^E 1040		ent of the Treasury - Internal Revenu		⁹⁾ 2017	OMP No. 4	-45 0074	IDOU	o Oak De ast			
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning						se Only-Do not write or staple in this space. See separate instructions.			space.		
Your first name and i		7, or other tax year beginning	Last name	, 2017, ending	,	20		Your social s			
DINESH 1	RARII		MANOHARA	N				816-	-55	-3946	
If a joint return, spou		me and initial	Last name	11				Spouse's so			er
Home address (numl	ber and stre	eet). If you have a P.O. box, see insti	ructions.			Apt	. no.	▲ Make	sure	the SSN(s	s) above
222 RAN	DOLPE	H DR				32	0A			e 6c are c	,
		nd ZIP code. If you have a foreign a	ddress, also complete sp	aces below (see instruction	ons).			Preside	ential E	lection Camp	aign
MADISON			WI	5	3717			Check here if			
Foreign country nam	е		Foreign p	rovince/state/county	For	eign postal	code	jointly, want \$ a box below v			
								refund.	Y	ou	Spouse
Filing 1	X Single)			d of household (hia.	
Status 2	Marrie	ed filing jointly (even if only o	one had income)		e qualifying perso I's name here.	in is a child	out not yo	our dependent,	enter ti	nis	
Check only one 3	Married	filing separately. Enter spouse's SS	N above	-							
box.	and full	name here.			alifying widov	. , .	instruc	ctions)			
Exemptions	6a	X Yourself. If someone of	can claim you as a	dependent, do not	check box 6	а		• • • • }		Boxes check on 6a and 6b	
	b	Spouse		• • • • • • • • • • • • • • • • • • •					۱	No. of childre	
	С	Dependents:		(2) Dependent's social security number	1 11/24	ependent's nship to you	, i	4) Chk if child u age 17 qualifyir ar abild tox are	ng i	on 6c who: lived with	you
<u>(</u>	(1) First nar	ne Last name	9	Social Security Humber	1010110	ionip to you		or child tax cre- (see instruction	ns)_ (did not liv	e with
If more than four									;	or separation (see instruct	1
dependents, see										Dependents	,
instructions and						_				not entered a	bove
check here ►		Total number of exemption	a alaimad						_ (Add number: on lines	s 1
	<u>d</u> 7	Total number of exemption Wages, salaries, tips, etc.					• • • `	7		above	,562
Income	, 8a	Taxable interest. Attach S						8a		<u> </u>	, 502
	b	Tax-exempt interest. Do	•		8b		· · ·	oa			
Attach Form(s)	9a	•			OD			9a			
W-2 here. Also attach Forms	b							•			
W-2G and	10	Taxable refunds, credits, c		nd local income taxe				10			
1099-R if tax	11	Alimony received						11			
was withheld.	12	Business income or (loss)		C or C-EZ				12			
	13	Capital gain or (loss). Atta	ch Schedule D if re	quired. If not requir	ed, check he	re	•	13			
If you did not get a W-2,	14	Other gains or (losses). A						14			
see instructions.	15a	IRA distributions	. 15a	•	b Taxable	amount		15b			
	16a	Pensions and annuities .	. 16a		b Taxable	amount		16b			
	17	Rental real estate, royaltie	s, partnerships, S o	orporations, trusts,	etc. Attach S	Schedule	E	17			
	18	Farm income or (loss). A	ttach Schedule F					18			
	19	Unemployment compensat	tion					19			
	20 a	Social security benefits .	. 20a		b Taxable	amount					
	21	Other income						21			5.60
	22	Combine the amounts in the f			-	come .		▶ 22		52	<u>,562</u>
Adjusted	23	Educator expenses			23						
Gross	24	Certain business expenses of		•							
Income	25	fee-basis government officials			24						
	25 26	Health savings account de			25						
	26 27	Moving expenses. Attach			26						
	27 28	Deductible part of self-employed SEP, SIMP	· ·		27 28						
	29	Self-employed health insur			29						
	30	Penalty on early withdraw			30						
	31a	Alimony paid b Recipien	-		31a						
	32	IRA deduction			32						
	33	Student loan interest dedu			33						
	34				34						
	35	Domestic production activi			35						
	36	Add lines 23 through 35		'				36			Λ

