



ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____, 20____ Dept. Use Only _____ Software ID PROSERIES

Primary First Name: VIJAYA MADHURI, MI, Last Name: DEVARAPALLI, Primary Social Security Number: 693-11-1026. Spouse First Name, MI, Last Name, Spouse's Social Security Number. Mailing Address: 300 NE MOBERLY LANE, APT. I11. City: BENTONVILLE, State or Province: AR, Zip: 72712. Foreign Country.

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: (List State of residence) PART YEAR RESIDENT: (Dates Lived in AR) 03/12/2017 12/31/2017

FILING STATUS: 1. Single (Or widowed before 2017 or divorced at end of 2017) 2. Married Filing Joint (Even if only one had income) 3. Head of Household (See Instructions) 4. Married Filing Separately on the Same Return 5. Married Filing Separately on Different Returns 6. Qualifying Widow(er) with dependent child

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

7A. Yourself 65 or Over 65 Special Blind Deaf Head of Household/Qualifying Widow(er) Spouse 65 or Over 65 Special Blind Deaf

Multiply number of boxes checked 7A 1 X \$26 = 26.00 Dependents (Do not list yourself or spouse)

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Rows 1, 2, 3.

7B. Multiply number of DEPENDENTS from above 7B X \$26 = 00

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) Multiply number of individuals from 7C 7C X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32) 7D 26.00

Table with 3 columns: (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only, (C) Arkansas Income Only. Rows 8-23 including Wages, interest, dividends, and total income.



**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

Primary First Name and Middle Initial ● VIJAYA MADHURI		Last Name ● DEVARAPALLI		Primary Social Security Number ● 693-11-1026	
Spouse's First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 300 NE MOBERLY LANE, APT. 111				Telephone ●	
City BENTONVILLE	State or Province AR	ZIP 72712	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)			
1. Total Income (Form AR1000F or AR1000NR, Line 21).....	1	83,389.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 36).....	2	3,791.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 37).....	3	● 3,973.	00
4. Refund (Form AR1000F or AR1000NR, Line 45).....	4	182.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 49).....	5		00

PART II - DECLARATION OF TAXPAYER

6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2017 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account shown on the AR1000F/AR1000NR, line 48.

6b. I do not want direct deposit of my refund or I am not receiving a refund.

6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2017 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

_____	_____	_____	_____
Primary Signature	Date	Spouse's Signature	Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	_____	06/13/2018	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____
	ERO'S Signature	Date			Your SSN or PTIN
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	GA 30041			30-1017196
	Firm's name and address				FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	_____	06/13/2018	Check if self-employed <input type="checkbox"/>	_____
	Preparer's Signature	Date		Preparer's SSN or PTIN
	APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING	GA 30041		P02090332
	Firm's name and address			30-1017196
				FEIN

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				* * Check box if totally & permanently disabled	Select type if developmentally disabled ▼
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

State return previously filed:

Yes No

Name Change:

Check if Taxpayer changed name
 Check if Spouse changed name

Standard Deduction/Itemized Deductions:

Itemize even if itemized deductions are less than the standard deduction
 Filing status is married filing separately and spouse itemizes deductions
 Take the standard deduction even if less than itemized deductions

Authorization:

Yes No Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.

QuickZoom to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – 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 Arkansas Income Tax Section, as applicable by law.

[X] File state 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

Driver's License

Taxpayer Spouse
State Issued Driver's License Arkansas
Driver's License Number 942694657
Date Driver's License Issued 12/08/2017
Date Driver's License Expires 10/08/2019

State ID

Taxpayer Spouse
Issuing State
State Identification number
State ID Issue Date
State ID Expiration Date

Date return was EFiled
Date return was accepted by the state
Enter the date Form AR1000-V was given to client
Date Form AR8453 mailed to the state (IF NEEDED)
QuickZoom to Form AR8453 Additional Information SmartWorksheet

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA
Check the appropriate box:
Checking [X] Routing number 111000025
Savings [] Account number 488066403027

Enter payment date to withdraw from the account above
State balance-due amount from this return

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 VII – Paid Preparer Information

Enter the preparer's code from Preparer's Information Worksheet 1

Part VIII – Extension Status

Yes No
Has the tax return due date been extended by filing IRS Form 4868?
Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?
Extended due date

