

M EFO00091 05-31-2017

AMENDED RETURN? Check the box. See page 12 of instructions for reasons to amend, and enter the number that applies

State Use Only POGU

For calendar year 2017 or fiscal year beginning, ending

Your Social Security number (required)

819-64-5755

Deceased in 2017

PLEASE PRINT OR TYPE

Your first name and initial SWAPNA

Last name POGULAKONDA

Spouse's first name and initial

Last name

Spouse's Social Security number (required)

Deceased in 2017

Current mailing address 3841 NOLAN TERRACE

City, state, and ZIP Code FREMONT CA 94538

Forms available at tax.idaho.gov

If the IRS considers you or your spouse a nonresident alien, check here.

Residency status: Resident, Idaho Resident on Active Military Duty, Nonresident, Part-Year Resident, Military Nonresident. Selections: Yourself 1, Spouse 1, Nonresident 3, Part-Year Resident 4.

Full months in Idaho this year: Yourself, Spouse. Current state abbreviation: CA.

FILING STATUS. Check only one box. If married filing jointly or separately, enter spouse's name and Social Security number above.

- 1. Single (checked)
2. Married filing jointly
3. Married filing separately
4. Head of household
5. Qualifying widow(er)

6. EXEMPTIONS. a. 1, b. Spouse, c. List your dependents, d. Total exemptions. Add lines 6a through 6c. Must match federal return d. 1

IDAHO INCOME. See instructions, page 13.

Table with 20 rows: 7. Wages, salaries, tips, etc. 8. Taxable interest income. 9. Dividend income. 10. Alimony received. 11. Business income or (loss). 12. Capital gain or (loss). 13. Other gains or (losses). 14. IRA distributions. 15. Pensions and annuities. 16. Rents, royalties, partnerships. 17. Farm income or (loss). 18. Unemployment compensation. 19. Other income. 20. TOTAL INCOME.

Idaho Amounts table with 20 rows: 7 28532 00, 8 00, 9 00, 10 00, 11 00, 12 00, 13 00, 14 00, 15 00, 16 00, 17 00, 18 00, 19 00, 20 28532 00

IDAHO ADJUSTMENTS. See instructions, page 14.

Table with 7 rows: 21. Deductions for IRAs, health savings accounts, and IRC 501(c)(18)(D) retirement plan. 22. Moving expenses, alimony paid, and student loan interest. 23. Deductions for self-employment tax, health insurance, and qualified retirement plans. 24. Penalty on early withdrawal of savings. 25. Other deductions. 26. TOTAL ADJUSTMENTS. 27. ADJUSTED GROSS INCOME.

Idaho Amounts table with 7 rows: 21 00, 22 1350 00, 23 00, 24 00, 25 00, 26 1350 00, 27 27182 00

Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

SIGN HERE: Your signature, Spouse's signature, Paid preparer's signature (GLOBAL TAXES LLC), Preparer's address and phone number (2530 PEBBLE CREEK LN CUMMING GA 30041 (678)965-9729)

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056. INCLUDE A COMPLETE COPY OF YOUR FEDERAL RETURN. Barcode: 01717051. REV 11/13/17 PRO

		Column A - Federal	Column B - Idaho
28. Enter amount from federal Form 1040, line 37, 1040A, line 21, or 1040EZ, line 4 in Column A. Enter amount from line 27 in Column B	28	27182 00	27182 00
29. Additions from Form 39NR, Part A, line 5. Include Form 39NR	29	00	00
30. Subtractions from Form 39NR, Part B, line 26. Include Form 39NR	30	00	00
31. TOTAL ADJUSTED INCOME. Add lines 28 and 29 minus line 30	31	27182 00	27182 00

Standard Deduction for Most People	32. a. Check if age 65 or older		b. Check if blind	
	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse
	c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 37 and 62 <input type="checkbox"/>			
	33. Itemized deductions. Include federal Schedule A. Federal limits apply	33		00
	34. All state and local income or general sales taxes included on federal Schedule A, line 5	34		00
	35. Subtract line 34 from line 33	35		00
Single or Married Filing Separately: \$6,350	36. Standard deduction. See instructions, page 15, to determine amount if not standard	36	6350	00
	37. Multiply \$4,050 by the number of exemptions claimed on line 6d. Federal limits apply	37	4050	00
	38. Add line 37 and the LARGER of line 35 or line 36	38	10400	00
Head of Household: \$9,350	39. Idaho percentage. Divide line 31, Column B, by line 31, Column A	39	100. %	
	40. Multiply amount on line 38 by the percentage on line 39 and enter the result here	40	10400	00
	41. Idaho taxable income. Subtract line 40 from line 31, Column B	41	16782	00
Married Filing Jointly or Qualifying Widow(er): \$12,700	42. TAX from tables or rate schedule. See instructions, page 37	42	987	00
	43. Income tax paid to other states. Include Form 39NR and other states' returns	43		00
	44. Total credits from Form 39NR, Part E, line 4. Include Form 39NR	44		00
	45. Total business income tax credits from Form 44, Part I, line 9. Include Form 44	45		00
	46. Line 42 minus lines 43 through 45. If less than zero, enter zero	46	987	00

