

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 SAI CHARAN	M.I.	Last Name PILLA	2. Filer's Full Social Security No. (Example: 123-45-6789) 823 — 35 — 1184	
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) 3255 SOUTH PARKER ROAD, APT. 212			4. School District Code (5 digits – see page 60) 10000	
City or Town AURORA	State CO	ZIP Code 80014		
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. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse			6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.	
7. 2017 FILING STATUS. Check one. a. <input checked="" type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> <small>* If you check box "c," complete line 3 and enter spouse's full name below:</small>			8. 2017 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input checked="" type="checkbox"/> Part-Year Resident * <small>* If you check box "b" or "c," you must complete and include Schedule NR.</small>	

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.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">1</div>	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.		x	\$2,600	9b.		00
c. Number of qualified disabled veterans	9c.		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.					28740	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.						00
12. Total. Add lines 10 and 11	12.					28740	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.					21638	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.					7102	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.					988	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.					6114	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.					260	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	00	19b.	00
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.			260 00

Filer's Full Social Security Number

823 — 35 — 1184

21. Enter amount of Income Tax from line 20.....	21.	260	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.	260	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.	288	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.	288	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.	28	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.	28	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	
072000805	375016477404	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)
SAI CHARAN		PILLA	823 — 35 — 1184

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 SAI CHARAN	M.I.	Last Name PILLA	Filer's Full Social Security No. (Example: 123-45-6789) 823 — 35 — 1184
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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.	21638	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
	1993	24	<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.	21638.	00
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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 SAI CHARAN	M.I.	Last Name PILLA	2. Filer's Full Social Security No. (Example: 123-45-6789) 823 — 35 — 1184
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)

	FILER	SPOUSE
FROM:	01 — 01 — 2017	— — 2017
TO:	07 — 31 — 2017	— — 2017

Income Allocation

	A. Total Income	B. Michigan Income	C. Other State(s) Income
5. Wages, salaries, other payments (tips, etc.)	30440 00	7102 00	23338 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.....	30440 00	7102 00	23338 00
13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe: <u>MOVING EXPENSES</u>	1700 00	0 00	1700 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.	28740 00	7102 00	21638 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	15.	4000 00
16. Enter Michigan source income from line 14, column B	16.	7102 00
17. Enter total income from line 14, column A.....	17.	28740 00
18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%).....	18.	24.71 %
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.	988 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 SAI CHARAN	M.I.	Last Name PILLA	2. Filer's Full Social Security No. (Example: 123-45-6789) 823 — 35 — 1184
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		20-0108244	SPERIDIAN TECHNO	7102	00	288	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.	288 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 PILLA
 First Name SAI CHARAN
 Middle Initial _____ Suffix _____
 Social Security No. 823-35-1184
 Date of Birth 06/28/1993 (mm/dd/yyyy)
 Age as of 12/31/2017 24
 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 3255 SOUTH PARKER ROAD Apt No. 212
 City AURORA State CO ZIP Code 80014
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 10000

Part II – Main Form

<p>Taxpayer</p> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>Spouse (if different)</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Form MI-1040: Full-Year Resident ▶ _____</p> <p>Form MI-1040: Nonresident ▶ _____</p> <p>Form MI-1040: Part-Year Resident ▶ _____</p> <p>Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____</p> <p>Taxpayer residency dates From <u>01/01/2017</u> To <u>07/31/2017</u></p> <p>Spouse residency dates From _____ To _____</p>
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City Resident Status (complete if filing a city income tax return):

Detroit	Full-year resident <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Part-year resident <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 072000805

Account number 375016477404

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 SAI CHARAN PILLA	Social Security Number 823-35-1184
---	---------------------------------------

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	30,440.	7,102.
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	30,440.	7,102.
Adjustments:			
16 a	IRA deduction		
b	Moving expenses	1,700.	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: <u>Moving expenses</u> ▶ 16	1,700.	0.
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	1,700.	0.
19	Total Household Resources. Subtract line 18 from line 15. ▶ 19	28,740.	7,102.

