Form 8879	
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Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Return completed Form 8879 to your ERO. (Do not send to IRS.) ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's	name

Spouse's name	Spouse's social security number
KUMARA MURTHY VARRAE	330-75-5632
Taxpayer's name	Social security number

Part	I Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only)		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR,		
	line 37)	1	25,642.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) .	2	1,818.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40;		
	Form 1040EZ, line 7; Form 1040NR, line 62a)	3	4,511.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;		
	Form 1040NR, line 73a)	4	2,693.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	
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Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

×	l authorize GLOBAL TAXES LLC	to enter or generate my PIN	5 5 6 3 2
	ERO firm name		Enter five digits, but
	as my signature on my tax year 2017 electronically filed income	e tax return.	don't enter all zeros
	I will enter my PIN as my signature on my tax year 2017 electr entering your own PIN and your return is filed using the Practit		
Your sig	gnature ►	Date ►	
Spouse	s's PIN: check one box only		
	l authorize	to enter or generate my PIN	
	ERO firm name		Enter five digits, but
	as my signature on my tax year 2017 electronically filed income	e tax return.	don't enter all zeros
	I will enter my PIN as my signature on my tax year 2017 electr entering your own PIN and your return is filed using the Practit		
Spouse	's signature ►	Date►	
	Practitioner PIN Method Return	s Only—continue below	
Part II	Certification and Authentication – Practitioner PI	N Method Only	
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit se		7 8 /
the taxp	that the above numeric entry is my PIN, which is my signature bayer(s) indicated above. I confirm that I am submitting this retul and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers or	for the tax year 2017 electronical rn in accordance with the requirer	ly filed income tax return for
ERO's s	signature ►	Date ►	
	ERO Must Retain This Form	— See Instructions	

Form 1040	NR	U.S. No	nresident Alien	Income Tax Re	turn	L	OMB No. 1545-0074
Department of the		ry For the	year January 1-December	31, 2017, or other tax yea	r		2017
Internal Revenue S		beginning	, 2017, and ending		, 20		
		first name and initial				330–75–1	mber (see instructions)
		IARA MURTHY Int home address (number, street, and					
Please print		1 ROLLING FORK CIR ,		bu have a P.O. box, see ins	Structions. C	heck if: 🗙	
or type		town or post office, state, and ZIP code		ess also complete space	s below. See inst		Estate or Trust
or type	-		e. Il you have a loreign addi	ess, also complete space	s below. See inst	uctions.	
		NDON VA 20171		Foreign province/state/	County		Foreign postal code
					Journy		i oreigin postar code
	1	Single resident of Canada or I	Aexico or single LLS na	⊥ itional 4	ried resident c	of South Ko	rea
Filing	-	\mathbf{X} Other single nonresident alie	0		er married nor		
Status	3	Married resident of Canada or N			lifying widow(
Check only	-	ou checked box 3 or 4 above, e			d's name ►		
one box.		ouse's first name and initial	(ii) Spouse's last name		(iii) Spouse's	s identifying n	umber
	0.1		()		()]	, , ,	
Exemptions	7a	X Yourself. If someone can cl	aim vou as a depende	nt. do not check box	7a	Box	es checked 1
	b	— — — — — — — — — — — — — — — — — — —	•				a and 7b 1
		have any U.S. gross income			•	No.	of children c who:
	С	Dependents: (see instructions)	(2) Dependent's	(3) Dependent's	(4) 🗸 if qualifyi	ng live	ed with you
If more		(1) First name Last name	identifying numbe	er relationship to you	child for child t credit (see inst	ax	not live with
than four						you	I due to divorce
dependents, see instructions.							separation (see tructions)
See instructions.						Dep	endents on 7c
							entered above
						Add	numbers on 1
	d	Total number of exemptions cla	imed				above ► 1
Income	8	Wages, salaries, tips, etc. Attac	n Form(s) W-2			. 8	27,192.
Effectively		Taxable interest				. 9a	
Connected	b	Tax-exempt interest. Do not in	clude on line 9a	9b			
With U.S.		,		1 1		. 10a	
Trade/		Qualified dividends (see instruct	,				
Business		Taxable refunds, credits, or offs		,	,		
		Scholarship and fellowship grants.	()		,		
		Business income or (loss). Attac		()	· · · ·		
		Capital gain or (loss). Attach Sche					
Attach Form(s)		Other gains or (losses). Attach F IRA distributions				. 15	
W-2, 1042-S, SSA-1042S,		IRA distributions 16 Pensions and annuities 17		16b Taxable amoun 17b Taxable amoun	·	·	
RRB-1042S,		Rental real estate, royalties, par					
and 8288-A here. Also		Farm income or (loss). Attach S		•			
attach Form(s)		Unemployment compensation					
1099-R if tax was withheld.		Other income. List type and am					
	22	Total income exempt by a treaty fron	n page 5, Schedule OI, Iter	m L (1)(e) 22			
	23	Combine the amounts in the f	ar right column for lir	nes 8 through 21. Th	is is your tot	al	
		effectively connected income)	23	27,192.
Adjusted	24	Educator expenses (see instruc	ions)	24			
Adjusted	25	Health savings account deducti	on. Attach Form 8889	25			
Gross	26	Moving expenses. Attach Form	3903	26	1,550).	
Income	27	Deductible part of self-employment t	ax. Attach Schedule SE (F	orm 1040) 27			
	28	Self-employed SEP, SIMPLE, a	nd qualified plans .	28			
	29	Self-employed health insurance	deduction (see instruc	tions) 29			
		Penalty on early withdrawal of s	-				
	31	Scholarship and fellowship grar	ts excluded	31			
		IRA deduction (see instructions)					
		Student loan interest deduction	,				
		Domestic production activities of					
		Add lines 24 through 34				. 35	0
	36	Subtract line 35 from line 23. Th	is is your adjusted gro	oss income	<u></u> . I	► 36	25,642.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. BAA

