



**2017 Form M1, Individual Income Tax**

Leave unused boxes blank. Do not use staples on anything you submit.

<b>Your First Name and Initial</b> PAVAN KUMAR	<b>Last Name</b> SEELABOINA	<b>Your Social Security Number</b> 702739065
<b>If a Joint Return, Spouse's First Name and Initial</b>	<b>Spouse's Last Name</b>	<b>Spouse's Social Security Number</b>

<b>Current Home Address</b> 4440 PARKLAWN AVE APT 201	<b>Check if:</b> <input type="checkbox"/> <b>New Address</b> <input type="checkbox"/> <b>Foreign Address</b>	<b>Your Date of Birth</b> 07101989
<b>City</b> MINNEAPOLIS	<b>State</b> MN	<b>Zip Code</b> 55435
		<b>Spouse's Date of Birth</b>

**2017 Federal Filing Status**  (1) Single  (2) Married filing jointly  (3) Married filing separately:  
 (place an X in one box):  (4) Head of household  (5) Qualifying widow(er)  
 Enter spouse name and Social Security number \_\_\_\_\_

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.


<b>Political party and code number:</b>		<b>Your code</b> _____
Republican . . . . . 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now . . . . . 17
Democratic/Farmer-Labor . 12	Green . . . . . 15	General Campaign
Independence . . . . . 13	Libertarian . . . . . 16	Fund . . . . . 99
		<b>Spouse code</b> _____

<b>From Your Federal Return</b> <i>(see instructions)</i>	<b>A</b> Wages, salaries, tips, etc. 24552	<b>B</b> IRA, pensions, and annuities 0	<b>C</b> Unemployment 0	<b>D</b> Federal adjusted gross income <input type="checkbox"/> 23052
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▲ Place an X in box if a negative number

<b>1</b> Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) . . . . .	<b>1</b> <input type="checkbox"/> 12652
<b>2</b> State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions . . . . .	<b>2</b> <input type="checkbox"/> 0
<b>3</b> Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) . . . . .	<b>3</b> _____
<b>4</b> Add lines 1 through 3 (if a negative number, place an X in the box). . . . .	<b>4</b> <input type="checkbox"/> 12652
<b>5</b> State income tax refund from line 10 of federal Form 1040 . . . . .	<b>5</b> _____
<b>6</b> Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) . . . . .	<b>6</b> _____
<b>7</b> Total subtractions. Add lines 5 and 6 . . . . .	<b>7</b> _____
<b>8</b> Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. . . . .	<b>8</b> 12652
<b>9</b> Tax from the table in the M1 instructions . . . . .	<b>9</b> 677
<b>10</b> Alternative minimum tax (enclose Schedule M1MT) . . . . .	<b>10</b> <input type="checkbox"/>
<b>11</b> Add lines 9 and 10 . . . . .	<b>11</b> 677
<b>12</b> Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . . .	<b>12</b> 677
<b>a</b> <input type="checkbox"/> 0 <b>b</b> <input type="checkbox"/> 0 (Place an X in box if a negative number)	
<b>13</b> Tax on lump-sum distribution (enclose Schedule M1LS) . . . . .	<b>13</b> _____



