

**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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>MUTHUKARUPPAN EKAMBARAM</b>	Social security number <b>129-43-0633</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>77,848.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>9,708.</b>
<b>3</b> 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) . . . . .	<b>3</b>	<b>12,677.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>2,969.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**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	0	6	3	3
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 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 

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 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					
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**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

See separate instructions.

Your first name and initial <b>MUTHUKARUPPAN</b>	Last name <b>EKAMBARAM</b>	<b>Your social security number</b> 129-43-0633
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

1679 48TH AVENUE

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

SAN FRANCISCO CA 94122

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

**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:		(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)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**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

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	79,762.
8a	<b>Taxable</b> interest. Attach Schedule B if required . . . . .	8a	
b	<b>Tax-exempt</b> 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 <b>total income</b> ▶	22	79,762.

**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	1,914.
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	1,914.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	77,848.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	77,848.
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> }		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b>	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	17,943.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>41</b> Subtract line 40 from line 38	<b>41</b>	59,905.
• All others: Single or Married filing separately, \$6,350	<b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	55,855.
Head of household, \$9,350	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	9,708.
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	9,708.
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	9,708.
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	9,708.
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	12,677.
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b> <input type="checkbox"/> <b>NO</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	12,677.
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	2,969.
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	2,969.
Direct deposit? See instructions.	<b>b</b> Routing number 0 4 4 0 0 0 0 3 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 8 1 2 7 9 8 0 8 5		
	<b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

**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
_____	_____	SOFTWARE ENGINEER	(612) 205-7516
Spouse's signature. If a joint return, <b>both</b> 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	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	05/30/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's address		Firm's EIN	Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		30-1017196	(678) 965-9729

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://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

MUTHUKARUPPAN EKAMBARAM

129-43-0633

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

<b>5</b>	State and local (check only one box):	<b>5</b>	
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		4,944.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions)	<b>6</b>	
<b>7</b>	Personal property taxes	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8	<b>9</b>	4,944.

**Interest You Paid**

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	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 ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions)	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14	<b>15</b>	

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

**Gifts to Charity**

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

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

**Casualty and Theft Losses**

<b>20</b>	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	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	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>	<b>21</b>	14,556.
<b>22</b>	Tax preparation fees	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23	<b>24</b>	14,556.
<b>25</b>	Enter amount from Form 1040, line 38	<b>25</b>	77,848.
<b>26</b>	Multiply line 25 by 2% (0.02)	<b>26</b>	1,557.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>	12,999.

**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	
	<input checked="" type="checkbox"/> <b>No.</b> 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.		17,943.
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	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](http://www.irs.gov/Form2106EZ) for the latest information.**

**2017**  
Attachment  
Sequence No. **129A**

Your name <b>MUTHUKARUPPAN EKAMBARAM</b>	Occupation in which you incurred expenses <b>SOFTWARE ENGINEER</b>	Social security number <b>129-43-0633</b>
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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**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	1,200.
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	9,600.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	1,356.
<b>5</b> 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.)	<b>5</b>	2,400.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.) . . . . .	<b>6</b>	14,556.

**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) ▶ .....
- 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 ..... **b** Commuting (see instructions) ..... **c** Other .....
- 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**

## Moving Expenses

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
► Attach to Form 1040 or Form 1040NR.

**2017**  
Attachment  
Sequence No. **170**

Name(s) shown on return

MUTHUKARUPPAN EKAMBARAM

Your social security number

129-43-0633

**Before you begin:** ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.  
✓ See **Members of the Armed Forces** in the instructions, if applicable.

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	2,500.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	500.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	3,000.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	1,086.
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	1,914.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 11/13/17 PRO

Form **3903** (2017)

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

MUTHUKARUPPAN EKAMBARAM

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					79,762.
Adjustments to income					1,914.
Adjusted gross income					77,848.
Tax expense . . . . .					4,944.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					12,999.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					17,943.
Exemption amount . .					4,050.
Taxable income . . . . .					55,855.
Tax . . . . .					9,708.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					12,677.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					2,969.
Effective tax rate % . .					12.47
**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 (MUTHUKARUPPAN EKAMBARAM) and Social Security Number (129-43-0633)

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 checkboxes (one checked '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) . . . . . 30633 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/11/2018

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 . . . . . EKAMBARAM  
 First name . . . . . MUTHUKARUPAN  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 129-43-0633  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 04/24/1990 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 27  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . Muthu2490@gmail.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (612) 205-7516  
 Home phone . . . . . (612) 205-7516  
 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 (612) 205-7516  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 1679 48TH AVENUE Apt no. . . . . \_\_\_\_\_  
 City . . . . . SAN FRANCISCO State . . . . . CA ZIP code . . . . . 94122

**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	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***

\* **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

► Keep for your records

Name(s) Shown on Return MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
--	---------------------------------------

INCOME	Federal Amount	OH Amount
1 Wages, salaries, tips, etc. . . . . T	79,762.	16,794.
S		
2 Taxable interest . . . . . T		
S		
3 Dividends . . . . . T		
S		
4 State/local tax refunds . . . . . T		
S		
5 Alimony received . . . . . T		
S		
6 Business income or loss . . . . . T		
S		
7 Capital gain or loss . . . . . T		
S		
8 Other gains and losses . . . . . T		
S		
9 Taxable IRA distribution . . . . . T		
S		
10 Taxable pension and annuities . . . . . T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
S		
12 Farm income or loss . . . . . T		
S		
13 Unemployment compensation . . . . . T		
S		
14 a Taxable social security benefits . . . . . T		
S		
b Taxable railroad retirement benefits . . . . . T		
S		
15 Other income . . . . . T		
S		
16 Total income . . . . . T	79,762.	16,794.
S		

## Nonresident State Allocation Worksheet

MUTHUKARUPPAN EKAMBARAM

129-43-0633

	<b>ADJUSTMENTS</b>		Federal Amount	OH Amount
17	Educator expenses . . . . .	T		
		S		
18	Certain business expenses . . . . .	T		
		S		
19	Health savings account deduction . . . . .	T		
		S		
20	Moving expenses . . . . .	T	1,914.	
		S		
21	Self-employment tax deduction . . . . .	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
		S		
23	Self-employed health insurance deduction . . . . .	T		
		S		
24	Penalty on early withdrawal of savings. . . . .	T		
		S		
25	Alimony paid . . . . .	T		
		S		
26	IRA deduction . . . . .	T		
		S		
27	Student loan interest deduction . . . . .	T		
		S		
28	Tuition/fees deduction . . . . .	T		
		S		
29	Domestic production activities deduction . . . . .	T		
		S		
30	Total other adjustments . . . . .	T		
		S		
31	<b>Total adjustments</b> . . . . .	T	1,914.	
		S		
32	<b>Adjusted gross income</b> . . . . .	T	77,848.	16,794.
		S		

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (MUTHUKARUPPAN EKAMBARAM) and Social Security Number (129-43-0633)

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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: CA
License number: Y8692541
Issue date: 01/10/2018
Expiration date: 01/01/2019
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:

- Input boxes for 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: MUTHUKARUPPAN EKAMBARAM; Social Security Number: 129-43-0633

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 Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN:

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: 30-1017196; 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.

