

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 NAGA AKHIL VARMA ALLURI | Social security number 499-73-4776 |
| 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 | 49,755. |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 5,583. |
| 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 | 7,994. |
| 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 | 2,411. |
| 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

| | | | | |
|---|---|---|---|---|
| 3 | 4 | 7 | 7 | 6 |
|---|---|---|---|---|

 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name
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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name
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

Form
1040EZ

**Income Tax Return for Single and
Joint Filers With No Dependents** (99)

2017

OMB No. 1545-0074

| | | | |
|---|-------------------------------|---------------------|---|
| Your first name and initial NAGA AKHIL VARMA | | Last name ALLURI | Your social security number 499 73 4776 |
| 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. 713 SHARVIEW CIRCLE | | | Apt. no. 1434 |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHARLOTTE NC 28217 | | | 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

| | | | | |
|--|--|--|-----------|---------|
| Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment. | 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 49,755. |
| | 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | |
| | 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | |
| | 4 | Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 49,755. |
| | 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation. | 5 | 10,400. |
| | 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 39,355. |
| | 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 7,994. |
| | 8a | Earned income credit (EIC) (see instructions) No | 8a | |
| | 9 | Add lines 7 and 8a. These are your total payments and credits . | 9 | 7,994. |
| | 10 | Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 5,583. |
| 11 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 11 | | |
| 12 | Add lines 10 and 11. This is your total tax . | 12 | 5,583. | |
| 13a | If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 13a | 2,411. | |
| 14 | If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions. | 14 | | |

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, 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. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | Daytime phone number |
| 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.) |

Paid Preparer Use Only

| | | | | |
|--|--|---|---|-------------------|
| Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR | Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR | Date 06/02/2018 | Check <input type="checkbox"/> if self-employed | PTIN P02090332 |
| Firm's name GLOBAL TAXES LLC | Firm's EIN 30-1017196 | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | Phone no. (678) 965-9729 | |

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return
 NAGA AKHIL VARMA ALLURI

| Five Year Tax History: | | | | | |
|--|------|------|------|------|---------|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Filing status | | | | | Single |
| Total income | | | | | 49,755. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 49,755. |
| Tax expense | | | | | 2,297. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions. | | | | | |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | | 6,350. |
| Exemption amount . . | | | | | 4,050. |
| Taxable income | | | | | 39,355. |
| Tax | | | | | 5,583. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 7,994. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 2,411. |
| Effective tax rate % . . | | | | | 11.22 |
| **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 (NAGA AKHIL VARMA ALLURI) and Social Security Number (499-73-4776)

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) 34776 Spouse's PIN (5 numbers) Date 03/16/2018

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 ALLURI
 First name NAGA AKHIL VARMA
 Middle initial _____ Suffix _____
 Social security no. 499-73-4776
 Occupation SOFTWARE ENGINEER
 Date of birth 05/20/1991 (mm/dd/yyyy)
 Age as of 1-1-2018 26
 Date of death _____
 Legally blind
 E-mail address AKHILVARMA.A@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (669) 292-9198
 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 (669) 292-9198
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 713 SHARVIEW CIRCLE Apt no. 1434
 City CHARLOTTE State NC ZIP code 28217

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 | | |
| | | | | | | | | |
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* **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 NAGA AKHIL VARMA ALLURI | Social Security Number 499-73-4776 |
|--|---------------------------------------|

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 NC License number 000044121129 Issue date 01/20/2018 Expiration date 09/30/2018 Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ | Spouse: Issuing state _____ License number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ |
|---|---|

State Identification Card Detail

| | |
|--|--|
| Taxpayer: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____ | Spouse: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> 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: NAGA AKHIL VARMA ALLURI; Social Security Number: 499-73-4776

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, Cumming, GA 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, Cumming, GA 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

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.