Income Allocation Worksheet

2017

▶ Keep for your records

Name as Shown on Return
VIJAYA MADHURI DEVARAPALLI

Social Security Number
693-11-1026

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR1000NR)
1 a Taxpayer wages, salaries, tips, etc.	83,389.			70,359.
b Spouse wages, salaries, tips, etc.				
Line 1 total.			83,389.	
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total.				
3 Interest income.				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 Employer-sponsored pension plan and qualified IRA distributions				
Taxpayer				
Spouse				
Line 10 total.				
11 Rents, royalties, partnerships, trusts, etc				
12 Farm income				
13 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E				
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Form 2106				
i Sale of properties/assets				
Line 13 total.				
14 Other income:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings.				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Other income not listed above				
m Rural physician incentives				
Line 14 total.				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses				
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

Part-Year Resident/Nonresident Allocation Worksheet

2017

▶ Keep for your records

Name(s) as Shown on Return VIJAYA MADHURI DEVARAPALLI	Your Social Security No. 693-11-1026
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	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from AR sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	83,389.	70,359.	13,030.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . . T				
S				
20 a Taxable social security benefits . . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	83,389.	70,359.	13,030.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse →		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from AR sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	83,389.	70,359.	13,030.	0.
	S				

Tax Payments Worksheet

2017

▶ Keep for your records

Name VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
------------------------------------	---------------------------------------

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				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
6 Overpayment from previous year applied to current year				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			3,973.
10 State withholding on Forms W-2G Less withholding from electronic games of skill			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			3,973.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Arkansas Tax Return

SMART WORKSHEET FOR: Declaration for electronic filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: Form W-2 (Copy 2) _____ _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____ _____
F	RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL _____ _____ _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax		
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A . . .	0.	
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years		
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C . . .	0.	
E Amount available towards current year contribution	5,000.	
F Enter any current year contributions to Arkansas Tuition Savings Program		
G Amount applied towards current year Arkansas Tuition Savings Program contributions (Smaller of Line E or Line F)	0.	
H Total deduction for Tuition Savings Program (Line B+Line D+Line G)	0.	
I Arkansas tuition contribution carryforward to next year	0.	

2017 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 17, 2018.

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

1. Filer's First Name VIJAYA MADHURI	M.I.	Last Name DEVARAPALLI	2. Filer's Full Social Security No. (Example: 123-45-6789) 693 — 11 — 1026
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —
Home Address (Number, Street, or P.O. Box) 300 NE MOBERLY LANE, APT. 111			4. School District Code (5 digits – see page 60) 10000
City or Town BENTONVILLE	State AR	ZIP Code 72712	

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

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

a. Number of exemptions claimed on 2017 federal return.....	9a.	<input style="width:30px; text-align: center;" type="text" value="1"/>	x	\$4,000	9a.	4000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.	<input style="width:30px;" type="text"/>	x	\$2,600	9b.		00
c. Number of qualified disabled veterans	9c.	<input style="width:30px;" type="text"/>	x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.				9e.	4000	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.					83389	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11	12.					83389	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.					70359	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.					13030	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					625	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.					12405	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.					527	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<input style="width:100px;" type="text"/>		18b. <input style="width:100px;" type="text"/>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	<input style="width:100px;" type="text"/>		19b. <input style="width:100px;" type="text"/>
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.			527 00

Filer's Full Social Security Number

693 — 11 — 1026

21. Enter amount of Income Tax from line 20.....	21.	527	00
22. Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	527	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2.....	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5.....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	554	00
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00
31. 2017 AMENDED RETURNS ONLY. Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .	31.		
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.	31c.		00
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	554	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YOU OWE	33.		00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	27	00
35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00
36. Subtract line 35 from line 34.....	36.	27	00

DIRECT DEPOSIT

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

a. Routing Transit Number	b. Account Number	c. Type of Account	
111000025	488066403027	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

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

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

Preparer's PTIN, FEIN or SSN
P02090332

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

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
APPANA RUPA VENKATA SATYA SAI
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
646-727-7157

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

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

2017 MICHIGAN Schedule 1 Additions and Subtractions

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

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

Attachment 01

Filer's First Name	M.I.	Last Name	Filer's Full Social Security No. (Example: 123-45-6789)
VIJAYA MADHURI		DEVARAPALLI	693 — 11 — 1026