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 MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
TATA CONSULTANCY SERVICES LIMITED		79,762.	12,677.	79,762.	4,414.
<b>Totals</b> . . . . .		<u>79,762.</u>	<u>12,677.</u>	<u>79,762.</u>	<u>4,414.</u>

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	79,762.		79,762.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	12,677.		12,677.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	79,762.		79,762.
<b>4</b>	Total social security tax withheld . . . . .	4,945.		4,945.
<b>5</b>	Total Medicare wages and tips . . . . .	79,762.		79,762.
<b>6</b>	Total Medicare tax withheld . . . . .	1,157.		1,157.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	2,900.		2,900.
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	2,900.		2,900.
<b>14 a</b>	Total deductible mandatory state tax . . . . .	530.		530.
<b>b</b>	Total deductible charitable contributions . . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	1,331.		1,331.
<b>16</b>	Total state wages and tips . . . . .	79,762.		79,762.
<b>17</b>	Total state tax withheld . . . . .	4,414.		4,414.
<b>19</b>	Total local tax withheld. . . . .			



► Keep for your records

Name as shown on return MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
--	---------------------------------------

**Employer EIN** . . . . . 98-0429806  
**Employer Name** . . . . TATA CONSULTANCY SERVICES LIMITED  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 379 THORNALL STREET  
**City** Edison **State** NJ **ZIP** 08837  
**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.

<b>1</b> Wages, tips, other comp . . . . .	79,762.	<b>2</b> Federal tax withheld . . . . .	12,677.
<b>3</b> Social security wages . . . . .	79,762.	<b>4</b> Social sec tax withheld . . . . .	4,945.
<b>5</b> Medicare wages and tips . . . . .	79,762.	<b>6</b> Medicare tax withheld . . . . .	1,157.
<b>7</b> Social security tips . . . . .		<b>8</b> 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:
P	1,086.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	1,814.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . . CALIFORNIA
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	354-7670 4	62,968.	3,796.
OH	52-6502299	16,794.	618.

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

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

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).
SDI	530.	California SDI tax
TFB	1,331.	Other (not classified)

Keep for your records

MUTHUKARUPPAN EKAMBARAM

129-43-0633 Page 2

Employer Name . . . . TATA CONSULTANCY SERVICES LIMITED

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. . . . . 129-43-0633
First name M.I. Last name Suff.
MUTHUKARUPPAN EKAMBARAM
Address City St ZIP code
1679 48TH AVENUE SAN FRANCISCO CA 94122
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 MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
--	---------------------------------------

**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	12,677.	4,414.	
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 <b>Total Withholding</b> Lines 10 through 18d . . . . .	12,677.	4,414.	
20 <b>Total Tax Payments for 2017</b> . . . . .	12,677.	4,414.	

	State	ID	Local	ID
<b>Prior Year Taxes Paid In 2017</b> (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) . . . . .				

Name(s) Shown on Return MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
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**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	1 4,414.
2	2017 state estimated taxes paid in 2017 . . . . .	2
3	2016 state estimated taxes paid in 2017 . . . . .	3
4	Amount paid with 2016 state application for extension . . . . .	4
5	Amount paid with 2016 state income tax return . . . . .	5
6	Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	6
7	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	7
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	9
10	2017 local estimated taxes paid in 2017 . . . . .	10
11	2016 local estimated taxes paid in 2017 . . . . .	11
12	Amount paid with 2016 local application for extension . . . . .	12
13	Amount paid with 2016 local income tax return . . . . .	13
14	Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	14
15	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16
<b>Other:</b>		
17	State mandatory taxes	17 530.
18	<b>Total</b> Add lines 1 through 17 . . . . .	18 4,944.
19	State and local refund allocated to 2017 . . . . .	19
20	Nondeductible state income tax from line 28 . . . . .	20
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	21
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22 4,944.

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

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>MUTHUKARUPPAN EKAMBARAM</u>	Social Security Number <u>129-43-0633</u>
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

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

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	79,762.	_____	79,762.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	79,762.	_____	79,762.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	79,762.	_____	79,762.
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 . . . . .	79,762.	_____	79,762.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	79,762.	_____	79,762.
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. . . . .	79,762.	_____	79,762.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	79,762.	_____	79,762.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	79,762.	_____	79,762.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
--	---------------------------------------

**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
<b>Totals . .</b>						

**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 . . . . .		17,943.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		77,848.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		9,708.
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  
 MUTHUKARUPPAN EKAMBARAM

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	79,762.
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 . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>79,762.</b>

**Adjustments to Income** . . . . . 1,914.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 77,848.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,944.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	12,999.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>17,943.</b>
Standard deduction . . . . .	_____
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 55,855.

Income tax . . . . .	9,708.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>9,708.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 9,708.

Withholding . . . . .	12,677.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>12,677.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 2,969.