- 14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) ..... 14 \_\_\_\_\_
- 15 Tax before credits. Add lines 12, 13, and 14 ..... 15 677
- 16 Marriage Credit for joint return when both spouses have taxable earned income  
or taxable retirement income (enclose Schedule M1MA) ..... 16 ■ \_\_\_\_\_
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) ..... 17 ■ \_\_\_\_\_
- 18 Other nonrefundable credits (enclose Schedule M1C) ..... 18 ■ \_\_\_\_\_
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 ..... 19 \_\_\_\_\_
- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) ..... 20 677
- 21 Nongame Wildlife Fund contribution (see instructions) ..... 21 ■ \_\_\_\_\_  
This will reduce your refund or increase the amount you owe 
- 22 Add lines 20 and 21 ..... 22 677
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from W-2, 1099, and W-2G forms (do not send) ..... 23 ■ 1439
- 24 Minnesota estimated tax and extension payments made for 2017 ..... 24 ■ \_\_\_\_\_
- 25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,  
K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. .... 25 ■ \_\_\_\_\_
- 26 Business and investment credits (enclose Schedule M1B) ..... 26 ■ \_\_\_\_\_
- 27 Total payments. Add lines 23 through 26 ..... 27 1439
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions).  
For direct deposit, complete line 29 ..... 28 ■ 762
- 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
**Account Type**                      **Routing Number**                      **Account Number**  
 Checking     Savings    121122676                      157508718085
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract  
line 27 from line 22 (see instructions) ..... 30 ■ \_\_\_\_\_
- 31 Penalty amount from Schedule M15 (see instructions). Also subtract  
this amount from line 28 or add it to line 30 (enclose Schedule M15) ..... 31 ■ \_\_\_\_\_
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you ..... 32 ■ \_\_\_\_\_
- 33 Amount from line 28 you want applied to your 2018 estimated tax ..... 33 ■ \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
_____	_____	APPANA RUPA VENKA	06112018
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
_____	5103204514	6789659729	P02090332
Your email address	Preparer's email address		
Pavansk1@outlook.com	kumar@gtaxfile.com		

**Include a copy of your 2017 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



# 2017 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<b>Your First Name and Initial</b> PAVAN KUMAR	<b>Last Name</b> SEELABOINA	<b>Your Social Security Number</b> 702739065
<b>If a Joint Return, Spouse's First Name and Initial</b>	<b>Spouse's Last Name</b>	<b>Spouse's Social Security Number</b>

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

<b>A</b> If the W-2 is for: • you, enter 1 • spouse, enter 2	<b>B—Box 13</b> If Retirement Plan box is checked mark an X below.	<b>C—Box 15</b> Employer's 7-digit Minnesota state tax ID number	<b>D—Box 16</b> State wages, tips, etc. (round to nearest whole dollar)	<b>E—Box 17</b> Minnesota tax withheld (round to nearest whole dollar)
<u>1</u>	<input type="checkbox"/>	MN <u>1245464</u>	<u>24552</u>	<u>1439</u>
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional W-2s (from line 5 on the back) ..... \_\_\_\_\_

**Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) ..... 1 ■ 1439**

**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

<b>A</b> If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	<b>B</b> Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	<b>C</b> Income amount (see the table on the back for amounts to include)	<b>D</b> Minnesota tax withheld (round to nearest whole dollar)
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

Subtotal for additional 1099 and W-2G forms (from line 6 on the back) ..... \_\_\_\_\_

**Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2 and 3.  
Enter the total here and on line 23 of Form M1 ..... **4 ■ 1439**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and/or KF.**



Minnesota Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . Pavan kumar
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . Seelaboina
Social Security No. . . . . 702-73-9065
Date of Birth . . . . . 07/10/1989
Age as of 1-1-2018. . . . . 28
Date of Death . . . . .
Daytime Phone . . . . . (510)320-4514 \* [X]
Extension . . . . .
Home Phone . . . . . \* [ ]
Street Address . . . . . 4440 Parklawn Ave Apartment . . . . . 201
City . . . . . MINNEAPOLIS State . . . . . MN ZIP Code . . . . . 55435
County . . . . . Check box if foreign address . . . . . [ ]

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name (if different) . . . . .
Social Security No. . . . .
Date of Birth . . . . .
Age as of 1-1-2018. . . . .
Date of Death . . . . .
Daytime Phone . . . . . \* [ ]
Extension . . . . .
Check box if foreign address . . . . . [ ]

\* Check one of these boxes to print optional daytime phone number

Part II - Main Form

[X] Full-year resident filing Form M1
[ ] Part-year resident filing Form M1
Taxpayer . . . . . From: . . . . . To: . . . . . Resident 12/31/2017 of . . . . .
Spouse . . . . . From: . . . . . To: . . . . . Resident 12/31/2017 of . . . . .
[ ] Nonresident filing Form M1
Nonresidents and part-year residents also must complete Schedule M1NR.