REV 05/03/18 PRO

Form **1040NR** (2017)

Tax and Credits 37 Amount from line 36 (adjusted gross income) 1 1 38 4 5 5 39 39 30 5 30 5 30 30 10 30 30 10 30 10 30 10 30 10 30 10 30 10 30 10 30 10 30 10 30 10 <th>Form 1040NR (201</th> <th>7)</th> <th></th> <th>Page 2</th>	Form 1040NR (201	7)		Page 2
Credits 35 Subtract line 36 from line 37. 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 10 20 10 10 20 1			-	25,642.
39 Subtract line 33 from line 37. 38 39. 19, 292. 40 4.050. 40.4050. 41 Taxable income. Subtract line 40 from line 38, if line 40 is more than line 39, enter -0. 41 15., 242. 43 Alternative minimum tax (see instructions) 42 1.8.38. 44 Excesse advices perminum tax ore instructions, Attach Form 8802. 44 45 Add lines 42.43, and 4. 45 1.8.38. 46 Foroight tax credit. Attach Form 116 if regured	lax and	38 Itemized deductions from page 3, Schedule A, line 15 Std. Dedn US/India Treaty	7 38	6,350.
40 Exemptions (see instructions) 40 4,055 41 15.242 42 Task (see inst.). Check if any is from Form [5:1] 48 41 15.242 42 1.818 42 Task (see inst.). Check if any is from Form [5:1] 48 42 1.818 42 1.818 43 Atternative minimum tax (see instructions). Attach Form 8962 44 43 44 44 44 Code (or child and dependent care expenses. Attach Form 8962 44 45 1.818 45 Code (or child and dependent care expenses. Attach Form 8963 50 50 50 50 54 Tax on income of Michael 817. # required 46 49 51 52 55 Self-emptoyment tax. Attach Form 8965 50 50 50 50 50 54 Tax on income of Michaely ax from form 6 51 52 53 1.818 54 55 56 55 Self-emptoyment tax. Attach Schedule 817, frequired 54 55 56 56 56 56 56 56 56 56 56 56 56 56<	Credits			19,292.
42 Tax (see inst.). Check if any is from Form(5: a) B814 B) 2472 42 1,818. 43 Atternative minimum tax (see instructions). Attach Form 8261 44 44 44 Excess advance premium tax credit repyment. Attach Form 8962 44 45 Foreign tax credit. Attach Form 1116 if required 46 47 Credit for child and dependent care sepanese. Attach Form 8895 46 48 Retirement sample conduct tax credit. Attach Form 6895 60 49 Child tax credit. Attach Schedule 8812, frequired 46 49 Child tax credit. Attach Form 5895 60 51 Sati tax credit. Attach Schedule 8812, frequired 51 52 Sati tax credit attach schedule 8812, frequired 53 53 Subtract line 52 from inc 45, fill line 52 is more than line 45, senter -0			40	4,050.
42 Tax (see inst.). Check if any is from Form (251) 42 1.9.18 43 Atternative minimum tax cendir repayment. Attach Form 8261 43 44 Excess advance premium tax cendir repayment. Attach Form 8262 44 45 Add lines 42, 43, and 4 44 46 Foreign tax credit. Attach Form 1116 if required 46 47 Credit for child and dependent care expanses. Attach Form 8860 44 48 Retirement savings contributions credit. Attach Form 8860 48 49 Child tax credit. Attach Schedule 8812. If required 48 40 Totat tax credit. Attach Schedule 8812. If required 48 50 Other 50 51 Other credits from Form: all 9800 bl B801 coll 51 52 Add lines 46 through 51. These are your total credits. 52 53 Subtract line 52 from line 45. If ine 52 in more than line 45, enter -0. 53 54 Start any line more offectivey corrected with a 15 State of these form 5405 if required 56 55 Start any line more offectivey corrected with a 15 State of these 52 in more than line 45, enter -0. 56 55 Start any line more offectivey corrected with a 15 State of these 52 in more than line 45, enter -0. 56 56 Add lines 45 through 50. This is you total tax. 56 56 57 Add lines 45 through 50. This is you total tax.		41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	15,242.
43 Atternative minimum tax (see instructions). Attach Form 8261		42 Tax (see inst.). Check if any is from Form(s): a 8814 b 4972	42	