Additions to Income (all entries must be positive numbers)

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

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

2017 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name VIJAYA MADHURI	M.I.	Last Name DEVARAPALLI	Filer's Full Social Security No. (Example: 123-45-6789) 693 — 11 — 1026
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Subtractions from Income (all entries must be positive numbers)

10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Include U.S. <i>Schedule B</i> if over \$5,000.....	10.		00
11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits	11.		00
12. Gains from federal column of Michigan MI-1040D and MI-4797	12.		00
13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u>	13.	70359	00
14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 ..	14.		00
15. Income earned while a resident of a Renaissance Zone (see instructions)	15.		00
16. Michigan state and local income tax refunds received in 2017 and included on MI-1040, line 10.....	16.		00
17. Michigan Education Savings Program, MI 529 Advisor Plan, and Michigan Achieving a Better Life Experience Program.....	17.		00
18. Michigan Education Trust	18.		00
19. Oil, gas, and nonferrous metallic minerals income (Michigan sourced) included in AGI	19.		00
20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i>	20.		00
21. Michigan Net Operating Loss	21.		00
22. Miscellaneous subtractions (see instructions). Describe:	22.		00

Deduction Based on Year of Birth

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

NOTE: See instructions before continuing with this section.

23.	FILER			SPOUSE		
	A. Year of Birth (19xx)	B. Age (as of 12-31-2017)	C. Check if SSA Exempt	D. Year of Birth (19xx)	E. Age (as of 12-31-2017)	F. Check if SSA Exempt
	1991	26	<input type="checkbox"/>			<input type="checkbox"/>

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

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

27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13	27.	70359.	00
--	-----	--------	----

2017 MICHIGAN Nonresident and Part-Year Resident Schedule

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

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

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

Attachment 02

1. Filer's First Name VIJAYA MADHURI	M.I.	Last Name DEVARAPALLI	2. Filer's Full Social Security No. (Example: 123-45-6789) 693 — 11 — 1026
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

4. 2017 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.

Enter dates of Michigan residency in 2017*

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

	FROM:	FILER	SPOUSE
		01 — 01 — 2017	— — 2017
	TO:	03 — 11 — 2017	— — 2017

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	83389 00	13030 00	70359 00
6. Interest and dividends	00	00	00
7. Business and farm income (include U.S. Schedules C and F).....	00	00	00
8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797.....	00	00	00
9. Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)....	00	00	00
10. Pensions, IRA distributions, annuities and Social Security (see Form 4884).....	00	00	00
11. Other (see instructions)	00	00	00
12. Total income. Add lines 5 through 11.....	83389 00	13030 00	70359 00
13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe:.....	00	00	00
14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4.	83389 00	13030 00	70359 00

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

15. Enter amount from MI-1040, line 9e		4000	00	
16. Enter Michigan source income from line 14, column B	16.	13030	00	
17. Enter total income from line 14, column A.....	17.	83389	00	
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	15.63	%	
19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15.....	19.	625	00	

2017 MICHIGAN Withholding Tax Schedule

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

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

Attachment 13

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

1. Filer's First Name VIJAYA MADHURI	M.I.	Last Name DEVARAPALLI	2. Filer's Full Social Security No. (Example: 123-45-6789) 693 — 11 — 1026
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789) — —

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

A	B	C	D	E
Enter "X" for: Filer or Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation	Box 17 — Michigan income tax withheld
X	65-0000600	MODIS INC	13030 00	554 00
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....				00
4. SUBTOTAL. Enter total of Table 1, column E.				4. 554 00

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

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

Michigan Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name DEVARAPALLI
 First Name VIJAYA MADHURI
 Middle Initial _____ Suffix _____
 Social Security No. 693-11-1026
 Date of Birth 08/28/1991 (mm/dd/yyyy)
 Age as of 12/31/2017 26
 Date of death _____
 Occupation SOFTWARE ENGINEER
 Work Phone _____
 Home Phone _____

Spouse:

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

Print phone number on city returns Home TP work Spouse work

c/o Name _____
 Address 300 NE MOBERLY LANE Apt No. I11
 City BENTONVILLE State AR ZIP Code 72712
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 10000