**Refund** . . . . . 2,969.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	12.47 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>9,708.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>9,708.</u>



SMART WORKSHEET FOR: Form 3903 (CALIFORNIA): Moving Expenses

<b>Travel Expenses Smart Worksheet</b>	
Enter your travel expenses:	
<b>A</b> Travel and lodging expenses for this move (excluding auto expenses) . . . . .	500.
<b>B</b> Parking fees and tolls . . . . .	_____
<b>C</b> Gasoline and oil . . . . .	_____
<b>D</b> Miles driven traveling to new home . . . . .	_____

# 2017 California Resident Income Tax Return

## 540

APE

ATTACH FEDERAL RETURN

129-43-0633 EKAM  
MUTHUKARUPP EKAMBARAM

17

A  
R  
RP

1679 48TH AVENUE  
SAN FRANCISCO CA 94122

04-24-1990

**Filing Status**

1  Single

2  Married/RDP filing jointly. See inst.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

4  Head of household (with qualifying person). See instructions.

5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died

If your California filing status is different from your federal filing status, check the box here

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

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

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

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

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

**Exemptions**

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions  10  X \$353 =  \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32.  11 \$

Your name: E K A M B A R A M

Your SSN or ITIN: 129-43-0633

Taxable Income	12	State wages from your Form(s) W-2, box 16	79762	.00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	77848	.00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B		.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	77848	.00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C		.00
	17	California adjusted gross income. Combine line 15 and line 16	77848	.00
	18	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately . . . . . \$4,236 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,472 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .	12999	.00
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0-	64849	.00

Tax	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	3383	.00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions	114	.00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	3269	.00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A		.00
	35	Add line 33 and line 34	3269	.00

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions		.00
	43	Enter credit name OTHER STATE code 187 and amount	453	.00
	44	Enter credit name code and amount		.00
	45	To claim more than two credits, see instructions. Attach Schedule P (540).		.00
	46	Nonrefundable renter's credit. See instructions		.00
	47	Add line 40 through line 46. These are your total credits	453	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	2816	.00	

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)		.00
	62	Mental Health Services Tax. See instructions		.00
	63	Other taxes and credit recapture. See instructions		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	2816	.00

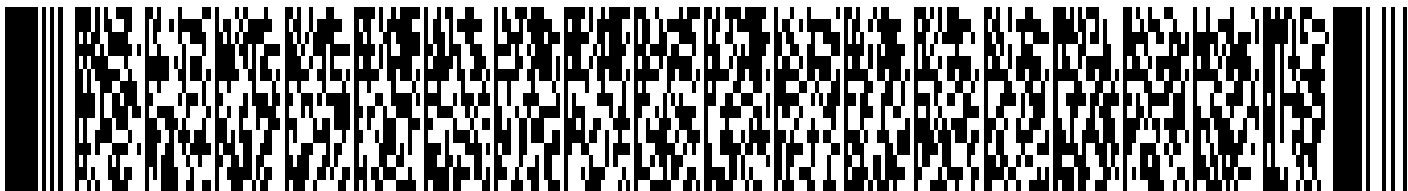
Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions . . . . .	● 71	<input type="text" value="3796"/>	<input type="text" value="00"/>
	72	2017 CA estimated tax and other payments. See instructions . . . . .	● 72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions . . . . .	● 74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC) . . . . .	● 75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions . . . . .	⊙ 76	<input type="text" value="3796"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions . . . . .	● 91	<input type="text" value="0"/>	<input type="text" value="00"/>
	If line 91 is zero, check if:				
		<input checked="" type="checkbox"/> No use tax is owed.			
		<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . .	⊙ 92	<input type="text" value="3796"/>	<input type="text" value="00"/>
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 . . . . .	⊙ 93	<input type="text"/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .	⊙ 94	<input type="text" value="980"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2018 estimated tax . . . . .	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96	<input type="text" value="980"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97	<input type="text"/>	<input type="text" value="00"/>



Your name:

Your SSN or ITIN:

Contributions		<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/>	<input type="text" value="00"/>
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	<input type="text"/>	<input type="text" value="00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/>	<input type="text" value="00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/>	<input type="text" value="00"/>
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/>	<input type="text" value="00"/>
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/>	<input type="text" value="00"/>
California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/>	<input type="text" value="00"/>
California Sea Otter Fund . . . . .	● 410	<input type="text"/>	<input type="text" value="00"/>
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/>	<input type="text" value="00"/>
School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/>	<input type="text" value="00"/>
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/>	<input type="text" value="00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/>	<input type="text" value="00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/>	<input type="text" value="00"/>
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text"/>	<input type="text" value="00"/>
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text"/>	<input type="text" value="00"/>
Revive the Salton Sea Fund . . . . .	● 432	<input type="text"/>	<input type="text" value="00"/>
California Domestic Violence Victims Fund . . . . .	● 433	<input type="text"/>	<input type="text" value="00"/>
Special Olympics Fund . . . . .	● 434	<input type="text"/>	<input type="text" value="00"/>
Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text"/>	<input type="text" value="00"/>
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text"/>	<input type="text" value="00"/>
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text"/>	<input type="text" value="00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/>	<input type="text" value="00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/>	<input type="text" value="00"/>
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/>	<input type="text" value="00"/>
<b>110</b> Add code 400 through code 440. This is your total contribution . . . . .	<b>● 110</b>	<input type="text"/>	<input type="text" value="00"/>



Your name: E K A M B A R A M

Your SSN or ITIN: 129-43-0633

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD  
PO BOX 942867

SACRAMENTO CA 94267-0001 111 .00

Pay online - Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box:  FTB 5805 attached  FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD  
PO BOX 942840

SACRAMENTO CA 94240-0001 115 980.00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

Type

Routing number

Checking

Account number

116 Direct deposit amount

0 4 4 0 0 0 0 3 7

Savings

8 1 2 7 9 8 0 8 5

980.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

117 Direct deposit amount

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

Your email address. Enter only one email address.

Preferred phone number

(6 1 2) 2 0 5 -7 5 1 6

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

APPANA RUPA VENKATA SATYA SAI MANI KUMAR

Firm's name (or yours, if self-employed)

GLOBAL TAXES LLC

PTIN

P 0 2 0 9 0 3 3 2

Firm's address

2530 PEBBLE CREEK LN CUMMING GA 30041

FEIN

3 0 1 0 1 7 1 9 6

Do you want to allow another person to discuss this tax return with us? See instructions.  Yes  No

Print Third Party Designee's Name

Telephone Number

( )