45 Add lines 42, 43, and 44 46 46 47 Credit for child and dependent care expenses. Attach Form 2411 47 48 Reterement savings contributions credit. Attach Form 5805 49 49 Child tax credit. Attach Schedule 8812, frequired 49 50 Reterement savings contributions credit. Attach Form 5805 50 51 Other credits from Form: all 3000 b 8801 c 51 51 52 Add lines 48 through 51. These are your total credits 52 53 Subtract lines 52 from 1146 43. Inte 52 is more than line 45, enter -0. 53 54 Tax on income ont effectively connected with u US. trade or buistess from page 4, Scheduk NCC, line 15 54 54 Sa subtract lines 100 56 53 55 Self-employment tax. Attach Schedule 41 (Form 1040) 59 59 53 Transportation tax (see instructions) 59 59 50 59 House h		43 Alternative minimum tax (see instructions). Attach Form 6251	43	
46 Foreign tax credit. Attach Form 1116 if required		44 Excess advance premium tax credit repayment. Attach Form 8962	44	
46 Foreign tax credit. Attach Form 1116 if required		45 Add lines 42, 43, and 44	45	1,818.
48 Retirement savings contributions credit. Attach Form 8880. 49 49 Child tax condit. Attach Schedule 8812. (required) 50 50 Residential energy credit. Attach Form 8695. 50 51 Other credits from Form: all 3800 bl B801 ell 51 52 Statutact line 52 from line 45. If line 52 ls more than line 45, enter -0. 52 53 Statutact line 52 from line 45. If line 52 ls more than line 45, enter -0. 53 54 Tax on income of effectively connected with 10.2. Intoide o baleses from page 4, 5chedule HC, line 15 54 54 Tax on income of effectively connected with 10.2. Intoide o baleses from page 4, 5chedule HC, line 15 56 59 Unreported social saccuty and Medicare tax from Form: all 137 bl B919 57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 56 59 Taxes from all Crans B90 Di Instructions; enter codes) 60 61 Add lines 63 through 60. This is your total tax 52 53 62 Federal income tax withheed from: 62 62 64 63 Sufficient all cas plan on fuels. 62 65 65 64 Add lines 63 through 61. T		46 Foreign tax credit. Attach Form 1116 if required 46		· · · · · ·
49 Child tax oredit. Attach Schedule 8812, if required		47 Credit for child and dependent care expenses. Attach Form 2441 47		
50 Residential energy cradit. Attach Form 5605 51 0ther cradits from Form: a		48 Retirement savings contributions credit. Attach Form 8880 . 48		
51 Other credits from form: a □ \$800 b □ \$801 c □ 51 53 Subtract line 52 from line 45. If line 52 is more than line 45, enter -0 53 64 74 74 74 74 74 74 74 74 75 74 74 74 74 74 75 74 74 76 74 74 76 76 76 76 76 76 76 76 76 77 77 77 78 76 76 76 76 77 76 76 76 77 76 77 78 76 77 76 76 76 77 76 77 78 77 77 74 74 74 74 74 74 74 74 74 74 74 74 75 76 76 76		49 Child tax credit. Attach Schedule 8812, if required 49		
52 Add lines 46 through 51. These are your total credits 53 53 1,818, Other 53 Subtract line 52 from line 45, if line 52 is more than line 45, enter -0		50 Residential energy credit. Attach Form 5695 50		
52 Add lines 46 through 51. These are your total credits 53 53 1,818, Other 53 Subtract line 52 from line 45, if line 52 is more than line 45, enter -0				
53 Subtract line 52 from line 45. If line 52 is more than line 45, enter -0			52	
Other Taxes 54 Tax on income not effectively connected with a US. trade or business from page 4, Schedule NEC, line 15 54 Taxes 55 Self-employment tax. Attach Schedule SE (Form 1040) 56 57 Additional tax on InAs, other qualified retirement plans, etc. Attach Form 5329 if required 57 58 58 Transportation tax (see instructions) 59 59 Household employment taxes from Schedule H (Form 1040) 59 50 Taxes from: a □ Form 859 b □Instructions; enter code(s) 60 60 Taxes from: a □ Form 859 b □Instructions; enter code(s) 60 61 Add lines 53 through 60. This is your total tax b Comp(s) 805. 62a 62 Form(s) 1042-S 56 55 63 2017 estimated tax paments and amount applied from 2016 return 63 64 Additional child tax credit. Attach Form 8329 65 65 Amount paid with request for extansion to file (see instructions) 65 65 Amount of ine 72 you want defined from 116 from 1167 This is the amount you overpaid 72 2, 693. 71 Add lines 62a through 70. These are your fotal payments 74 73 2, 693. 72			53	1,818.