Subtract line 36 from line 22. This is your **adjusted gross income** ▶

37

Tax and Credits 38	Form 1040 (2017)DIN	NESH BABU MANOHARAN	816	-55-3946 Page 2
Substitute	Tay and	38	Amount from line 37 (adjusted gross income)	38	52,562
Brundladd Declutions Dec		39a			
Standard	Credits		if: Spouse was born before January 2, 1953, Blind. Schecked ▶ 39a	_	
Debustion 1	Ctandand	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Project who be to be completed with the complete of the completed project with the complete project with the comple		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	-
Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter-0-	for -	41	Subtract line 40 from line 38	41	40,081
Second time or continue or c		42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	
A	box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	36,031
September Sept		44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	4,938
Section Sect		45	,	45	
Part Comment Part Part	see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Single or Married Ring Septration 48		47	Add lines 44, 45, and 46	47	4,938
Married filing September		48	Foreign tax credit. Attach Form 1116 if required 48		
Section Sect	Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
State Sta		50	Education credits from Form 8863, line 19		
Size		51	Retirement savings contributions credit. Attach Form 8880 51		
		52	Child tax credit. Attach Schedule 8812, if required 52		
Head of household.	widow(er),	53	Residential energy credit. Attach Form 5695 53		
Southernoon		54	Other credits from Form: a 3800 b 8801 c 54		
Other S Successful and Schedule SE S S S S S S S S S	household,	55	Add lines 48 through 54. These are your total credits	55	
Dither Taxes 58	\$9,350	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	4,938
Taxes		57	Self-employment tax. Attach Schedule SE	57	
60 a Household employment taxes from Schedule H b First-time homebuyer credit repayment. Attach Form \$405 if required 50b	Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
b First-lime homebuyer credit repayment. Attach Form \$406 if required	Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Health care: individual responsibility (see instructions)		60 a	Household employment taxes from Schedule H	60a	
Form 8959 b Form 8960 c Instructions acade code(s) 62		b		60b	
Payments 63 Add lines 56 through 62. This is your total tax		61		61	
Payments 64 Federal income tax withheld from Forms W-2 and 1099		62		62	
You have a qualifying child, attach Schedule EIC. 568 Earned income credit (EIC) 568 569		63		63	4,938
From the property of the pr	Payments	64		_	
Special Company Special Co	If you have a	65	2017 estimated tax payments and amount applied from 2016 return 65	_	
Schedule EIC. 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 8862 69 9 9 9 9 9 9 9 9	*	66a		_	
88 American opportunity credit from Form 8863, line 8 68 69 Net premium tax credit. Attach Form 8962 69 69 69 69 70 Amount paid with request for extension to file 70 71 Excess social security and tier 1 RRTA tax withheld 71 71 72 Credits from Form: a 2439 b Reserved c 8885 d 73 73 74 Add lines 64. 65. 66a, and 67 through 73. These are your total payments ▶ 74 9,116 74 74 74 74 74 74 75 74 74 75 74 75 75 74 75 75 75 75 75 74 75	1 '	b	Nontaxable combat pay election 66b	4	
69 Net premium tax credit. Attach Form 8962	Schedule EIC.	67		_	
70 Amount paid with request for extension to file		68		_	
71 Excess social security and tier 1 RRTA tax withheld		69		_	
72 Credit for federal tax on fuels. Attach Form 4136				_	
73 Credits from Form:				_	
T4 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶ 74 9,116 Refund 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 4,178 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ 76a 4,178 P b Routing number				_	
Refund 75				_	0 116
Total Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ ☐ 76a 4 ,178 Direct deposit? See instructions. **Direct deposit? See instructions. **Direct deposit? **Designed** **Direct deposit? **Direct deposit. **Direct d	D - (I				
Direct deposit? See instructions. b Routing number	Refund				
See instructions. Account number X X X X X X X X X		76a		76a	4,1/8
Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records. Keep a copy for your records. Paid Preparer Use Only Third Party Designee Amount you want applied to your 2018 estimated tax ▶ 77 Amount of line 75 you want applied to your 2018 estimated tax ▶ 77 Amount of line 75 you want applied to your 2018 estimated tax ▶ 77 Amount of line 75 you want applied to your 2018 estimated tax ▶ 77 Third Party Do you want to allow another person to discuss this return with the IRS (see instructions)? Personal identification	•	► b			
Amount You Owe 79	,				
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Do you want to allow another person to discuss this return with the IRS (see instructions)? Personal identification Personal iden	Amount		•		
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Phone Phone No. ▶ Personal identification Number (PIN) 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 amount 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 occupation Posignee's No Personal identification Number (PIN) Posignee's No Personal identification Number (PIN) No Nowledge and statements, and to the best of my knowledge and belief, they are true, correct, and scurred belief they are				78	
Designee name ▶ Phone no. ▶ Personal identification number (PIN) ▶ Number (PIN) № Number (PIN)					anlata halaw 😽 Na
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 amount 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. Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation Daytime phone number Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.) Praparer's signature Date Check if PTIN PTIN Print/Type preparer's name SRIDHAR KUMAR Pirm's name EWM SOLUTIONS LLC Firm's EIN 81-4165864 Firm's address 2691 Beau Ct NW Canton, OH 44708 Phone no. 703-468-1139	-	Design	nee's Phone Personal identi		ipiete below.
Accurately list all amount 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. Date				ney are true	, correct, and
Joint return? See instructions. Keep a copy for your records. Preparer's signature Print/Type preparer's name SRIDHAR KUMAR Print/Type preparer's name SRIDHAR KUMAR Firm's name EWM SOLUTIONS LLC Firm's address Canton, OH 44708 Spouse's occupation Date Spouse's occupation Check if PTIN PO1-26-2018 self-employed PO1794147 Pone no. 703-468-1139		accurate	ely list all amount and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which prepared to the p		any knowledge.
Joint return? See instructions. Keep a copy for your records. Preparer's signature Print/Type preparer's name SRIDHAR KUMAR Prim's name ► EWM SOLUTIONS LLC Firm's address ► 2691 Beau Ct NW Canton, OH 44708 Spouse's occupation Date Spouse's occupation Identity Protection PIN (see inst.)	Here	Your S		r	Daytime phone number
Paid Preparer Use Only Preparer's signature Print/Type preparer's name SRIDHAR KUMAR Firm's name ▶ EWM SOLUTIONS LLC Firm's address ▶ 2691 Beau Ct NW Canton, OH 44708 Propage Secupation Date 01-26-2018 Point/Type preparer's name SRIDHAR KUMAR Firm's name ▶ EWM SOLUTIONS LLC Firm's EIN ▶ 81-4165864	Joint return? See	Spouse	all company of a construct the construction	<u>-</u>	Identity Protection PIN (see inst.)
Paid Print/Type preparer's name SRIDHAR KUMAR SIm's address Prim's address Prim's address Paid Rim's address Prim's address Prim's name Print/Type preparer's name SRIDHAR KUMAR Firm's name Prim's name Prim's ElM SOLUTIONS LLC Firm's ElN Phone no. $703-468-1139$	Keep a copy for	-,	Date Spouse's occupation		
Paid Print/Type preparer's name SRIDHAR KUMAR D1-26-2018 Print/Type preparer's name Print/Type preparer's name SRIDHAR KUMAR Firm's name ► EWM SOLUTIONS LLC Firm's EIN ► 81-4165864 Firm's address ► 2691 Beau Ct NW Canton, OH 44708 Phone no. 703-468-1139	your records.	Prensi	rer's signature Date	, ,,	PTIN
Print/Type preparer's name SRIDHAR KUMAR Firm's name ► EWM SOLUTIONS LLC Firm's address ► 2691 Beau Ct NW Canton, OH 44708 Phone no. 703-468-1139		, repai	Citeck	ш	
Use Only Firm's name Firm's address EWM SOLUTIONS LLC Firm's address ≥ 2691 Beau Ct NW Canton, OH 44708 Phone no. 703-468-1139		Print/T		пріоуец	101/7111/
Ose Only Firm's address ► 2691 Beau Ct NW Canton, OH 44708 Phone no. 703-468-1139	-			FINI ►	81-4165864
Canton, OH 44708 Phone no. 703-468-1139	Use Only			LIIN	01 1100001
				eno 7	03-468-1139
	EEA		Collocal, Oll 11,00	<i>1</i> (Form 1040 (2017)