# 2017 California Adjustments – Residents

# CA (540)

**Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

M U T H U K A R U P P A N E K A M B A R A M

1 2 9 4 3 0 6 3 3

## Part I Income Adjustment Schedule

### Section A – Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . 7	<input checked="" type="radio"/> 79,762.	<input type="radio"/>	<input type="radio"/>
8 Taxable interest (b) . . . . . 8(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) . . . . . 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, offsets of state and local income taxes . . . . . 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alimony received . . . . . 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions. . . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) . . . . . 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) . . . . . 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) . . . . . 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation . . . . . 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits (a) <input checked="" type="radio"/> . . . . . 20(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income.			
a California lottery winnings		<input type="radio"/> a	<input type="radio"/> a
b Disaster loss deduction from FTB 3805V		<input type="radio"/> b	<input type="radio"/> b
c Federal NOL (Form 1040, line 21)		<input type="radio"/> c	<input type="radio"/> c
d NOL deduction from FTB 3805V		<input type="radio"/> d	<input type="radio"/> d
e NOL from FTB 3805Z, 3806, 3807, or 3809		<input type="radio"/> e	<input type="radio"/> e
f Other (describe):		<input type="radio"/> f	<input type="radio"/> f
<input checked="" type="radio"/> . . . . .			
22 <b>Total.</b> Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. . . . . 22	<input checked="" type="radio"/> 79,762.	<input type="radio"/>	<input type="radio"/>

### Section B – Adjustments to Income

23 Educator expenses . . . . . 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction . . . . . 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Moving expenses . . . . . 26	<input type="radio"/> 1,914.	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . . . 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction . . . . . 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . . . 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31a Alimony paid. (b) Recipient's: SSN <input checked="" type="radio"/> - - - - -			
Last name <input checked="" type="radio"/> . . . . . 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction . . . . . 32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction . . . . . 33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Tuition and fees . . . . . 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 Domestic production activities deduction. . . . . 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions . . . . . 36	<input type="radio"/> 1,914.	<input type="radio"/>	<input type="radio"/>
37 <b>Total.</b> Subtract line 36 from line 22 in columns A, B, and C. See instructions . . . . . 37	<input type="radio"/> 77,848.	<input type="radio"/>	<input type="radio"/>

**Part II Adjustments to Federal Itemized Deductions**

38 Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 . . . . .  38

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions . . . . .  39

40 Subtract line 39 from line 38 . . . . .  40

41 Other adjustments including California lottery losses. See instructions. Specify  . . . . .  41

42 Combine line 40 and line 41 . . . . .  42

**43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately . . . . . **\$187,203**  
 Head of household . . . . . **\$280,808**  
 Married/RDP filing jointly or qualifying widow(er) . . . . . **\$374,411**

**No.** Transfer the amount on line 42 to line 43.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 . . . . .  43

**44 Enter the larger of the amount on line 43 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. . . . . **\$4,236**  
 Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . **\$8,472**

**Transfer the amount on line 44 to Form 540, line 18 . . . . .**  44



# 2017 Other State Tax Credit

# S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return M U T H U K A R U P P A N E K A M B A R A M	SSN, ITIN, or FEIN 1 2 9 4 3 0 6 3 3
---	---

### Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 16,794.	<input checked="" type="radio"/> 16,794.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>1</b> Total double-taxed income	<input checked="" type="radio"/> 16,794.	<input checked="" type="radio"/> 16,794.

### Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

<b>2</b> California tax liability. See instructions . . . . .	<input checked="" type="radio"/> <b>2</b>	3,269.	00
<b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) . . . . .	<input checked="" type="radio"/> <b>3</b>	16,794.	00
<b>4</b> California adjusted gross income. See instructions . . . . .	<input checked="" type="radio"/> <b>4</b>	77,848.	00
<b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000 . . . . .	<input checked="" type="radio"/> <b>5</b>	0.2157	
<b>6</b> Multiply line 2 by line 5 . . . . .	<input checked="" type="radio"/> <b>6</b>	705.	00
<b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> OH See instructions . . . . .	<input checked="" type="radio"/> <b>7</b>	453.	00
<b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) . . . . .	<input checked="" type="radio"/> <b>8</b>	16,794	00
<b>9</b> Adjusted gross income taxable by other state. See instructions . . . . .	<input checked="" type="radio"/> <b>9</b>	16,794.	00
<b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000 . . . . .	<input checked="" type="radio"/> <b>10</b>	1.0000	
<b>11</b> Multiply line 7 by line 10 . . . . .	<input checked="" type="radio"/> <b>11</b>	453.	00
<b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> . See instructions . . . . .	<input checked="" type="radio"/> <b>12</b>	453.	00

# California Information Worksheet

2017

▶ Keep for your records

## Part I — Personal Information

**Taxpayer:**

Last Name . . . . . EKAMBARAM  
 First Name . . . . . MUTHUKARUPPAN  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 129-43-0633  
 Date of Birth . . . . . 04/24/1990 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 27  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Home phone . . . . . (612) 205-7516

**Spouse/RDP:**

Last name (if different) . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_

Check to print phone number on Form 540. . . . .  Home  Taxpayer work  Spouse/RDP work  
 Check to print email address on Form 540, 540NR or 540X . . . . .  Taxpayer  Spouse

c/o Address . . . . . \_\_\_\_\_  
 Street Address . . . . . 1679 48TH AVENUE  
 Unit Description . . . . . \_\_\_\_\_ Unit Number \_\_\_\_\_ Private Mailbox (PMB) . . . . . \_\_\_\_\_  
 City . . . . . SAN FRANCISCO State . . . . . CA ZIP Code . . . . . 94122  
 Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_

**Military Filers:**

APO  FPO  
 For Military Extension:  
 Military indicator . . ▶ Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II — Main Form

Form 540: Resident Income Tax Return . . . . . ▶  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ▶  
 Enter the state of residence as of December 31, 2017 . . . . . CA  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . . \_\_\_\_\_  
 In which state (or foreign country) did taxpayer reside before this change? . . . . . \_\_\_\_\_  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ \_\_\_\_\_

## Part III — Filing Status

Single  
 Married/RDP filing joint return  
 Married/RDP filing separate return  
 Taxpayer **did not** live with spouse at any time during the year  
**Yes No**  
  If filing electronically, is spouse a CA Nonresident?  
  If filing electronically, is spouse Active Duty Military?  
 Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is child but **not** dependent:  
 Child's name . . . . . \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_  
 Qualifying widow(er)  
 Year spouse/RDP died . .  2015  2016  
 Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Direct deposit your client's state tax refund?
Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) CHASE BANK
Account type Checking [X] Savings
Routing number 044000037
Account number 812798085

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available 980.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking Savings
Routing number
Account number
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No
[X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – California Contributions

Table with 25 rows listing California Contributions such as California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, etc., with corresponding checkboxes and numbers.