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 SAI CHARAN PILLA	Social Security Number 823-35-1184
--------------------------	---------------------------------------

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	288.
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	288.
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>21,638.</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	30,440.	7,102.
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	30,440.	7,102.
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	1,700.	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	1,700.	0.
32 Adjusted gross income. Subtract line 31 from line 14	28,740.	7,102.

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

For calendar year 2017, or fiscal year beginning 17 and ending		<input type="checkbox"/>	Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.
SAI CHARAN PILLA 3255 SOUTH PARKER ROAD 212 AURORA CO 80014 BERT		<input type="checkbox"/>	Select box if return is filed and signed by Executor or Administrator.
Your SSN: 823351184 Spouse's SSN:			
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)			
Were you a resident of N.C. for the entire year of 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Year spouse died: <input type="checkbox"/> Return for deceased taxpayer. Date of death:	
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Return for deceased spouse. Date of death:	
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund.			
Did you claim the standard deduction on your 2017 federal return?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is your spouse a veteran?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

FS 1 PP Y DT N OC N TPRES N SPRES N STDD Y VT N SVT

PILLA 3255 80014 DS N EA N TD SD

SAI CHARAN PILLA 823351184

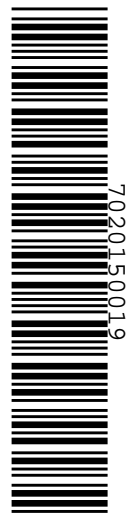
CO 80014

3255 SOUTH PARKER ROAD

212 AURORA

06	28740	18	Y	0	26C	0
07	0	20A		1062	26E	0
09	0	20B		0	EU	
11	S Y I N	21A		0	27	0
11	8750	21B		0	29	0
13	07667	21C		0	30	0
14	15326	21D		0	31	0
15	843	26A		0	32	0
16	0	26B		0	34	219

TN PN 6789659729 PP P02090332



Sign Return Below <input checked="" type="checkbox"/> Refund Due 219	<input type="checkbox"/> Payment Due 0
<i>I certify that, to the best of my knowledge, this return is accurate and complete.</i>	<i>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</i>
_____ Your Signature Date	APPANA RUPA VENKATA SATYA 06 14 18
_____ Spouse's Signature (If filing joint return, both must sign.) Date	Paid Preparer's Signature Date
_____ Home Telephone Number (Include area code)	P02090332 6789659729
	Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number

For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.

Last Name (First 10 Characters) PILLA

Your Social Security Number 823351184

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	28740
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	28740
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	28740
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	8750
12.	Subtract Line 11 from Line 10	12.	19990
13.	Part-year residents and nonresidents taxable percentage	13.	0.7667
14.	N.C. Taxable Income	14.	15326
15.	N.C. Income Tax	15.	843
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	843
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	843

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	1062
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2017 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	1062
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1062
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to underpayment of estimated tax	EU	
26e.	Interest on the underpayment of estimated income tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	219

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2018 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	219

D-400 Sch PN (50)

10-16-17

2017 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) PILLA	Your Social Security Number 823351184
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

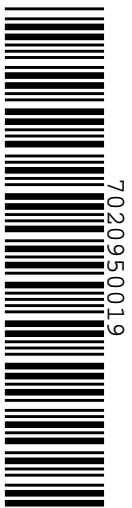
Important: Refer to the Instructions before completing this form.