State/City *
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"/> |
| Form 3468, Historic Structure Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 4136, Credit for Federal Tax Paid on Fuels | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes | <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"/> |
| Form 8885, Health Coverage Tax Credit | <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"/> |
| Form 3115, Change in Accounting Method. | <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 | N/A | <input type="checkbox"/> |
| Form 8858, Foreign Disregarded Entities. | N/A | <input type="checkbox"/> |
| Form 8864, attach the Certificate for Biodiesel | N/A | <input type="checkbox"/> |

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return NAGA AKHIL VARMA ALLURI | Social Security Number 499-73-4776 |
|--|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| IT RESOURCES INC | | 43,875. | 7,011. | 43,875. | 2,020. |
| IT RESOURCES INC | | 5,880. | 983. | 5,880. | 277. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 49,755. | 7,994. | 49,755. | 2,297. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 49,755. | | 49,755. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 7,994. | | 7,994. |
| 3 & 7 | Total social security wages/tips | 5,880. | | 5,880. |
| 4 | Total social security tax withheld | 365. | | 365. |
| 5 | Total Medicare wages and tips | 5,880. | | 5,880. |
| 6 | Total Medicare tax withheld | 85. | | 85. |
| 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 | | | |
| 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 | | | |
| 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 | 49,755. | | 49,755. |
| 17 | Total state tax withheld | 2,297. | | 2,297. |
| 19 | Total local tax withheld. | | | |

| | |
|--|---------------------------------------|
| Name as shown on return NAGA AKHIL VARMA ALLURI | Social Security Number 499-73-4776 |
|--|---------------------------------------|

Employer EIN 45-4313691
 Employer Name IT RESOURCES INC
 Name (cont.) _____
 Street Address or P. O. Box 220 CONTINENTAL DR STE 104
 City NEWARK State DE ZIP 19713
 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 43,875. 2 Federal tax withheld 7,011.
 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| NC | 454313691/000 | 43,875. | 2,020. |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 16f1-eea3-d790-8d53
 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). |
|---|--------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Keep for your records

NAGA AKHIL VARMA ALLURI

499-73-4776 Page 2

Employer Name IT RESOURCES INC

Part I Statutory employees

A [] Box 13a. Statutory employee
B [] Deducting expenses in connection with this income
C [] If deducting expenses, double click to link to Schedule C C

Part II Clergy, church employees, members of recognized religious sects

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 499-73-4776
First name NAGA AKHIL VARMA M.I. Last name ALLURI Suff.
Address 713 SHARVIEW CIRCLE, Apt. 1434 City CHARLOTTE St NC ZIP code 28217
Foreign Province/County Foreign Postal Code
Foreign Country

| | |
|--|---------------------------------------|
| Name as shown on return NAGA AKHIL VARMA ALLURI | Social Security Number 499-73-4776 |
|--|---------------------------------------|

Employer EIN 45-4313691
 Employer Name IT RESOURCES INC
 Name (cont.) _____
 Street Address or P. O. Box 220 CONTINENTAL DR STE 104
 City NEWARK State DE ZIP 19713
 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 | 5,880. | 2 | Federal tax withheld | 983. |
| 3 | Social security wages | 5,880. | 4 | Social sec tax withheld | 365. |
| 5 | Medicare wages and tips | 5,880. | 6 | Medicare tax withheld | 85. |
| 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| NC | 454313691/000 | 5,880. | 277. |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 | 509c-67a7-b66d-43f1 |
| 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 | 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). |
|---|--------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Keep for your records

| | | |
|---|-------------|--------|
| NAGA AKHIL VARMA ALLURI | 499-73-4776 | Page 2 |
| Employer Name IT RESOURCES INC | | |

Part I Statutory employees

| | | |
|---|----------|--|
| A <input type="checkbox"/> Box 13a. Statutory employee | C | |
| B <input type="checkbox"/> Deducting expenses in connection with this income | | |
| C <input type="checkbox"/> If deducting expenses, double click to link to Schedule C | | |

Part II Clergy, church employees, members of recognized religious sects

| | | |
|---|----------|----------|
| Clergy only: | D | |
| D Designated housing or parsonage allowance | | |
| E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value | | E |
| F If no FICA was withheld, check the applicable box below | | |
| 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only | | |
| 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only | | |
| 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance | | |
| 4 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361 | | |
| Non-Clergy only: | | |
| G If no FICA was withheld, check the applicable box below | | |
| 1 <input type="checkbox"/> Pay self-employment tax on this W-2 income | | |
| 2 <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029 | | |

Part III Unreported Tip Income

| | | |
|---|-----------|--|
| H 1 Tips \$20 or more in a month which were not reported to employer | H1 | |
| 2 Tips less than \$20 in a month which were not required to be reported | H2 | |
| 3 Value of non-cash tips, such as tickets or passes, not reported | H3 | |
| 4 Actual amount of allocated tips if different than the amount in box 8 | H4 | |
| 5 Tips paid out through a tip-sharing arrangement | H5 | |
| 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax | | |

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 499-73-4776

First name M.I. Last name Suff.