**Part X – Preparer Information**

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

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

- "Self-Prepared"
- "Non-Paid Preparer"

**Part XI – Extension Status**

**Yes No**  
  Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶ \_\_\_\_\_

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes No** \*Note Payment is required for electronic filing  
  Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 State balance-due amount paid with this extension (Form 3519) . . . . . \_\_\_\_\_

**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA . . . . .	_____	_____
Date returned from overseas or entered combat zone/QHDA. . . . .	_____	_____
Combat zone/QHDA Operation or Area Served . . . . .	_____	_____

**QuickZoom** to Form 540 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ▶ \_\_\_\_\_



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
---------------------------------	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,796.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,796.
15	Date return will be filed and balance paid . . . . .	15	

# Credits Worksheet

**2017**

▶ Keep for your records

Name MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
---------------------------------	---------------------------------------

Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531 . . . . .		
223	Motion Picture and Television Production, FTB 3541 . . . . .		
197	Child Adoption . . . . .		
232	Child and Dependent Care Expenses Credit, FTB 3506 . . . . .		
235	College Access, FTB 3592 . . . . .		
173	Dependent Parent . . . . .		
205	Disabled Access for Eligible Small Businesses, FTB 3548 . . . . .		
204	Donated Agricultural Products Transportation, FTB 3547 . . . . .		
203	Enhanced Oil Recovery, FTB 3546 . . . . .		
176	Enterprise Zone Hiring, FTB 3805Z . . . . .		
218	Environmental Tax, FTB 3511 . . . . .		
170	Joint Custody Head of Household . . . . .		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807 . . . . .		
172	Low-Income Housing, FTB 3521 . . . . .		
211	Manufacturing Enhancement Area Hiring, FTB 3808 . . . . .		
213	Natural Heritage Preservation, FTB 3503 . . . . .		
237	New California Motion Picture and Television Production, FTB 3541 . . . . .		
238	New Donated Fresh Fruits or Vegetables, FTB 3814 . . . . .		
234	New Employment, FTB 3554 . . . . .		
None	Nonrefundable Renter's Credit . . . . .		
187	Other State Tax, Schedule S . . . . .		453 .
188	Prior Year Alternative Minimum Tax, FTB 3510 . . . . .		
162	Prison Inmate Labor, FTB 3507 . . . . .		
183	Research, FTB 3523 . . . . .		
163	Senior Head of Household . . . . .		
210	Targeted Tax Area Hiring, FTB 3809 . . . . .		
<b>Repealed Credits with Carryover Provision – FTB 3540</b>			
175	Agricultural Products . . . . .		
196	Commercial Solar Electric System . . . . .		
181	Commercial Solar Energy . . . . .		
209	Community Development Financial Institutions Investment . . . . .		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811 . . . . .		
194	Employee Ridesharing . . . . .		
190	Employer Childcare Contribution . . . . .		
189	Employer Childcare Program . . . . .		
191	Employer Ridesharing (Large Employer) . . . . .		
192	Employer Ridesharing (Small Employer) . . . . .		
193	Employer Ridesharing (Public Transit Passes) . . . . .		
182	Energy Conservation . . . . .		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z . . . . .		
207	Farmworker Housing . . . . .		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807 . . . . .		
160	Low-Emission Vehicles . . . . .		
220	New Jobs . . . . .		
185	Orphan Drug . . . . .		
184	Political Contributions . . . . .		
174	Recycling Equipment . . . . .		
186	Residential Rental and Farm Sales . . . . .		
206	Rice Straw . . . . .		
171	Ridesharing . . . . .		
200	Salmon and Steelhead Trout Habitat Restoration . . . . .		
180	Solar Energy . . . . .		
179	Solar Pump . . . . .		
210	Targeted Tax Area Sales or Use Tax . . . . .		
178	Water Conservation . . . . .		
161	Young Infant . . . . .		

## Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

<b>Form 540 California Income Tax Withheld Smart Worksheet</b>	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>3,796.</u>
<b>B</b>	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 71. Subtract line B from line A . . . . . <u>3,796.</u>

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

<b>Double-Taxed Income Smart Worksheet</b>				
<b>(a)</b> Income item(s) description	<b>(b)</b> Double-taxed income taxable by California	<b>(c)*</b> Column (b) amount if different	<b>(d)</b> Double-taxed income taxable by other state	<b>(e)*</b> Column (d) amount if different
Wages, Salaries, Tips	<u>16,794.</u>		<u>16,794.</u>	

\* Use this column **only** if you need to modify an amount calculated by the program in column (b) or (d).

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

<b>Other State Tax Computation Smart Worksheet</b>							
Carefully review transferred nonresident state amounts and verify that the amounts are what California requires to calculate the credit.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"><b>A</b> Amount</th> <th style="width: 50%;"><b>B*</b> Amount if Different</th> </tr> <tr> <td style="text-align: center;"><u>453.</u></td> <td> </td> </tr> <tr> <td style="text-align: center;"><u>16,794.</u></td> <td> </td> </tr> </table>	<b>A</b> Amount	<b>B*</b> Amount if Different	<u>453.</u>		<u>16,794.</u>	
<b>A</b> Amount	<b>B*</b> Amount if Different						
<u>453.</u>							
<u>16,794.</u>							
<b>A</b> Income tax liability paid to <u>OH</u> . . . . .							
<b>B</b> Adjusted gross income taxable by other state . . . . .							
* Use column B only if you need to modify any amount calculated by the program in column A.							

2017 Ohio IT 1040 Individual Income Tax Return



17000133

1

05 30 18

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 129 43 0633 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions). SD# 9999

First name MUTHUKARUPPAN M.I. Last name EKAMBARAM Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 1679 48TH AVENUE Address line 2 (apartment number, suite number, etc.)

City SAN FRANCISCO State CA ZIP code 94122 Ohio county (first four letters) FRAN Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident X Nonresident Indicate state CA Check applicable box for spouse (only if married filing jointly) Full-year resident Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er) Married filing jointly Married filing separately

Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

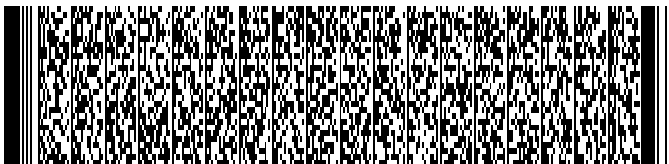
Note: Checking this box will not increase your tax or decrease your refund.

