.

Interest You Paid

Note:
Your mortgage interest deduction may be limited (see instructions).

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	

Casualty and Theft Losses

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	18,082.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	18,082.
25	Enter amount from Form 1040, line 38 25 92,686	25	
26	Multiply line 25 by 2% (0.02)	26	1,854.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	16,228.

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		20,803.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name VENU GOPAL REDDY SOMA	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 861-06-6840
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	3,082.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	11,760.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	840.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	18,082.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ 09/27/2017
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a Business 5,760 **b** Commuting (see instructions) _____ **c** Other 14,240
- 9** Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a** Do you have evidence to support your deduction? **Yes** **No**
- b** If "Yes," is the evidence written? **Yes** **No**

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

venu GOPAL REDDY SOMA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					92,686.
Adjustments to income					
Adjusted gross income					92,686.
Tax expense					4,575.
Interest expense . . .					
Contributions					
Miscellaneous deductions					16,228.
Other Itemized Deductions					
Total itemized/standard deduction . .					20,803.
Exemption amount . .					4,050.
Taxable income					67,833.
Tax					12,695.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					16,726.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					4,031.
Effective tax rate % . .					13.70
**Tax bracket %					25.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (VENU GOPAL REDDY SOMA) and Social Security Number (861-06-6840)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 66840 Spouse's PIN (5 numbers) Date 03/08/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name SOMA
 First name venu GOPAL REDDY
 Middle initial _____ Suffix _____
 Social security no. 861-06-6840
 Occupation SOFTWARE ENGINEER
 Date of birth 12/08/1992 (mm/dd/yyyy)
 Age as of 1-1-2018 25
 Date of death _____
 Legally blind
 E-mail address SOMA.GOPALREDDY@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (281) 216-8486
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (281) 216-8486
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 12437 WHISPER HOLLOW DR Apt no. D
 City MARYLAND HEIGHTS State MO ZIP code 63043

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer **Note:** Alabama does not allow this option
- Spouse

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

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state MO
License number C050263001
Issue date 05/23/2017
Expiration date 02/07/2018
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

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

Additional Verification Information

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

Client Status:

- New client
- Returning client to same preparer and firm
- Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: VENU GOPAL REDDY SOMA; Social Security Number: 861-06-6840

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

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

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
COGNIZANT TECHNOLOGY		74,486.	13,285.	74,486.	3,668.
FIRST TEK INC		18,200.	3,441.	18,200.	907.
Totals		92,686.	16,726.	92,686.	4,575.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	92,686.		92,686.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	16,726.		16,726.
3 & 7	Total social security wages/tips	22,346.		22,346.
4	Total social security tax withheld	1,385.		1,385.
5	Total Medicare wages and tips	22,346.		22,346.
6	Total Medicare tax withheld	324.		324.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	3,971.		3,971.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	3,971.		3,971.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	92,686.		92,686.
17	Total state tax withheld	4,575.		4,575.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
--	---------------------------------------

Employer EIN 13-3924155
Employer Name COGNIZANT TECHNOLOGY
 Name (cont.) SOLUTIONS US CORPORATION
Street Address or P. O. Box 211 QUALITY CIR STE 150
City College Station **State** TX **ZIP** 77845
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	<u>74,486.</u>	2 Federal tax withheld	<u>13,285.</u>
3 Social security wages	<u>22,346.</u>	4 Social sec tax withheld	<u>1,385.</u>
5 Medicare wages and tips	<u>22,346.</u>	6 Medicare tax withheld	<u>324.</u>
7 Social security tips	_____	8 Allocated tips	_____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	<u>23.</u>	A: Enter amount attributable to RRTA Tier 2 tax
DD	<u>3,948.</u>	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 not 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
MO	<u>433-6247 4</u>	<u>74,486.</u>	<u>3,668.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

9 Verification Code	_____	9 <u>8130-3568-3403-663d</u>
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	_____	10 _____
Dependent care benefits - Amount forfeited from flexible spending account	_____	11 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	_____	11 _____

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

Name as shown on return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
--	---------------------------------------

Employer EIN 22-3786614
Employer Name FIRST TEK INC
 Name (cont.) _____
Street Address or P. O. Box 1551 S WASHINGTON AVENUE SUITE
City PISCATAWAY **State** NJ **ZIP** 08854
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 18,200. **2** Federal tax withheld 3,441.
3 Social security wages _____ **4** Social sec tax withheld _____
5 Medicare wages and tips _____ **6** Medicare tax withheld _____
7 Social security tips _____ **8** Allocated tips _____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	P: Double click to link to Form 3903, line 4 _____
_____	_____	R: Enter MSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not 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
MO	19851090	18,200.	907.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Healthcare Entry Sheet

2017

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Check this box to populate the Name, SSN, and DOB for everyone listed on the return below. ▶

Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A, 1095-B or 1095-C):

*Short Gap
Eligible*
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
--	---------------------------------------

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								
Tot Estimated Payments . . .								