NAGA AKHIL VARMA ALLURI

Address City St ZIP code

713 SHARVIEW CIRCLE, Apt. 1434 CHARLOTTE NC 28217

Foreign Province/County Foreign Postal Code

Foreign Country

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 <u>NAGA AKHIL VARMA ALLURI</u> | Social Security Number <u>499-73-4776</u> |
|---|--|

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 | <u>04/18/17</u> | | <u>04/18/17</u> | | | <u>04/18/17</u> | | |
| 2 | <u>06/15/17</u> | | <u>06/15/17</u> | | | <u>06/15/17</u> | | |
| 3 | <u>09/15/17</u> | | <u>09/15/17</u> | | | <u>09/15/17</u> | | |
| 4 | <u>01/16/18</u> | | <u>01/16/18</u> | | | <u>01/16/18</u> | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

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

| | Federal | State | Local |
|--|---------|--------|-------|
| Taxes Withheld From: | | | |
| 10 Forms W-2 | 7,994. | 2,297. | |
| 11 Forms W-2G | | | |
| 12 Forms 1099-R | | | |
| 13 Forms 1099-MISC, 1099-K and 1099-G | | | |
| 14 Schedules K-1 | | | |
| 15 Forms 1099-INT, DIV and OID | | | |
| 16 Social Security and Railroad Benefits | | | |
| 17 Form 1099-B | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| d Additional Medicare Tax | | | |
| 19 Total Withholding Lines 10 through 18d | 7,994. | 2,297. | |
| 20 Total Tax Payments for 2017 | 7,994. | 2,297. | |

| | State | ID | Local | ID |
|--|-------|----|-------|----|
| Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help) | | | | |
| 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 <u>NAGA AKHIL VARMA ALLURI</u> | Social Security Number <u>499-73-4776</u> |
|---|--|

| 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 | 49,755. | _____ | 49,755. |
| 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 | 49,755. | _____ | 49,755. |
| 9 a Taxable dependent care benefits. | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 49,755. | _____ | 49,755. |
| 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 | 49,755. | _____ | 49,755. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|---------|-------|---------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 49,755. | _____ | 49,755. |
| 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, ln 2. | 49,755. | _____ | 49,755. |

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

| | | | |
|--|---------|-------|---------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 49,755. | _____ | 49,755. |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 49,755. | _____ | 49,755. |

Federal Carryover Worksheet

2017

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return NAGA AKHIL VARMA ALLURI | Social Security Number 499-73-4776 |
|--|---------------------------------------|

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 | | 2,297. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 49,755. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 5,583. |
| 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
 NAGA AKHIL VARMA ALLURI

Filing status Single Number of exemptions 1

Gross Income

| | |
|---|---------|
| Wages and salaries | 49,755. |
| 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 | 49,755. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 49,755.

Itemized/Standard Deductions

| | |
|--|--------|
| Medical and dental | _____ |
| Taxes | 2,297. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | _____ |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 2,297. |
| Standard deduction | 6,350. |
| Exemption amount | 4,050. |

Taxable Income 39,355.

| | |
|---|--------|
| Income tax | 5,583. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 5,583. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 5,583.

| | |
|---|--------|
| Withholding | 7,994. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 7,994. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 2,411.