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.



Postmark date Code



0033  
 Department of  
 Taxation  
 Rev. 9/17

# 2017 Ohio IT 1040 Individual Income Tax Return



SSN 129 43 0633

17000233

7a. Amount from line 7 on page 1 .....	7a.	75798	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	2098	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) .....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	2098	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (include schedule).....	9.	1645	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	453	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> 12.		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	453	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return .....	14.	618	00
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return .....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (include schedule) .....	16.		00
17. <b>Amended return only</b> – amount previously paid with original and/or amended return .....	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17).....	18.	618	00
19. <b>Amended return only</b> – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19.....	20.	618	00

**If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.**

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"</b> .....	<b>AMOUNT DUE ▶ 23.</b>		00
24. Overpayment (line 20 minus line 13) .....	24.	165	00
25. <b>Original return only</b> – amount of line 24 to be credited toward 2018 income tax liability.....	25.		00
26. <b>Original return only</b> – amount of line 24 to be donated:			
a. Wishes for Sick Children      b. Wildlife species      c. Military injury relief		00      00      00	
d. Ohio History Fund      e. State nature preserves      f. Breast / cervical cancer		00      00      00	
	Total .... 26g.		00
27. <b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	165	00

<p><b>Sign Here (required):</b> I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number ( 612 ) 205-7516</p>	<p>If your refund is \$1.00 or less, no refund will be issued.          If you owe \$1.00 or less, no payment is necessary.</p>
	<p><b>NO Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2679          Columbus, OH 43270-2679</p> <p><b>Payment Included – Mail to:</b>          Ohio Department of Taxation          P.O. Box 2057          Columbus, OH 43270-2057</p>
<p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name <u>APPANA RUPA VENKATA SATYA SAI MANI K</u></p> <p>Phone number <u>( 678 ) 965-9729</u> Preparer's TIN (PTIN) <u>P02090332</u></p>	



# 2017 Ohio Schedule of Credits

## Nonrefundable and Refundable



17280133

SSN of primary filer

05 30 18

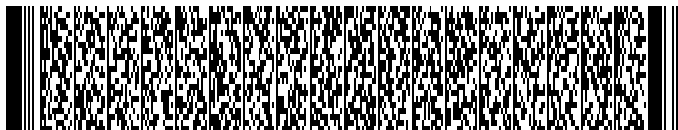
129 43 0633

7

### Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	2098 00
2. Retirement income credit ( <b>limit \$200 per return</b> ) (see instructions for table).....	2.	00
3. Lump sum retirement credit – Ohio LS WKS, Section III, line 6 (include worksheet).....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; <b>limit \$50 per return</b> ).....	4.	00
5. Lump sum distribution credit – Ohio LS WKS, Section IV, line 3 (include worksheet).....	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	00
7. Displaced worker training credit (see instructions for worksheet) ( <b>limit \$500 per taxpayer</b> ).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly ( <b>limit \$50 per taxpayer</b> ).....	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions).....	9.	0 00
10. Total (add lines 2 through 9).....	10.	0 00
11. Tax less credits (line 1 minus line 10; if less than -0-, enter -0-).....	11.	2098 00
12. Joint filing credit (see instructions), _____ % times the amount on line 11 ( <b>limit \$650</b> ).....	12.	0 00
13. Earned income credit.....	13.	00
14. Ohio adoption credit ( <b>limit \$10,000 per adopted child</b> ).....	14.	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....	16.	00
17. Credit for purchases of grape production property.....	17.	00
18. Invest Ohio credit (include a copy of the credit certificate).....	18.	00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.	00
21. Research and development credit (include a copy of the credit certificate).....	21.	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.	00
23. Total (add lines 12 through 22).....	23.	0 00
24. Tax less additional credits (line 11 minus line 23; if less than -0-, enter -0-).....	24.	2098 00

Do not staple or paper clip.





# 2017 Ohio Schedule of Credits

## Nonrefundable and Refundable

SSN of primary filer

129 43 0633



17280233

### Nonresident Credit

Date of nonresidency 01/01/17 to 12/31/17 State of residency CA

- 25. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required ..... 25. 61054 00
- 26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 26. 77848 00
- 27. Divide line 25 by line 26 and enter the result here (four digits; do not round). .7842  
Multiply this factor by the amount on line 24 to calculate your nonresident credit ..... 27. 1645 00

### Resident Credit

- 28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply) ..... 28. 00
- 29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3) ..... 29. 00
- 30. Divide line 28 by line 29 and enter the result here (four digits; do not round).  
Multiply this factor by the amount on line 24 and enter the result here ..... 30. 00
- 31. Enter the 2017 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply) ..... 31. 00
- 32. Enter the smaller of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax ..... 32. 00
- 33. **Total nonrefundable credits** (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) .. 33. 1645 00

### Refundable Credits

- 34. Historic preservation credit (include a copy of the credit certificate) ..... 34. 00
- 35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate) ... 35. 00
- 36. Pass-through entity credit (include a copy of the Ohio K-1s) ..... 36. 00
- 37. Motion picture production credit (include a copy of the credit certificate) ..... 37. 00
- 38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio K-1s) ..... 38. 00
- 39. Venture capital credit (include a copy of the credit certificate) ..... 39. 00
- 40. **Total refundable credits** (add lines 34 through 39; enter here and on Ohio IT 1040, line 16) ..... 40. 00



2017 Ohio IT NRC – Income Allocation and Apportionment Nonresident Credit and Part-Year Resident Credit

Include this three-page form with the Ohio IT 1040 (individuals).

Important: This form is for taxpayers claiming the nonresident credit on the Ohio IT 1040 for tax years 2015 and forward. Taxpayers completing the Ohio IT 1041 for trusts and taxpayers completing the Ohio IT 1040 for tax years 2014 and prior should not use this form and should refer to the instructions for those tax years.

Table with 2 columns: Taxpayer name (MUTHUKARUPPAN EKAMBARAM) and SSN (129 43 0633)

Note: In Part I, Part IV and Part V, the amount shown in column C for all lines must equal column A plus column B.

Part I – Nonbusiness Income and Deductions (See definitions and discussion in the instructions.)