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	Totals Lines 1 through 7					
9	2017 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			16,726.	4,575.	
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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			16,726.	4,575.	
20	Total Tax Payments for 2017			16,726.	4,575.	

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)				

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
--	---------------------------------------

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	92,686.	_____	92,686.
7 a Taxable employer-provided adoption benefits.	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	92,686.	_____	92,686.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	92,686.	_____	92,686.
11 Scholarship or fellowship income not on W-2	_____	_____	_____
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	92,686.	_____	92,686.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	92,686.	_____	92,686.
17 Net self-employment loss	_____	_____	_____
18 Alimony received.	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	92,686.	_____	92,686.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	92,686.	_____	92,686.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	92,686.	_____	92,686.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
--	---------------------------------------

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
Totals . .						

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		20,803.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		92,686.
6	Tax liability for Form 2210 or Form 2210-F		12,695.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2017
		b	2016
		c	2015
		d	2014
		e	2013
		f	2012
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017
		b	2016
		c	2015
		d	2014
		e	2013
		f	2012

Tax Summary Report

2017

Name(s) Shown on Return
 VENU GOPAL REDDY SOMA

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	92,686.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	92,686.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 92,686.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	4,575.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	16,228.
Phaseout of itemized deductions	_____
Total Itemized Deductions	20,803.
Standard deduction	_____
Exemption amount	4,050.

Taxable Income 67,833.

Income tax	12,695.
Alternative minimum tax	_____
Total Taxes before Credits	12,695.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 12,695.

Withholding	16,726.
Estimated tax payments	_____
Other payments	_____
Total Payments	16,726.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 4,031.

Refund 4,031.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	13.70 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>12,695.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>12,695.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

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

- A Income from Form 1040, line 38 92,686.
- B Nontaxable income entered elsewhere on return
- C Available income: 2016 refundable credits in excess of tax 0.
- D **Enter** any additional nontaxable income
- E Total available income for sales taxes 92,686.
- F Sales tax table information:

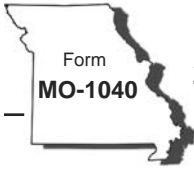
Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
If AZ, CO, LA, MS, NY or SC column (a):

QuickZoom to Misc Global Options to enter default locality ▶

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

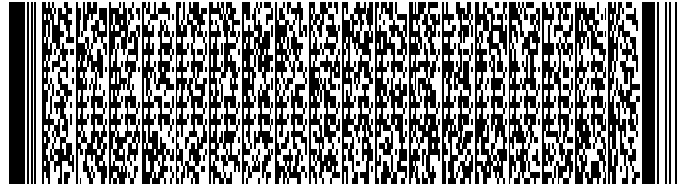
(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MO	01/01/17	12/31/17	4.2250	4.2250	0.0000	615.	0.	615.

- Total general sales taxes from table 615.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 615.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 4,575.



Missouri Department of Revenue
**2017 Individual Income
 Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2017



Print in BLACK ink only and DO NOT STAPLE.

Select Here for **Amended** Return

Select Here for **Composite** Return
 (For use by S corporations or Partnerships)

Vendor Code

Department Use Only

1555 [] [] []

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

[] [] [] [] [] []

Select the appropriate boxes that apply, as of December 31, 2017.

