

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

Your first name and initial: **DINESH BABU** Last name: **MANOHARAN** Your social security number: **816-55-3946**

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. **222 RANDOLPH DR** Apt. no. **320A**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MADISON WI 53717**

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 _____

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)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk 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

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	52,562
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	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	52,562

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	
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	Reserved for future use	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	0
37	Subtract line 36 from line 22. This is your adjusted gross income	37	52,562

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits, such as 'Amount from line 37', 'Itemized deductions', and 'Total credits'.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes, such as 'Self-employment tax', 'Unreported social security and Medicare tax', and 'Total tax'.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments, such as 'Federal income tax withheld', 'Earned income credit', and 'Total payments'.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund, such as 'Amount overpaid', 'Routing number', and 'Amount applied to your 2018 estimated tax'.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe, such as 'Amount you owe' and 'Estimated tax penalty'.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and personal identification number (PIN).

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature section with fields for preparer's signature, date, occupation (SOFTWARE ANALYST), and spouse's information.

Paid Preparer Use Only

Paid Preparer Use Only section with fields for preparer's name (SRIDHAR KUMAR), firm name (EWM SOLUTIONS LLC), and address.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

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

DINESH BABU MANOHARAN

Your social security number

816-55-3946

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38 2		
	3	Multiply line 2 by 7.5% (0.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/>	Income taxes, or	5	3,040
	b <input type="checkbox"/>	General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	3,040
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	
	11	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 ▶	11	
	Note: Your mortgage interest deduction may be limited (see instructions).			
	12	Points not reported to you on Form 1098. See instructions for special rules	12	
	13	Reserved for future use	13	
	14	Investment interest. Attach Form 4952 if required. See instructions.	14	
	15	Add lines 10 through 14	15	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	
Casualty and Theft Losses	20	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	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instr. ▶ Taxpayer 2106 10,492	21	10,492
	22	Tax preparation fees	22	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24	10,492
	25	Enter amount from Form 1040, line 38 25 52,562	25	52,562
	26	Multiply line 25 by 2% (0.02)	26	1,051
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	9,441
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. 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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	12,481
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the instructions for Form 1040.

Schedule A (Form 1040) 2017

Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2106 for instructions and the latest information.

Your name DINESH BABU MANOHARAN	Occupation in which you incurred expenses SOFTWARE ANALYST	Social security number 816-55-3946
-------------------------------------------	----------------------------------------------------------------------	----------------------------------------------

Part I Employee Business Expenses and Reimbursements

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
Step 1 Enter Your Expenses		
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	9,244	
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	1,248	
5 Meals and entertainment expenses (see instructions)		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 10,492	
Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.		

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	10,492
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9	10,492
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶	10	10,492

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

1040

**Individual
Diagnostic Summary**

2017

Name(s) **DINESH BABU MANOHARAN** Social Security # **816-55-3946**

Spouse SSN #

Demographics**Mailing Address:**

222 RANDOLPH DR APT 320A
MADISON, WI 53717

Daytime Phone:

Evening Phone:

Cell Phone:

Resident State: WI

Date of Birth: Taxpayer 07-18-1987 Spouse

Dependent Information: (*If more than 5 dependents see last page of summary)

NameSSNRelationshipDate of Birth**Diagnostics**

Preparer: SRIDHAR KUMAR

Invoice:

Date: 01-26-2018

Return Information Form Type: 1040

Item on Return	2017 Federal	2016 Federal (If available)
Filing Status	1	
Exemptions	1	
Total Income	52,562	
AGI	52,562	
Deductions	12,481	
Taxable Income	36,031	
Tax (before credits)	4,938	
Tax (after credits)	4,938	
Tax Rate Percentage	15	
EIC		
Additional CTC		
Overpayment	4,178	
Refund	4,178	
Refund Applied to ES		
Balance Due		

Form of Refund/Payment: The client will be receiving a check from the IRS

State/City Information (* If more than 4 states see last page of summary)

<u>T/S/J</u>	<u>State/City</u>	<u>AGI</u>	<u>Taxable Income</u>	<u>Tax</u>	<u>Refund/ (Balance Due)</u>
T	WI1	52,562	46,017	2,584	456