Allocate in Part I all items of income and/or deduction included in federal adjusted gross income that constitute nonbusiness income. See Ohio Revised Code (R.C.) section 5747.01(C). Only include the nonbusiness portion of the noted federal schedules. Note: Do not include on line 1 any guaranteed payments or compensation you received from a pass-through entity in which you have at least a 20% direct or indirect ownership interest. Show any such payments in Part II, A, line 5.

Main table with columns (A) Ohio Portion, (B) Non-Ohio Portion, and (C) Total. Rows include A. Nonbusiness Income (lines 1-12) and B. Deductions From Income (lines 13-27).





10211411

Taxpayer name MUTHUKARUPPAN EKAMBARAM	SSN 129 43 0633
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**Part IV – Summary of Business Income from All Entities**

From each Part II, section C that was completed, enter line 18 in column A, line 19 in column B and line 12 in column C. Enter each entity in the same order that you assigned them in Part II. If you have more than 16 entities, include additional Part IV(s) as needed. Total the additional entities on line 17.

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Apportionable income from Entity # _____ 1. _____	00	00	00
2. Apportionable income from Entity # _____ 2. _____	00	00	00
3. Apportionable income from Entity # _____ 3. _____	00	00	00
4. Apportionable income from Entity # _____ 4. _____	00	00	00
5. Apportionable income from Entity # _____ 5. _____	00	00	00
6. Apportionable income from Entity # _____ 6. _____	00	00	00
7. Apportionable income from Entity # _____ 7. _____	00	00	00
8. Apportionable income from Entity # _____ 8. _____	00	00	00
9. Apportionable income from Entity # _____ 9. _____	00	00	00
10. Apportionable income from Entity # _____ 10. _____	00	00	00
11. Apportionable income from Entity # _____ 11. _____	00	00	00
12. Apportionable income from Entity # _____ 12. _____	00	00	00
13. Apportionable income from Entity # _____ 13. _____	00	00	00
14. Apportionable income from Entity # _____ 14. _____	00	00	00
15. Apportionable income from Entity # _____ 15. _____	00	00	00
16. Apportionable income from Entity # _____ 16. _____	00	00	00
17. Enter the totals of all additional entities from included Part IV(s), if any .....17. _____	00	00	00
18. Total apportionable income from all entities (sum of lines 1 through 17 by column).....18. _____	00	00	00

**Part V – Summary of Business and Nonbusiness Income**

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Total business income from Part IV, line 18 (enter in A, B and C respectively).....1. _____	00	00	00
2. Total nonbusiness income from Part I, line 27 (enter in A, B and C respectively).....2. _____	16794 00	61054 00	77848 00
3. Total business and nonbusiness income (add lines 1 and 2, by column).....3. _____	16794 00	61054 00	77848 00
4. Total Ohio Schedule A additions from Ohio IT 1040, line 2a (see Note #3 below).....4. _____	00	00	00
5. Total Ohio Schedule A deductions from Ohio IT 1040, line 2b (see Note #3 below).....5. _____	00	00	00
6. Line 3 plus line 4 minus line 5, by column (see Notes #1 and #2 below).....6. _____	16794 00	61054 00	77848 00

**Note 1:** Enter the amount shown on line 6, column B on the Ohio Schedule of Credits. The amount shown on line 6, column B is the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned in or received in Ohio.

**Note 2:** The amount shown on line 6, column C should be the same amount shown on line 3 of Ohio IT 1040.

**Note 3:** Exclude from lines 4 and 5 the depreciation adjustment(s) and miscellaneous federal income tax adjustments, if any, reported in Part II of this worksheet.

Ohio Information Worksheet

2017

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

Last Name . . . . . EKAMBARAM
First Name . . . . . MUTHUKARUPPAN
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . 129-43-0633
Date of Birth . . . . . 04/24/90
Date of Death . . . . .
Work Phone . . . . .

Spouse:

Last Name . . . . .
First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . . .
Date of Birth . . . . .
Date of Death . . . . .
Work Phone . . . . .

Home Phone . . . . . (612)205-7516

Print this phone number on the forms . . . . . [X] Home [ ] Taxpayer work [ ] Spouse work

Street Address 1679 48TH AVENUE Apartment . . . . .
City . . . . . SAN FRANCISCO State . CA ZIP Code . . . . . 94122
County . . . . . Franklin School District Number . . . . . 9999

Note: Non-resident choose Franklin as County

Address has been reviewed and verified? [X]

Foreign country . . . . . Foreign postal code . . . . .
Foreign code . . . . .
E-Mail address . MUTHU2490@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

- [X] Form IT 1040: Individual Income Tax Return (Long form)
[ ] Form IT 10: Ohio Information Notice Form IT 10 - Taxpayer/Spouse
[ ] Form IT DA: Affidavit of Non-Ohio Residency/Domicile

NOTE: Form IT DA must be mailed separately and will not be filed with the above forms. DO NOT ENCLOSE OR ATTACH IT DA with any other form/affidavit, it must be mailed separately.

Ohio School District Tax Return

Form SD 100: School District Tax Return . . . . .

Ohio Commercial Activity Tax (CAT) Return

[ ] Form CAT 1: Commercial Activity Tax Registration . . . . .

Ohio Municipal Tax Return

- [ ] Akron, Form IR
[ ] Canton
[ ] CCA - Exemption Certificate, Form 120-16-EC
[ ] CCA - City Tax Form, Form 120-16-IR
[ ] Cincinnati
[ ] Columbus, Form IR-25
[ ] Dayton, Form R-I
[ ] Generic City, Form R
[ ] R.I.T.A., Individual Declaration of Exemption
[ ] R.I.T.A., Form 37

Part III — Resident Status

TP SP (TP - Taxpayer, SP - Spouse)

- [ ] [ ] Full-Year Resident of OH
[X] [ ] Nonresident of OH State of Residency, or TP CA SP
Country of Residency TP SP
[ ] [ ] Part-Year Resident of OH From: To:

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC . . . . .

**Part IV – Filing Status**

- 1** Single or head of household or qualifying widow(er)
- 2** Married filing joint (even if only had one income)
- 3** Married filing separate returns

**Part V – Lump Sum Distribution and Retirement Credits**

- TP SP** (TP - Taxpayer, SP - Spouse)
- Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are **Not** retired?
  - Are claiming the Ohio Lump Sum **Distribution** Credit for the current year or have you claimed this credit in a prior year?
  - Claim the the Ohio Lump Sum **Retirement** Credit in a prior year?