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse Yourself Spouse

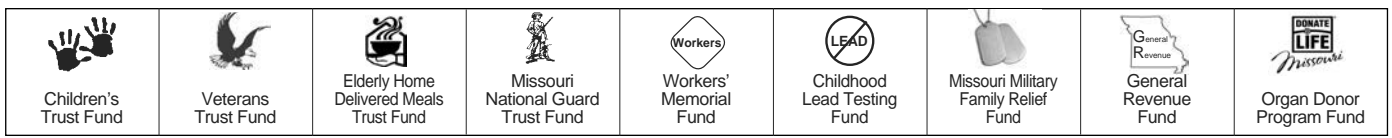
Name

Social Security Number: 861 - 06 - 6840
 Deceased in 2017: Spouse's Social Security Number: [] - [] - []
 Deceased in 2017:
 First Name: VENU GOPAL REDDY M.I.: [] Last Name: SOMA Suffix: []
 Spouse's First Name: [] M.I.: [] Spouse's Last Name: [] Suffix: []
 In Care Of Name (Attorney, Executor, Personal Representative, etc.): []

Address

Present Address (Include Apartment Number or Rural Route): 12437 WHISPER HOLLOW DR APT D
 City, Town, or Post Office: MARYLAND HEIGHTS State: MO ZIP Code: 63043 - []
 County of Residence: STCO

You may contribute to any one or all of the trust funds on Line 48. See pages 10-11 of the instructions for more trust fund information.



REV 12/20/17 PRO
 IN



17322011555

For Privacy Notice, see Instructions.

Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from your 2017 federal return (see worksheet on page 7 of the instructions)	1Y	92686	.00	1S
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S
3. Total income - Add Lines 1 and 2.	3Y	92686	.00	3S
4. Total subtractions (from Form MO-A, Part 1, Line 17)	4Y		.00	4S
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	92686	.00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	92686	.00	
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E) 8 .00

9. Select your filing status box below. Enter the appropriate exemption amount on Line 9 9 2100 .00

<input checked="" type="checkbox"/> A. Single - \$2,100 (see Box B before selecting.)	<input type="checkbox"/> E. Married Filing Separate (spouse NOT filing) - \$4,200
<input type="checkbox"/> B. Claimed as a Dependent on Another Person's Federal Tax Return - \$0.00	<input type="checkbox"/> F. Head of Household - \$3,500
<input type="checkbox"/> C. Married Filing Combined (joint federal) - \$4,200	<input type="checkbox"/> G. Qualifying Widow(er) with Dependent Child - \$3,500
<input type="checkbox"/> D. Married Filing Separate - \$2,100	

10. Additional personal exemption (see instructions on page 7) 10 .00

11. Tax from federal return - **Do not enter federal income tax withheld** (see instructions on page 7 and 8) 11 12695 .00

12. Other tax from federal return - Attach a copy of your federal return (pages 1 and 2) 12 .00

13. Total tax from federal return - Add Lines 11 and 12 13 12695 .00

14. Federal tax deduction - Enter the amount from Line 13, not to exceed \$5,000 for an individual filer or \$10,000 for combined filers 14 5000 .00

15. Missouri standard deduction or itemized deductions.
 • Single or Married Filing Separate - \$6,350
 • Head of Household - \$9,350
 • Married Filing Combined or Qualifying Widow(er) - \$12,700
 If age 65 or older, blind, claimed as a dependent, see page 8. If itemizing, see Form MO-A, Part 2. 15 17937 .00

16. Number of dependents (from Federal Form 1040 or 1040A, Line 6c). **Do not include yourself or spouse.** X \$1,200 = 16 .00
 Select box if claiming a stillborn child (see instructions on page 8).

17. Number of dependents on Line 16 who are 65 years of age or older and do not receive Medicaid or state funding. **Do not include yourself or spouse** X \$1,000 = 17 .00



Exemptions and Deductions (cont.)

18. Long-term care insurance deduction	18		.00
19. Health care sharing ministry deduction	19		.00
20. Military income deduction	20		.00
21. Bring jobs home deduction	21		.00
22. Transportation facilities deduction	22		.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities

23. Total deductions - Add Lines 8, 9, 10, and 14 through 22.	23	25037	.00
24. Subtotal - Subtract Line 23 from Line 6.	24	67649	.00
25. Multiply Line 24 by appropriate percentages (%) on Lines 7Y and 7S	25Y	67649	.00
26. Enterprise zone or rural empowerment zone income modification	26Y		.00

Tax

27. Taxable income - Subtract Line 26 from Line 25.	27Y	67649	.00
28. Tax (see tax chart on page 20 of the instructions).	28Y	3830	.00
29. Resident credit - Attach Form MO-CR and other states' income tax return(s).	29Y		.00
30. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	30Y	100	%
31. Balance - Subtract Line 29 from Line 28; OR multiply Line 28 by percentage on Line 30	31Y	3830	.00
32. Other taxes - Select box and attach federal form indicated.			
<input type="checkbox"/> Lump sum distribution (Form 4972)			
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	32Y		.00
33. Subtotal - Add Lines 31 and 32	33Y	3830	.00
34. Total Tax - Add Lines 33Y and 33S.	34	3830	.00