Refund 2,411.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|---------|
| Tax bracket | 25.0 % |
| Effective tax rate | 11.22 % |

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

| | | |
|--|--|--|
| For calendar year 2017, or fiscal year beginning <u>17</u> and ending | | <input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator. |
| NAGA AKHIL VA ALLURI 713 SHARVIEW CIRCLE 1434 Your SSN: 499734776 CHARLOT NC 28217 MECK Spouse's SSN: | | |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | |
| Were you a resident of N.C. for the entire year of 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Year spouse died: _____ Date of death: _____ <input type="checkbox"/> Return for deceased taxpayer. <input type="checkbox"/> Return for deceased spouse. |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund. | | |
| Did you claim the standard deduction on your 2017 federal return? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you a veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Is your spouse a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

FS 1 PP Y DT N OC N TPRES Y SPRES N STDD Y VT N SVT

ALLU 713 28217 DS N EA N TD SD

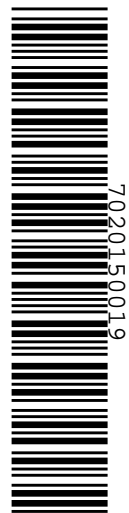
NAGA AKHIL VA ALLURI 499734776

NC 28217

713 SHARVIEW CIRCLE 1434 CHARLOTTE

| | | | | | | |
|----|---------|-----|---|------|-----|----|
| 06 | 49755 | 18 | Y | 0 | 26C | 0 |
| 07 | 0 | 20A | | 2297 | 26E | 0 |
| 09 | 0 | 20B | | 0 | EU | |
| 11 | S Y I N | 21A | | 0 | 27 | 0 |
| 11 | 8750 | 21B | | 0 | 29 | 0 |
| 13 | 00000 | 21C | | 0 | 30 | 0 |
| 14 | 41005 | 21D | | 0 | 31 | 0 |
| 15 | 2255 | 26A | | 0 | 32 | 0 |
| 16 | 0 | 26B | | 0 | 34 | 42 |

TN PN 6789659729 PP P02090332



| | |
|---|---|
| Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>42</u> | <input type="checkbox"/> Payment Due <u>0</u> |
| I certify that, to the best of my knowledge, this return is accurate and complete. | If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. |
| Your Signature _____ Date _____ Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ Home Telephone Number (Include area code) _____ | APPANA RUPA VENKATA SATYA 06 02 18 Paid Preparer's Signature _____ Date _____ P02090332 6789659729 Paid Preparer's FEIN, SSN, or PTIN _____ Paid Preparer's Telephone Number _____ |

For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.

Last Name (First 10 Characters) ALLURI

Your Social Security Number 499734776

D-400 Line-by-Line Information

| | | | |
|-----|---|-----|--------|
| 6. | Federal adjusted gross income | 6. | 49755 |
| 7. | Additions to federal adjusted gross income | 7. | 0 |
| 8. | Add Lines 6 and 7 | 8. | 49755 |
| 9. | Deductions from federal adjusted gross income | 9. | 0 |
| 10. | Subtract Line 9 from Line 8 | 10. | 49755 |
| 11. | N.C. standard deduction | 11. | Y |
| 11. | N.C. itemized deduction | 11. | N |
| 11. | Deduction amount | 11. | 8750 |
| 12. | Subtract Line 11 from Line 10 | 12. | 41005 |
| 13. | Part-year residents and nonresidents taxable percentage | 13. | 0.0000 |
| 14. | N.C. Taxable Income | 14. | 41005 |
| 15. | N.C. Income Tax | 15. | 2255 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 2255 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 2255 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 2297 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|------|
| 21a. | 2017 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 2297 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 2297 |
| 26a. | Tax Due | 26a. | 0 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to underpayment of estimated tax | EU | |
| 26e. | Interest on the underpayment of estimated income tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 0 |
| 28. | Overpayment | 28. | 42 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|----|
| 29. | Amount of Line 28 to be applied to 2018 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 42 |

North Carolina Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name NAGA AKHIL VA
Middle Initial Suffix
Last Name ALLURI
Social Security No. 499-73-4776
Date of Birth 05/20/1991
or age as of 1-1- 2018 26
Date of Death
Daytime phone

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
or age as of 1-1- 2018
Date of Death
Daytime phone

Home phone

Check to print phone number on your return [] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 713 SHARVIEW CIRCLE Apt No. 1434
City CHARLOTTE State . NC ZIP Code . 28217
County MECKLENBURG Foreign Country

Part II – Resident Status

Taxpayer Spouse

[X]
[]
[]

[]
[]
[]

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From To

Spouse residency dates From To

Part III – Filing Status

[X]
[]
[]

- 1 Single
2 Married filing jointly
3 Married filing separately

Spouse's name
Spouse's Social Security Number

[]
[]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal AGI:

Federal adjusted gross income (from federal Form 1040, line 37; Form 1040A, line 21; or Form 1040EZ, line 4) 49,755.