**Part VI – Other Information**

**Ohio Political Party Fund** (*Note: Checking 'Yes' will not increase your tax or decrease your refund.*)

- Yes No**
- Do you want \$1 to go to this fund?
  - If filing a joint return, does your spouse want \$1 to go to this fund?

**Farmer/Fisherman**

- At least 2/3 of your current year gross income was from farming or fishing
- Above farmer box is checked and return will be filed and tax due paid by: March 1, 2018.

**Pay by Credit Card** - You have paid or will pay with a credit card:

- Form IT 1040
- Form SD 100

**Filing Requirement**

- Yes No**
- File Form IT 1040 even if not required (based on federal AGI and filing status)
  - Note:** Select Yes if filing federal 1040NR and claiming a state refund on Form IT-1040

**Sales/Use Tax**

Enter total out-of-state purchases on which you paid **no** sales tax or OH use tax . . . . . ▶ \_\_\_\_\_

County use tax percentage rate . . . . . \_\_\_\_\_

Amount of tax that you owe on out-of-state purchases . . . . . \_\_\_\_\_

Nonresidents: Use Tax County \_\_\_\_\_

**Part VII – 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 Ohio Department of Taxation, as applicable by law.

- The state return will be filed electronically

**Electronic PDF Attachments**

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

Description	Filename

Enter the date return was EFiled . . . . . \_\_\_\_\_

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

Enter the date Form IT 40P was given to client . . . . . \_\_\_\_\_

**Perjury Statement Acceptance**

Before you can transmit the return to the Intuit Electronic Filing Center, the taxpayer and spouse (if a joint return) must read and accept the following Ohio Department of Taxation 'Perjury Statement.'

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

- Taxpayer's acceptance of the above Perjury Statement
- Spouse's acceptance of the above Perjury Statement

**Non Paid Preparer Information**

Name . . . . . \_\_\_\_\_

**Enter one of the following identification numbers:**

SSN . . . . . \_\_\_\_\_ PTIN . . . . . \_\_\_\_\_ Site ID # \_\_\_\_\_

**Address**

Street Address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP code . . . . . \_\_\_\_\_

Non Paid Preparer Phone Number . . . . . \_\_\_\_\_

**Foreign address information**

Foreign Province . . . . . \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_ Foreign Postal Code . . . . . \_\_\_\_\_

**Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information**

**Form IT 1040, Income Tax Return**

Yes No

- Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
- Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit of a **state tax** refund:

Name of Financial Institution (optional) . . . . . \_\_\_\_\_  
Account type . . . . . Checking  Savings   
Routing number . . . . . \_\_\_\_\_  
Account number . . . . . \_\_\_\_\_

**International ACH Transaction:**

Yes No

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

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

State balance-due amount from this return . . . . . \_\_\_\_\_  
Enter an amount to withdraw from the account above . . . . . \_\_\_\_\_  
If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**Form SD 100, School District Income Tax Return(s)**

Yes No

- Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)?
- Do you want electronic funds withdrawal of SD tax payment (EF Only)?

**International ACH Transaction:**

Yes No

- Will the funds for this refund (or payment) go to (or come from) and account outside the U.S.?

Enter the following information if your client requests direct deposit of a **school district tax** refund:

Name of Financial Institution (optional) . . . . . \_\_\_\_\_  
Account type . . . . . Checking  Savings   
Routing number . . . . . \_\_\_\_\_  
Account number . . . . . \_\_\_\_\_

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

**Form(s) SD 100, School District number** . . . . . 


  
**Form(s) SD 100, Balance-due amount from this return** . . . . . \_\_\_\_\_  
Enter an amount to withdraw from the account above . . . . . \_\_\_\_\_  
If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**Part IX — Paid Preparer Information**

Enter preparer Code from Firm/Preparer Info (See Help) . . . . . 1

Yes No

- Authorize preparer to contact the Ohio Department of Taxation regarding this return

**Part X — Extension Status**

If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment.

**Form IT 1040, Income Tax Return**

Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No

- Has the tax return due date been extended for a **six** month extension?

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

Form IT 40P, Extension Payment Voucher . . . . .

**Form SD 100, School District Income Tax Return**

Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment.

Yes No

- Has the tax return due date been extended for a **six** month extension?

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

Form SD 40P, School Extension Payment Voucher . . . . .

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name MUTHUKARUPPAN EKAMBARAM	Social Security Number 129-43-0633
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2 . . . . .			618.
10 State withholding on Forms W-2G . . . . .			
11 State withholding on Forms 1099-R . . . . .			
12 a State withholding on Forms 1099-MISC . . . . .			
b State withholding on Forms 1099-G . . . . .			
c State withholding on Forms 1099-K . . . . .			
13 Other state tax withholding . . . . .			
14 <b>Total income tax withheld</b> . . . . .			618.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

## Smart Worksheets from your 2017 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

<b>Form IT 1040, Tax Smart Worksheet</b>	
<input type="checkbox"/>	Use tax table 1 only (for less than \$100,000 taxable income on line 7a)
<input type="checkbox"/>	Use tax table 2 only
<b>a</b>	Tax from tax table 1 (if line 7a is less than \$100,000 only) . . . . . <u>2,098.</u>
<b>b</b>	Tax from tax table 2 . . . . . <u>2,098.</u>
<b>c</b>	Smaller of line a and line b . . . . . <u>2,098.</u>

SMART WORKSHEET FOR: Ohio Schedule of Credits

<b>Ohio Adoption Credit Smart Worksheet for 2017 and 5 Year Carryforward</b>	
Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:	
<ol style="list-style-type: none"> <li>1. \$1,500, <b>or</b></li> <li>2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C).</li> </ol>	
	<b>Child's Name</b>
	<b>Expenses</b>
Number of children adopted in 2017 . . . . . <span style="float: right;">▶ <u>0</u></span>	
Ohio adoption credit carryover from 2014 (5 year carryforward) . . . . . _____	
Ohio adoption credit carryover from 2015 (5 year carryforward) . . . . . _____	
Ohio adoption credit carryover from 2016 (5 year carryforward) . . . . . _____	
Total adoption credit available . . . . . _____	
Total adoption credit claimed in 2017 . . . . . _____	
2014 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	
2015 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	
2016 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	
2017 Ohio adoption credit carryforward to next year (5 year carryforward) . . . . . _____	