Payments and Credits

35. MISSOURI tax withheld - Attach Forms W-2 and 1099.	35	4575	.00
36. 2017 Missouri estimated tax payments - Include overpayment from 2016 applied to 2017	36		.00
37. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	37		.00



Payments and Credits

38.	Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	38		.00
39.	Amount paid with Missouri extension of time to file (Form MO-60).	39		.00
40.	Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	40		.00
41.	Property tax credit - Attach Form MO-PTS	41		.00
42.	Total payments and credits - Add Lines 35 through 41	42	4575	.00

Skip Lines 43 through 45 if you are not filing an amended return.

43.	Amount paid on original return.	43		.00
44.	Overpayment as shown (or adjusted) on original return	44		.00

Indicate Reason for Amending

Amended Return

- A. Federal audit. Enter date of IRS report (MM/DD/YY)
- B. Net operating loss carryback Enter year of loss (YY)
- C. Investment tax credit carryback Enter year of credit (YY)
- D. Correction other than A, B, or C. Enter date of federal amended return, if filed. (MM/DD/YY)

45.	Amended return total payments and credits - Add Line 43 to Line 42 or subtract Line 44 from Line 42.	45		.00
-----	--	----	--	-----

46.	If Line 42, or if amended return, Line 45, is larger than Line 34, enter the difference. Amount of OVERPAYMENT	46	745	.00
-----	--	----	-----	-----

47.	Amount of Line 46 to be applied to your 2018 estimated tax	47		.00
-----	--	----	--	-----

48. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

Refund

- | | | | | | | | | | | | |
|------|--------------------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|----------------------|----------------------|---|----------------------|-----|
| 48a. | Children's Trust Fund | <input type="text"/> | .00 | 48b. | Veterans Trust Fund | <input type="text"/> | .00 | 48c. | Elderly Home Delivered Meals Trust Fund | <input type="text"/> | .00 |
| 48d. | Missouri National Guard Trust Fund | <input type="text"/> | .00 | 48e. | Workers' Memorial Fund | <input type="text"/> | .00 | 48f. | Childhood Lead Testing Fund | <input type="text"/> | .00 |
| 48g. | Missouri Military Family Relief Fund | <input type="text"/> | .00 | 48h. | General Revenue Fund | <input type="text"/> | .00 | 48i. | Organ Donor Program Fund | <input type="text"/> | .00 |
| 48j. | Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00 | 48k. | Additional Fund Code | <input type="text"/> | Additional Fund Amount | <input type="text"/> | .00 |

Total Donation - Add amounts from Boxes 48a through 48k and enter here.		48		.00
---	--	----	--	-----

49.	Amount of Line 46 to be deposited into a Missouri 529 College Savings Plan (MOST) account. Enter amount from Line E of Form 5632	49		.00
-----	---	----	--	-----



Refund (cont.)

50. **REFUND** - Subtract Lines 47, 48, and 49 from Line 46 and enter here 50
 If you would like your refund deposited directly into your checking or savings account, complete boxes a, b, and c below.

a. Routing Number c. Checking Savings

b. Account Number

Amount Due

51. If Line 34 is larger than Line 42 or Line 45, enter the difference.
 Amount of UNDERPAYMENT (see the instructions for Line 52) 51

52. Underpayment of estimated tax penalty - Attach **Form MO-2210**. Enter penalty amount here ... 52
 Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

53. **AMOUNT DUE** - Add Lines 51 and 52.
 If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 53

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he or she has any knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on an individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY)

E-mail Address Daytime Telephone

Preparer's Signature Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN Preparer's Telephone

Preparer's Address State ZIP Code

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm Yes No

Department Use Only

A FA E10 DE F

(Revised 12-2017)

Mail To: Balance Due: Missouri Department of Revenue
 P.O. Box 3370
 Jefferson City, MO 65105-3370

Refund or No Amount Due: Missouri Department of Revenue
 P.O. Box 3222
 Jefferson City, MO 65105-3222

Phone (Balance Due): (573) 751-7200
Phone (Refund or No Amount Due): (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov





Missouri Department of Revenue
2017 Individual Income Tax Adjustments

Department Use Only
 (MM/DD/YY)

--	--	--

Attach to Form MO-1040. Attach your federal return. See information beginning on page 12 to assist you in completing this form.