22 23338 23 30440 NRT N PYT Y NRS N PYS N

Part A. Residency Status			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident
Date N.C. residency began 08 01 17	Date N.C. residency ended 12 31 17	Date N.C. residency began	Date N.C. residency ended

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	30440	23338
2. Taxable interest	2.	0	0
3. Taxable dividends	3.	0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4.	0	0
5. Alimony received	5.	0	0
6. Business income or (loss)	6.	0	0
7. Capital gain or (loss)	7.	0	0
8. Other gains or (losses)	8.	0	0
9. Taxable amount of IRA distributions	9.	0	0
10. Taxable amount of pensions and annuities	10.	0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11.	0	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	30440	23338
North Carolina Adjustments		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions			
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Adjustment for bonus depreciation	17b.	0	0
c. Adjustment for section 179 expense deduction	17c.	0	0
d. Other additions to federal adjusted gross income that relate to gross income	17c.	0	0
18. Total additions	18.	0	0



Last Name (First 10 Characters)	PILLA	Your Social Security Number	823351184
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 30440	23338

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 23338
23. Enter the amount from Column A, Line 21		23. 30440
24. Part-year residents and nonresident taxable percentage		24. 0.7667

North Carolina Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name SAI CHARAN
Middle Initial Suffix
Last Name PILLA
Social Security No. 823-35-1184
Date of Birth 06/28/1993
or age as of 1-1- 2018 24
Date of Death
Daytime phone

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
or age as of 1-1- 2018
Date of Death
Daytime phone

Home phone

Check to print phone number on your return [] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 3255 SOUTH PARKER ROAD Apt No. 212
City AURORA State . CO ZIP Code . 80014
County BERTIE Foreign Country

Part II – Resident Status

Taxpayer Spouse

[]
[]
[X]

[]
[]
[]

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From 08/01/17 To 12/31/17

Spouse residency dates From To

Part III – Filing Status

[X]
[]
[]

- 1 Single
2 Married filing jointly
3 Married filing separately

Spouse's name
Spouse's Social Security Number

[]
[]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal AGI:

Federal adjusted gross income (from federal Form 1040, line 37; Form 1040A, line 21; or Form 1040EZ, line 4) 28,740.

Federal Return Attachment:

Yes No
 Federal return attachment required

Dependent Information:

Yes No
 Can your parents (or someone else) claim **you** as a dependent?
 Can your parents (or someone else) claim **your spouse** as a dependent?

Veteran Information:

Yes No
 Are you a veteran?
 Is your spouse a veteran?

NC Itemized Deductions or NC Standard Deduction:

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name . . _____
Phone Number _____

Part V – Preparer Information

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

QuickZoom to Firm/Preparer Info ► _____

Part VI – 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 North Carolina Department of Revenue, as applicable by law.

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled _____ Preparer First name . . APPANA
Date return was accepted by state _____ Preparer Middle initial . . _____
Date Form D400V was given to client _____ Preparer Last name . . RUPA VENKATA SATYA SAI MANI KUMAR

Tax Payments Worksheet

2017

▶ Keep for your records

Name SAI CHARAN PILLA	Social Security Number 823-35-1184
--------------------------	---------------------------------------

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		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	1,062.	
10	State withholding on Forms W-2G		
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	1,062.	
15	Date return will be filed and balance paid	15	

Computation of North Carolina Taxable Income for Part-Year Residents and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return <u>SAI CHARAN PILLA</u>	Social Security Number <u>823351184</u>
--	--

Part 1 - Wages

T/S	W-2 Compensation	St	NC Withholding	Wages	RES/NR PY/NNC
T	W-2: CREST 360 INC	NC	1062	23338	PY
T	W-2: SPERIDIAN TECHNOLOGIES	MI		7102	NNC
Total Withholding and Wages			1062	30440	

Part 2 - Income Allocation

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
1 Wages, etc.	30440	23338	
2 a Taxable interest income			
b Tax exempt interest income			
3 a Dividends			
b Qualified dividends			
4 Refunds — State/Local tax			
5 Alimony received			
6 Bus inc or loss			
7 Capital gain or loss			
8 Other gains and losses			
9 a Total IRA distribution			
b Taxable IRA distribution			
10 a Total pensions, etc.			
b Taxable pensions, etc.			
11 Rents and Royalties			
K-1P			
K-1S			
K-1E			
Farm Rentals			
REMICs			
Total Rents, etc.			
12 Farm inc or loss			
13 Unemployment compensation			
14 a SS/RRB benefits			
Taxable SS			
Taxable RRB			
b Total taxable SS/RRB			
15 Other income			
16 Total Income	30440	23338	