Part III - Filing Status

[X] Single
[ ] Married filing joint
[ ] Married filing separate
[ ] Head of household
[ ] Qualifying widow(er)
[ ] Taxpayer eligible to claim spouse's exemption
[ ] Taxpayer did not live with spouse at any time during the year

Part IV - Other Information

New! State Driver's License and ID Card

Minnesota does not require state driver's license or state ID card information.

Taxpayer Information:

Taxpayer Spouse
[ ] [ ] Age 65 or over?
[ ] [ ] Blind?
[ ] [ ] Disabled?
[ ] [ ] Paid premiums in 2017 for a qualified long-term care insurance policy? (See Tax Help)

Decedent Information:

[ ] You are filing a joint return with your deceased spouse and a personal representative has not been appointed

Stillborn Children Information:

[ ] You experienced the birth of a stillborn child in 2017.

First-Time Homebuyer Information:

[ ] You opened a qualified first-time homebuyer savings account in 2017.

Farmer Information:

[ ] At least two-thirds of gross income was derived from farming or commercial fishing

American Indian Information:

If you are an enrolled member of an American Indian Tribe, enter income earned on the reservation while living on the reservation . . . . .

Active Duty Military:

Resident of a state other than Minnesota and on federal active duty

**Credit for Past Military Service:**

Check the boxes below only if you have been separated from military service and meet the conditions below:

- Taxpayer was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years, or has 100% total/permanent service-related disability
- Spouse was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years or has 100% total/permanent service-related disability

Pavan kumar Seelaboina \_\_\_\_\_

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**Part V – Preparer Information**

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

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

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

**Yes No**

Is the Minnesota Department of Revenue authorized to discuss this return with the preparer or the third-party designee indicated on the federal return?

Self prepared and Non-paid prepared returns to be e-filed **must** have the following info for the submitter:

Preparer Name . . . . . \_\_\_\_\_  
Preparer PTIN . . . . . \_\_\_\_\_

**Part VI – Direct Deposit or Electronic Funds Withdrawal Information**

**Yes No**

Do you want to elect direct deposit of state tax refund?  
\* See Tax Help for refund expectation

Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

**If you selected direct deposit or electronic funds withdrawal, fill out the information below:**

Name of financial institution (optional) . . . . . US BANK  
Routing number . . . . . 121122676  
Account number . . . . . 157508718085  
Type of account . . . . . Checking  Savings   
Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
State balance-due amount from this return . . . . . \_\_\_\_\_  
Enter an amount to debit the account above . . . . . \_\_\_\_\_  
If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**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 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 Minnesota Department of Revenue, 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 M60 was given to client . . . . . \_\_\_\_\_

**Part VIII – Extension Status**

**Yes No**

Tax return due date extended?

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

**QuickZoom** to Form M13, Income Tax Extension Payment . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form M1, Individual Income Tax Return (Main Form) . . . . . ▶ \_\_\_\_\_

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# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Pavan kumar Seelaboina	Social Security Number 702-73-9065
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<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	1,439.
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	1,439.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

<b>Federal Taxable Income Smart Worksheet</b>	
<b>A</b>	Federal adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or 1040EZ, line 4) . . . . . <u>23052</u>
<b>B</b>	Less: Standard or itemized deductions (Form 1040, line 40a or Form 1040A, line 24a or 1040EZ, line 5) . . . . . <u>6350</u>
<b>C</b>	Less: Exemptions claimed on federal return (Form 1040, line 42 or Form 1040A, line 26) . . . . . <u>4050</u>
<b>D</b>	Federal taxable income (Line A less lines B and C) . . . . . <u>12652</u>

*Note: Line D flows to line 1. If line D is negative, it is displayed on line 1 as a positive number and the line 1 box is checked as required by the Minnesota Department of Revenue.*