Name

Social Security Number

861	-	06	-	6840
-----	---	----	---	------

Spouse's Social Security Number

	-		-	
--	---	--	---	--

First Name

VENU GOPAL REDDY

M.I. Last Name

	SOMA
--	------

Suffix

--

Spouse's First Name

--

M.I. Spouse's Last Name

--	--

Suffix

--

Part 1 - Missouri Modifications to Federal Adjusted Gross Income

Additions

Yourself (Y)

Spouse (S)

1. Interest on state and local obligations other than Missouri source. . . .

1Y		.00	1S		.00
----	--	-----	----	--	-----

2. Partnership Fiduciary S Corporation

Net Operating Loss (Carryback/Carryforward)

Other (description)

2Y		.00	2S		.00
----	--	-----	----	--	-----

3. Nonqualified distribution received from a qualified 529 plan (higher education savings program) not used for qualified expenses.

3Y		.00	3S		.00
----	--	-----	----	--	-----

4. Food Pantry contributions included on Federal Schedule A.

4Y		.00	4S		.00
----	--	-----	----	--	-----

5. Nonresident Property Tax.

5Y		.00	5S		.00
----	--	-----	----	--	-----

6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses.

6Y		.00	6S		.00
----	--	-----	----	--	-----

7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2.

7Y		.00	7S		.00
----	--	-----	----	--	-----

Subtractions

8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099

8Y		.00	8S		.00
----	--	-----	----	--	-----

9. Any state income tax refund included in federal adjusted gross income.

9Y		.00	9S		.00
----	--	-----	----	--	-----

10. Partnership Fiduciary S Corporation Railroad Retirement Benefits

Military (nonresident) Combat Pay Build America and Recovery Zone Bond Interest

MO Public-Private Transportation Act Net Operating Loss

Other (description)

10Y		.00	10S		.00
-----	--	-----	-----	--	-----

11. Exempt contributions made to a qualified 529 plan (higher education savings program)

11Y		.00	11S		.00
-----	--	-----	-----	--	-----

12. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation

12Y		.00	12S		.00
-----	--	-----	-----	--	-----



13. Missouri depreciation adjustment (Section 143.121, RSMo)	<input type="checkbox"/> Sold or disposed property previously taken as addition modification	13Y		.00	13S		.00
14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense (Form MO-HEA)		14Y		.00	14S		.00
15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)		15Y		.00	15S		.00
16. Agriculture Disaster Relief		16Y		.00	16S		.00
17. Total Subtractions - Add Lines 8 through 16. Enter here and on Form MO-1040, Line 4		17Y		.00	17S		.00

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040, Line 40	1	20803	.00
2. 2017 Social security tax - (Yourself)	2	1385	.00
3. 2017 Social security tax - (Spouse)	3		.00
4. 2017 Railroad retirement tax - Tier I and Tier II (Yourself)	4		.00
5. 2017 Railroad retirement tax - Tier I and Tier II (Spouse)	5		.00
6. 2017 Medicare tax - Yourself and Spouse (see instructions on page 42)	6	324	.00
7. 2017 Self-employment tax (see instructions on page 42)	7		.00
8. Total - Add Lines 1 through 7	8	22512	.00
9. State and local income taxes from Federal Schedule A, Line 5 or see the worksheet below	9	4575	.00
10. Earnings taxes included in Line 9	10		.00
11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 8 from worksheet below	11	4575	.00
12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 15	12	17937	.00

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 37 is more than \$313,800 if married filing combined or qualifying widow(er), \$287,650 if head of household, \$261,500 if single or claimed as a dependent, or \$156,900 if married filing separate. Attach your Federal Itemized Deduction Worksheet (page A-12 of Federal Schedule A instructions).

1. Enter amount from Federal Itemized Deduction Worksheet, Line 3 (see page A-12 of Federal Schedule A instructions). If \$0 or less, enter "0"	1		.00
2. Enter amount from Federal Itemized Deduction Worksheet, Line 9 (see Federal Schedule A instructions)	2		.00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5	3		.00
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4		.00
5. Subtract Line 4 from Line 3	5		.00
6. Divide Line 5 by Line 1	6		%
7. Multiply Line 2 by Line 6	7		.00
8. Subtract Line 7 from Line 5. Enter here and on Form MO-A, Part 2, Line 11	8		.00



Part 3 - Pension and Social Security/Social Security Disability/Military Exemption

Public Pension Calculation - Pensions received from any federal, state, or local government.