Part II – Main Form

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

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

Taxpayer residency dates From 01/01/2017 To 03/11/2017

Spouse residency dates From _____ To _____

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

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

Other cities:

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

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

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

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

Part III – Filing Status

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

Part IV – Dependent Information

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

Part V – Homeowner/Renter Information

Taxpayer's status:

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

QuickZoom to Property Tax Information Worksheet ▶ _____

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

Description	Filename

Fed/State (F/S) Return:

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

State-Only (SO) Return:

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

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) 0.
 TP's Prior Year Refund or Tax Due Amount (See Help) 0.
 Spouse's Prior Year Adjusted Gross Income or Household Income (See Help)
 Spouse's Prior Year Refund or Tax Due Amount (See Help)

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help)
 TP's Prior Year Refund or Tax Due Amount (See Help)
 Spouse's Prior Year Adjusted Gross Income (See Help)
 Spouse's Prior Year Refund or Tax Due Amount (See Help)

EF Status Dates:

Date return was EFiled
 Date return was accepted by state
 Date Form MI-1040-V was given to client

QuickZoom to Form MI-8453 Additional Information Smart Worksheet ▶ _____

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

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

State Information:

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

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

City Information:

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

Enter the payment date to withdraw from the account below

Bank Information (State and City):

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

Name of financial institution BANK OF AMERICA
 Account type Checking Savings
 Routing number 111000025
 Account number 488066403027

International ACH Transactions

Yes No

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

Part VIII – Additional Return Information

Exemptions:

Taxpayer

Spouse

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

Person Filing on Behalf of Deceased:

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

First Name . . . _____ Middle Initial . . . _____ Last Name . . . _____
Address _____
City _____ State . . . _____ ZIP Code . _____

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

Address is same as last year

State Campaign Fund:

Yes No

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

Part IX – Preparer Information

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

QuickZoom to Firm/Preparer Info ► _____

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

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

Third Party Designee (See Help):

Yes No

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

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

Designee's name (other than preparer) _____
Designee's phone number (other than preparer) _____
Personal identification number _____

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 4: Application for extension to file tax returns ► _____

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns ► _____

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns ► _____

Detroit City Extensions:

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file Detroit city tax return ► _____

Spouse, if Yes No

different Tax return due date extended?

residency Extended due date . . . _____

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

QuickZoom to Form MI-1040: Individual Income Tax Return ▶ _____

Total Household Resources Worksheet

2017

▶ Keep for your records

Name as Shown on Return VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
---	---------------------------------------

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

Full year residents: Complete column A only. Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ▶ _____	Column A Total Amount	Column B Received during Michigan residency
1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1	83,389.	13,030.
Interest and dividends: 2 a Taxable interest and dividend income less: interest and dividend income from Schedules K-1 b Nontaxable interest Interest and dividends (including nontaxable interest) ▶ 2	_____ _____ _____ _____	_____ _____ _____ _____
Net business and farm income: 3 a U.S. Schedule C income or loss b Net farm income or loss c Other gains or losses d Income from Schedules K-1 Net business and farm income ▶ 3	_____ _____ _____ _____	0.
Net royalty and rent income: 4 U.S. Schedule E income (if negative, enter 0). ▶ 4	_____	_____
Retirement pension and annuity benefits: 5 a Pension and IRA distributions b Lump-sum distribution Name of payer: _____ Retirement pension and annuity benefits ▶ 5	_____ _____ _____	_____ _____ _____
Capital gains or (losses): 6 a Capital gains less capital losses b Excluded gain on sale of residence Combine lines 6a and 6b ▶ 6	_____ _____	_____ _____
Alimony and other taxable income: 7 a Gambling/lottery winnings. b Prizes and awards from Form 1099-MISC c Combine lines 7a and 7b d Line 7c minus \$300 e Other income from Form 1099-MISC f Alimony received. g Other taxable income h Combine lines 7d through 7g less: prior year Michigan Property Tax Credit (see tax help) Total. Describe: _____ . . . ▶ 7	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
Social security, SSI and railroad retirement benefits: 8 a Social security or railroad retirement benefits b Less deductions for medicare premiums. c Supplemental security income d Death benefits and amounts received for minor children or other dependent adults who live with you Combine lines 8a through 8d ▶ 8	_____ _____ _____ _____	_____ _____ _____ _____
9 Child support and foster parent payments ▶ 9	_____	_____
10 Unemployment compensation ▶ 10	_____	_____
11 Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 ▶ 11	_____	_____