SCHEDULE A (Form 1040)

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

Department of the Treasury Internal Revenue Service (99) Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on	Form	1040			Your s	social security number
DINESH :	BAI	BU MANOHARAN			81	6-55-3946
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38				
Expenses	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	5	State and local (check only one box):				
Paid		a Income taxes, or	5	3,040		
		b 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	10	Home mortgage interest and points reported to you on Form 1098 .	10			
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid				
Note:		to the person from whom you bought the home, see instructions				
Your mortgage		and show that person's name, identifying no., and address				
interest						
deduction may be limited (see						
instructions).	40	Points and asserted to some First 1000 On interest to	11			
·	12	Points not reported to you on Form 1098. See instructions for special rules	42			
	12	Reserved for future use	12 13			
	13 14	Investment interest. Attach Form 4952 if required. See instructions.	14			
	15	Add lines 10 through 14	14	*	15	
	16	Gifts by cash or check. If you made any gift of \$250 or more,			13	
Gifts to Charity		see instructions	16			
•	17	Other than by cash or check. If any gift of \$250 or more, see				
If you made a gift and got a	•	instructions. You must attach Form 8283 if over \$500	17			
benefit for it,	18	Carryover from prior year	18			
see instructions.	19	Add lines 16 through 18			19	
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach I				
Theft Losses		enter the amount from line 18 of that form. See instructions			20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job				
and Certain		education, etc. Attach Form 2106 or 2106-EZ if required. See instr.				
Miscellaneous	5	▶Taxpayer 2106 10,492	21	10,492		
Deductions	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				
	26	Multiply line 25 by 2% (0.02)	26	1,051		
	27				27	9,441
Other		Other - from list in instructions. List type and amount				
Miscellaneous	6					
Deductions		L. F 4040 L 00 \$450.0000			28	
Total	29	Is Form 1040, line 38, over \$156,900?	la const			
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right co	iumn		200	10 401
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		• • • • • • •	29	12,481
		Yes. Your deduction may be limited. See the Itemized Deductions				
	20	Worksheet in the instructions to figure the amount to enter.	ndard	_		
	30	If you elect to itemize deductions even though they are less than your star deduction, check here	iuaiū	▶ □		
		UUUUUIUII, UIIDUN IIDID				

Department of the Treasury Internal Revenue Service (99)

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2017

Attachment Sequence No.

Social security number

DINESH BABU MANOHARAN

Occupation in which you incurred expenses SOFTWARE ANALYST

816-55-3946

Meals are Entertainment 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) 2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment 5 Meals and entertainment expenses (see instructions) 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 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 received under code "L" in box 12 of your Form W-2 (see instructions) 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) 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 eight and the service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see eight and the service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see eight and the	Column A			
instructions.) 2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment 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 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) 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		Step 1 Enter Your Expenses		
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	ral mail carriers: See	1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See		
didn't involve overnight travel or commuting to and from work 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment 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 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) 5 Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) 8 Subtract line 7 from line 6. If zero or less, enter 40. 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) 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		instructions.)		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	ng train, bus, etc., that	2 Parking fees, tolls, and transportation, including train, bus, etc., that		
airplane, car rental, etc. Don't include meals and entertainment 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment 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 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) 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	to and from work 2	didn't involve overnight travel or commuting to and from work		
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment 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 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 received 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) 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	ight, including lodging,	3 Travel expense while away from home overnight, including lodging,		
meals and entertainment Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 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 Tenter 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) Total expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR) 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. 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	and entertainment 3 9,244	airplane, car rental, etc. Don't include meals and entertainment		
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	-	4 Business expenses not included on lines 1 through 3. Don't include		
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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)	enses in Step 1, skip line 7 and enter the amount from line 6 on lin	Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and 6		
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)				
reported under code "L" in box 12 of your Form W-2 (see instructions)				
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)	le any reimbursements	reported to you in box 1 of Form W-2. Include any reimbursements		
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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)		instructions)		
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(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.)				
	<u>9</u> 10,492	details, see instructions.)		
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O 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.)				

Individual Diagnostic Summary Name(s) DINESH BABU MANOHARAN Demographics Individual Social Security # 816-55-3946 Spouse SSN

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)

Name SSN Relationship Date 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

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

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