Section A

1. Missouri adjusted gross income from Form MO-1040, Line 6	1	92686	00			
2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2		00			
3. Subtract Line 2 from Line 1	3	92686	00			
4. Select the appropriate filing status and enter amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$100,000 • Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000 	4	85000	00			
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5	7686	00			
6. Taxable pension for each spouse from public sources from Federal Form 1040A, Line 12b or 1040, Line 16b	6Y		00	6S		00
7. Amount from Line 6 or \$37,089 (maximum social security benefit), whichever is less	7Y		00	7S		00
8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0.	8Y		00	8S		00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y	0	00	9S		00
10. Add amounts on Lines 9Y and 9S	10	0	00	11	0	00
11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11	0	00			

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

Section B

1. Missouri adjusted gross income from Form MO-1040, Line 6	1	92686	00			
2. Taxable social security benefits from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	2		00			
3. Subtract Line 2 from Line 1	3	92686	00			
4. Select the appropriate filing status and enter the amount on Line 4. <ul style="list-style-type: none"> • Married Filing Combined (joint federal) - \$32,000 • Single, Head of Household and Qualifying Widow(er) - \$25,000 • Married Filing Separate - \$16,000 	4	25000	00			
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	67686	00			
6. Taxable pension for each spouse from private sources from Federal Form 1040A, Lines 11b and 12b, or Federal Form 1040, Lines 15b and 16b	6Y		00	6S		00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	0	00	7S		00
8. Add Lines 7Y and 7S	8	0	00	9	0	00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0.	9	0	00			



Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

Section C

1. Missouri adjusted gross income from Form MO-1040, Line 6	1	92686	00
2. Select the appropriate filing status and enter the amount on Line 2.			
• Married Filing Combined (joint federal) - \$100,000	2	85000	00
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000			
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0	3	7686	00
4. Taxable social security benefits for each spouse from Federal Form 1040A, Line 14b or Federal Form 1040, Line 20b	4Y		00
	4S		00
5. Taxable social security disability benefits for each spouse from Federal Form 1040A, Line 14b or 1040, Line 20b	5Y		00
	5S		00
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S	6Y		00
	6S		00
7. Add Lines 6Y and 6S	7		00
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8	0	00

Military Pension Calculation

Section D

1. Military retirement benefits included on Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	1		00
2. Taxable public pension from Federal Form 1040A, Line 12b or Federal Form 1040, Line 16b	2		00
3. Divide Line 1 by Line 2 (Round to whole number)	3		%
4. Multiply Line 3 by Line 11 of Section A. If you are not claiming a public pension exemption, enter \$0	4		00
5. Total military pension, subtract Line 4 from Line 1	5		00

Total Pension and Social Security/Social Security Disability/Military Exemption

Section E

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D) from Form MO-A. Enter total amount here and on Form MO-1040, Line 8.		0	00
---	--	---	----

Attach to Form MO-1040. Attach your federal return.
See information beginning on page 12 to assist you in completing this form.



Missouri Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer

Last Name SOMA
 First Name venu GOPAL REDDY
 Middle Initial _____ Suffix _____
 Social Security No. 861-06-6840
 Date of Birth 12/08/1992
 Date of Death _____
 E-mail address SOMA.GOPALREDDY@GMAIL.COM
 Work Phone Number _____ *
 In Care of Name _____
 Address 12437 WHISPER HOLLOW DR Apt. D
 City MARYLAND HEIGHTS State MO ZIP Code _____
 County St Louis County Home Phone Number _____ *
 County Code STCO

Spouse

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____
 Date of Death _____
 E-mail address _____
 Work Phone Number _____ *

* Check this box to claim a stillbirth child exemption for Missouri
 **Note: A copy of the stillbirth certificate is required to claim this additional dependent deduction.