OTHER TAXES			
	47. Fuels tax due. Include Form 75	47	00
	48. Sales/use tax due on untaxed purchases (internet, mail order, and other)	48	00
	49. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	49	00
	50. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	50	00
	51. Permanent building fund. Check the box if you received Idaho public assistance payments for 2017 <input type="checkbox"/>	51	10 00
	52. TOTAL TAX. Add lines 46 through 51	52	997 00

DONATIONS	I want to donate to:		
	53. Veterans Support Fund	54. Opportunity Scholarship Program	
	55. Idaho Guard and Reserve Family	56. Idaho Children's Trust Fund	
	57. Special Olympics Idaho	58. Nongame Wildlife Conservation	
	59. American Red Cross of Idaho	60. Idaho Foodbank Fund	
	61. TOTAL TAX PLUS DONATIONS. See instructions, page 16. Add lines 52 through 60	61	997 00

PAYMENTS			
	62. Grocery credit. See instructions, page 17. Computed Amount (from worksheet)	62	0 00
	63. Maintaining a home for family member age 65 or older or developmentally disabled. Include Form 39NR	63	00
	64. Special fuels tax refund Gasoline tax refund Include Form 75	64	00
	65. Idaho income tax withheld. Include Form(s) W-2 and any 1099(s) that show Idaho withholding	65	1954 00
	66. 2017 Form 51 payment(s) and amount applied from 2016 return	66	00
	67. Pass-through income tax. Withheld Paid by entity Include Form(s) ID K-1	67	00
	68. Reimbursement Incentive Act credit Claim of Right credit See instructions	68	00
	69. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 62 through 68	69	1954 00

TAX DUE			
	70. TAX DUE. Subtract line 69 from line 61	70	00
	71. Penalty Interest from the due date Enter total. Check box if penalty is caused by an unqualified Idaho medical savings account withdrawal <input type="checkbox"/>	71	00
	72. TOTAL DUE. Add lines 70 and 71. Make check or money order payable to the Idaho State Tax Commission	72	00

REFUND			
	73. OVERPAID. Line 69 minus lines 61 and 71	73	957 00
	74. REFUND. Amount of line 73 to be refunded to you	74	957. 00
	75. ESTIMATED TAX. Amount of line 73 to be applied to your 2018 estimated tax	75	00

76. DIRECT DEPOSIT. See instructions, page 19. Check if final deposit destination is outside of the U.S. Type of Checking Account: Savings

Routing No. 0 2 1 2 0 0 3 3 9 Account No. 3 8 1 0 4 8 8 2 9 6 4 5

AMENDED			
	77. Total due (line 72) or overpaid (line 73)	77	00
	78. Refund from original return plus additional refunds	78	00
	79. Tax paid with original return plus additional tax paid	79	00
	80. Amended tax due or refund. Add lines 77 and 78 minus line 79	80	00



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

See separate instructions.

Your first name and initial SWAPNA	Last name POGULAKONDA	Your social security number 819-64-5755
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **3841 nolan terrace** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FREMONT CA 94538**

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

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

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

c Dependents:

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

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

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	28,532.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	28,532.

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	1,350.
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	1,350.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	27,182.

38	Amount from line 37 (adjusted gross income)	38	27,182.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
41	Subtract line 40 from line 38	41	20,832.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	16,782.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	2,050.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	2,050.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,050.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	2,050.
64	Federal income tax withheld from Forms W-2 and 1099	64	5,470.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,470.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,420.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,420.
b	Routing number 0 2 1 2 0 0 3 3 9 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 8 1 0 4 8 8 2 9 6 4 5		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

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 Business system analyst	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/18/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196			
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729			

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Go to 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

SWAPNA POGULAKONDA

Your social security number

819-64-5755

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.

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,000.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	350.
3 Add lines 1 and 2	3	1,350.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not 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 P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot 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"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,350.