Other nontaxable income:

12 a Compensation for damages to character or for personal injury or sickness		
b An inheritance or life insurance proceeds (from other than spouse)		
c Death benefits paid by or on behalf of an employer		
d Minister's housing allowance		
e Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification		
f Adoption subsidies		
g Combat pay from W-2, box 12 code Q		
h Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution		
i Reimbursement from dependent care and/or medical care spending accounts		
j If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049		
k Other (see <i>Tax Help</i>). Enter description:		
Total. Describe: ▶ 12		

13 Workers' compensation, veterans' disability compensation ▶ 13		
14 FIP and other MDHHS benefits ▶ 14		

15 Subtotal. Add lines 1 through 14. ▶ 15	83,389.	13,030.
---	---------	---------

Adjustments:

16 a IRA deduction		
b Moving expenses		0.
c One half of self-employment tax		
d Self-employment health insurance deduction		
e SEP, SIMPLE or qualified plans		
f Penalty for early withdrawal		
g Alimony paid		
h Student loan interest deduction		
i Health savings account deduction		
j Net operating loss deduction: (1) Federal net operating loss deduction (2) Federal modified taxable income (see <i>Help</i>). (3) Enter the smaller of (1) or (2). If less than zero, enter -0-		
k Educator expenses		
l Tuition and fees deduction		
m Certain business expenses of reservists, performing artists, and fee-basis government officials		
n Domestic production activities deduction		
o Archer MSA deduction		
p Jury duty pay given to employer		
q Other adjustments		
16 Total adjustments. Describe: ▶ 16		

17 a Medical insurance or HMO premiums you paid for you and your family (after tax premiums only)		
b Automobile insurance premiums (medical care portion only)		
17 Total medical insurance (line 17a plus line 17b) ▶ 17		
18 Add lines 16 and 17 ▶ 18		

19 Total Household Resources. Subtract line 18 from line 15. ▶ 19	83,389.	13,030.
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- QuickZoom** to Form MI-1040CR (Homestead Property Tax Credit) ▶ _____
- QuickZoom** to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ▶ _____
- QuickZoom** to Form MI-1040CR7 (Home Heating Credit) ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name VIJAYA MADHURI DEVARAPALLI	Social Security Number 693-11-1026
------------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	554.
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	Total income tax withheld	14	554.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Michigan Tax Return

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

Other States Income Smart Worksheet	
Full year residents:	
A	Apportioned income from MI-1040H, line 11 _____
B	Business income (including rents and royalties) derived solely in another state _____
Part-year or nonresidents:	
C	Enter the amount of income from Schedule NR, line 14, column C <u>70,359.</u>

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

Income Allocation Smart Worksheet		
	Column A Total Income	Column B Michigan Income
1 Wages, salaries, tips, sick, strike and SUB pay	83,389.	13,030.
2 Interest and dividends from U.S. Schedule B		
3 Business income or loss from U.S. Schedule C		
4 Farm income or loss from U.S. Schedule F		
5 Capital gains/losses from U.S. Schedule D		
6 Income reported on U.S. Schedule E		
7 Pension and IRA distributions		
8 Taxable Social Security benefits		
9 State and local tax refunds		
10 Alimony received		
11 Unemployment compensation		
12 Other gains or losses from U.S. Form 4797		
13 Other income		
14 Total income. Add lines 1 through 13	83,389.	13,030.
15 Educator expenses		
16 Certain business expenses of reservists, performing artists, and fee-basis government officials		
17 IRA deduction		
18 Student loan interest deduction		
19 Tuition and fees deduction		
20 Health savings account deduction		
21 Moving expenses		0.
22 One-half of self-employment tax		
23 Self-employment health insurance deduction		
24 Self-Employed SEP, SIMPLE or qualified plans		
25 Penalty for early withdrawal of savings		
26 Alimony paid		
27 Domestic production activities deduction		
28 Archer MSA deduction		
29 Jury duty pay given to employer		
30 Other adjustments to income		
31 Total adjustments. Add lines 15 through 30		
32 Adjusted gross income. Subtract line 31 from line 14	83,389.	13,030.