* Check one of these boxes to print optional daytime phone number on Form MO-1040 page 2

Yes No
 Address is the same as last year

Part II — Main Form

- | | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Missouri resident (Long Form) | QuickZoom to Form MO-1040 ▶ |
| <input type="checkbox"/> | Missouri resident - Single/Married (One Income) | QuickZoom to Form MO-1040A . . . ▶ |
| <input type="checkbox"/> | Missouri part-year resident filing as a resident | QuickZoom to Form MO-1040 . . . ▶ |
| <input type="checkbox"/> | Missouri part-year resident filing as a nonresident | QuickZoom to Form MO-1040 . . . ▶ |
| <input type="checkbox"/> | Nonresident | QuickZoom to Form MO-1040 . . . ▶ |

Spouse Residency or Military Spouse Relief Act:

- Spouse has different residency than the taxpayer (**See Tax Help**)
 Spouse qualifies under Military Spouse Residency Relief Act (**See Tax Help**)

For Part-Year Residents Only:

Taxpayer Missouri residency dates (use MM/DD/YYYY format) . From _____ To _____
 Spouse Missouri residency dates From _____ To _____

Taxpayer City Forms

- QZ** to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶

Spouse City Forms

- QZ** to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶
 QZ to ▶

Form E-1 St. Louis Individual Earnings Tax return
 Form E-1R St. Louis Individual Earnings Tax return
 Form E-234 St. Louis Earnings Tax return
 Form RD-108 Kansas City Profits Return Earnings Tax
 Form RD-109 Kansas City Wage Earner Earnings Tax

Part III — Filing Status

- 1** Single
 2 Married and filing a combined Missouri return
 3a Married filing separate return
 b Married filing separate (spouse not filing)
 4 Head of household
 5 Qualifying widow(er) with dependent child
 6 Claimed as a dependent on another person's federal tax return

Part IV — Farmer Status

- At least 2/3 of your gross 2017 income is from farming
 At least 2/3 of your gross 2017 income is from farming and you will file your 2017 return and pay the full amount of the tax due on or before March 1, 2018

Part V — Non-Obligated Spouse

Yourself **Spouse** Non-obligated spouse

Part VI — 100% Disabled

Yes **No** **Taxpayer** is 100% disabled
 Spouse is 100% disabled

Part VII — Property Tax Credit

- 1** Taxpayer does not need to file a MO return (not enough income was earned) but wants to claim the property tax credit. **QuickZoom to Form MO-PTC ▶**
- 2** Taxpayer needs to file a MO return and:
 - 1) will file as single or married filing jointly;
 - 2) will claim the property tax credit on the return. **QuickZoom to Form MO-PTS ▶**
- 3** Taxpayer needs to file a return and will file the return jointly with a spouse, but they:
 - 1) lived separately for the entire year; and
 - 2) want to claim the property tax credit separately. **QuickZoom to Form MO-PTC ▶**

Part VIII — Electronic Filing Information

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 tax return to the Missouri Department of Revenue, as applicable by law.

The state return will be filed electronically

Yes **No** Do you want to use the Federal PIN?

Date return was EFiled _____
Date return was accepted by the state _____
Enter the date Form MO-1040V was given to client _____

Electronic PDF Attachments

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

Description	Filename

Part IX — Direct Deposit Information

Yes **No** Elect direct deposit of state tax refund?
* See Tax Help for refund expectation.

Bank Information:

If you selected Direct Deposit, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA
Account type Checking Savings
Routing number 111000025
Account number 488050501854

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 X — Paid Preparer Information

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

Yes No

Authorize Director of Revenue to discuss return with preparer?

Part XI — Extension Status

Federal extension has been filed

Yes No

Missouri tax return due date extended?

Extended due date . . . _____

QuickZoom to Form MO-60 ▶

QuickZoom to Form MO-1040 ▶

QuickZoom to Form MO-1040A ▶

Tax Payments Worksheet

2017

▶ Keep for your records

Name VENU GOPAL REDDY SOMA	Social Security Number 861-06-6840
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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		
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

	Taxpayer		Spouse
9	State withholding on Forms W-2	4,575.	
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	4,575.	
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Missouri Tax Return

SMART WORKSHEET FOR: Form MO-1040: Missouri Resident (Long Form)

Missouri Income Tax Withheld for Nonresidents Smart Worksheet	
A	Missouri income tax withheld from the Tax Payments Worksheet <u>4,575.</u>
Nonresident partners or S corporation shareholders:	
B	Missouri tax withholding from Form(s) MO-2NR (entered on the federal Tax Payments Worksheet and included on line A) _____
Nonresident entertainers:	
C	Missouri tax withholding from Form MO-2ENT (entered on the federal Tax Payments Worksheet and included on line A) _____
Note: Make sure that the amounts on line B and/or line C are reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.	
D	Missouri income tax withheld for line 34. Subtract lines B and C from line A <u>4,575.</u>