Federal Return Attachment:

Yes No
 Federal return attachment required

Dependent Information:

Yes No
 Can your parents (or someone else) claim **you** as a dependent?
 Can your parents (or someone else) claim **your spouse** as a dependent?

Veteran Information:

Yes No
 Are you a veteran?
 Is your spouse a veteran?

NC Itemized Deductions or NC Standard Deduction:

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name . . _____
Phone Number _____

Part V – Preparer Information

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

QuickZoom to Firm/Preparer Info ► _____

Part VI – 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 North Carolina Department of Revenue, as applicable by law.

File **state** return electronically

Electronic PDF Attachments

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

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled _____ Preparer First name . . APPANA
Date return was accepted by state _____ Preparer Middle initial . . _____
Date Form D400V was given to client _____ Preparer Last name . . RUPA VENKATA SATYA SAI MANI KUMAR

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|------------------------------|---------------------------------------|
| Name NAGA AKHIL VA ALLURI | Social Security Number 499-73-4776 |
|------------------------------|---------------------------------------|

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 | 2,297. | |
| 10 | State withholding on Forms W-2G | | |
| 11 | State withholding on Forms 1099-R | | |
| 12 a | State withholding on Forms 1099-MISC | | |
| b | State withholding on Forms 1099-G | | |
| c | State withholding on Forms 1099-K | | |
| 13 | Other state tax withholding | | |
| 14 | Total income tax withheld | 2,297. | |
| 15 | Date return will be filed and balance paid | 15 | |

▶ Keep for your records — Do not file

Name(s) Shown on Return
NAGA AKHIL VA ALLURI

Social Security Number
499-73-4776

Standard Deduction or Itemized Deduction for this return

Standard deduction from below* 8,750.
 Total allowable itemized deductions from D-400 Sch S _____

*Married Filing Separately and spouse claimed NC Itemized Deductions;
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

*Married Filing Separately and spouse claimed NC Standard Deduction;
 or claimed NC Standard Deduction even if less than NC Itemized Deductions

Standard Deduction for your Filing Status

| | | |
|---|----------|--|
| Single | \$8,750 | <div style="border-bottom: 1px solid black; text-align: right; margin-top: 10px;">8,750.</div> |
| Married Filing Jointly | \$17,500 | |
| Married Filing Separately | \$8,750 | |
| Head of Household | \$14,000 | |
| Qualifying Widow(er) / Surviving Spouse | \$17,500 | |

**Qualified Charitable Distribution (QCD) from an IRA
taken as a NC Itemized Deduction Worksheet**

- | | | | |
|---|--|---|--|
| 1 | Qualified charitable distribution from an individual retirement plan excluded from federal adjusted gross income | 1 | |
| 2 | Enter the amount that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion | 2 | |

Repayment of Claim of Right Worksheet

Repayment of amounts under a claim of right if \$3,000 or less:

- | | | | |
|---|--|---|--|
| 1 | Enter the repayment of claim of right income included in Line 23 of federal Schedule A | 1 | |
| 2 | Enter amount from Line 26 of federal Schedule A (2% of federal AGI) | 2 | |
| 3 | Enter amount from Line 24 of federal Schedule A | 3 | |
| 4 | Subtract Line 1 from Line 3 | 4 | |
| 5 | Subtract Line 4 from Line 2 (If negative, enter a zero) | 5 | |
| 6 | Subtract Line 5 from Line 1 (If negative, enter a zero). Enter amount on Form D-400 Schedule S, Part C, Line 22. | 6 | |

Repayment of amounts under a claim of right if over \$3,000:

Enter the repayment of claim of right income included on Line 28 of federal Schedule A
 Enter amount on Form D-400 Schedule S, Part C, Line 22 ▶ _____