Adjustments

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
NC Additions To Gross Income			
17 Interest inc from other states			
18 Adj for bonus depr			
19 Adj for Sec 179 expense			
20 Other additions			
21 Total additions			
NC Deductions From Gross Income			
22 State tax refund			
23 Interest income from US			
24 SSB and RRB benefits			
25 Bailey retirement benefits			
26 Adj for bonus depr.			
27 Adj for 179 expense			
28 Other deductions			
29 Total deductions			
30 Total Income after Adjustments (Line 16 + Line 21 - Line 29)	30440	23338	

Part 3 – N.C. Taxable Income : Part-Year and Nonresidents

1 Income During N.C. Residency: Enter your N.C. Sourced taxable income while you were a resident of North Carolina (line 30, column 2) Important: Do not include income that is not taxable on the federal return such as interest from tax exempt state or municipal bonds.	1	23338
2 N.C. Source Income during Nonresidency : Enter your total income that, during the period of Nonresidency, is sourced and taxable to North Carolina (line 30, column 3)	2	0
3 Add lines 1 and 2	3	23338

Part 4 – Total Income From All Sources

1 Total Income After Adjustments: Enter your total income that you received From all Sources Less Deductions and Adjustments (Line 30, column 1)	1	30440
--	---	-------

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return <u>SAI CHARAN PILLA</u>	Your Social Security No. <u>823-35-1184</u>
---	--

	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 NC sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	30,440.	23,338.	7,102.	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	30,440.	23,338.	7,102.	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 NC sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T	1,700.	0.	1,700.	0.
	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	1,700.	0.	1,700.	0.
	S				
37	Adjusted gross income T	28,740.	23,338.	5,402.	0.
	S				

▶ Keep for your records — Do not file

Name(s) Shown on Return
SAI CHARAN PILLA

Social Security Number
823-35-1184

Standard Deduction or Itemized Deduction for this return

Standard deduction from below* 8,750.
 Total allowable itemized deductions from D-400 Sch S _____

*Married Filing Separately and spouse claimed NC Itemized Deductions;
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

*Married Filing Separately and spouse claimed NC Standard Deduction;
 or claimed NC Standard Deduction even if less than NC Itemized Deductions

Standard Deduction for your Filing Status

Single	\$8,750	<u>8,750.</u>
Married Filing Jointly	\$17,500	
Married Filing Separately	\$8,750	
Head of Household	\$14,000	
Qualifying Widow(er) / Surviving Spouse	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA
taken as a NC Itemized Deduction Worksheet**

- | | | | |
|---|--|---|-------|
| 1 | Qualified charitable distribution from an individual retirement plan excluded from federal adjusted gross income | 1 | _____ |
| 2 | Enter the amount that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion | 2 | _____ |

Repayment of Claim of Right Worksheet

Repayment of amounts under a claim of right if \$3,000 or less:

- | | | | |
|---|--|---|-------|
| 1 | Enter the repayment of claim of right income included in Line 23 of federal Schedule A | 1 | _____ |
| 2 | Enter amount from Line 26 of federal Schedule A (2% of federal AGI) | 2 | _____ |
| 3 | Enter amount from Line 24 of federal Schedule A | 3 | _____ |
| 4 | Subtract Line 1 from Line 3 | 4 | _____ |
| 5 | Subtract Line 4 from Line 2 (If negative, enter a zero) | 5 | _____ |
| 6 | Subtract Line 5 from Line 1 (If negative, enter a zero). Enter amount on Form D-400 Schedule S, Part C, Line 22. | 6 | _____ |

Repayment of amounts under a claim of right if over \$3,000:

Enter the repayment of claim of right income included on Line 28 of federal Schedule A
 Enter amount on Form D-400 Schedule S, Part C, Line 22 ▶ _____