Other 55 Self-employment tax. Attach Schedule SE (Form 1040) 56 Taxes 56 56 57 Additional tax on IRAs, other qualified retars from Form: a [4137 b [381 6] 57 58 Transportation tax (see instructions) 58 58 59 Household employment taxes from Schedule H (Form 1040) 59a 59 Household employment taxes from Schedule H (Form 1040) 59a 59 Household employment taxes from Schedule H (Form 1040) 59a 50 Taxes from: a [Form 3959 b] Instructions; enter code(s) 60 61 1, 818. 61 1, 818. 62 Federal income tax withheld from: a form(s) W2-2 and 1999. 62a 4, 511. b Form(s) 8805. 62 62d 63 64 63 62d 63 64 64 64 Additional tax payments and amount appled from 2016 return 63 63 64 65 66 65 66 66 66 70 Credit for federal tax paid on fuels. Attach Form 4136 68 69 71 4, 511. 71 72 71 74			54	
57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 57 58 Transportation tax (see instructions) 59 59 Household employment taxes from Schedule H (Form 1040) 59a 60 Taxes from: a Form 8959 b Instructions; enter code(s) 60 61 Add lines 50 through 60. This is your total tax b for (1) 62 Federal income tax withheld from: a Form(s) W-2 and 1099 62a 63 2017 estimated tax payments and amount applied from 2016 return 63 64 Additional child tax credit. Attach Form 9862 65 65 Net premium tax credit. Attach Form 9862 65 66 Ge anount paid with request for extension to file (see instructions) 66 67 Excess social security and tier 1 RBTA tax withheld (see instructions) 66 68 Credits from form: a: 2439 b Reserved 0 = 0885 b d 69 69 71 Add lines 62 athrough 70. These are your total payments 71 4, 511. 72 73 Amount of line 72 you want refunded to you. If form 888 is attached, check here. 72 72 Amount of line 72 you want refunded to you. If form 888 is attached, check here. 72 <td< th=""><th>Other</th><th></th><th>55</th><th></th></td<>	Other		55	
S7 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required S7 S8 Transportation tax (see instructions) S8 S9 Household employment taxes from Schedule H (Form 1040) S9a b First-time homebuyer credit repayment. Attach Form 5405 if required S9b 60 G1 Taxes from: a □ Form 8959 b □ Instructions; enter code(s) 60 61 Add lines 53 through 60. This is your total tax b form(s) 8288-A 62 a Form(s) Payments 62a 4, 511. b Form(s) 8805 62b 62d c Form(s) 1042-S 62d 63 G3 2017 estimated tax payments and amount applied from 2016 return 63 G4 Additional child tax credit. Attach Form 9362 66 G5 Net premium tax credit. Attach Form 9362 66 G6 Amount paid with request for extension to file (see instructions) 66 G7 Credit for forearl tax paid on fuels. Attach Form 9328 is attached, check here. 71 4, 511. 72 It most 1 is more than line 61, subtract line 61 form line 71. This is the amount you worepaid 72 2, 693. 73 Amount of line 72 you want refunded to	Taxes	56 Unreported social security and Medicare tax from Form: a 4137 b 8919	56	
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b First-time homebuyer credit repayment. Attach Form 5405 if required 59b 60 Taxes from: a □ Form 8959 b □ Instructions; enter code(s) 60 61 Add lines 53 through 60. This is your total tax 62 7 Form(s) W-2 and 1099 62 62 Form(s) 8805 62 63 Form(s) 8805 62 64 63 63 65 Notimated tax payments and amount applied from 2016 return 63 64 Additional child tax credit. Attach Schedule 8812 64 65 Net premium tax credit. Attach Schedule 8812 64 66 Additional child tax credit. Attach Schedule 8812 66 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67 68 Credit for federal tax paid on fuels. Attach Form 4136 68 70 Credit for amount paid with requered to you. If Form 8888 is attached, check here. 71 71 Add lines 62.a through 70. These are your total payments 69 72 Credit for amount paid with requered to you. If Form 8888 is attached, check here . 73a 72 Tile 71 is more than line 61, subtract line 61 for mile 71. This is the amount you overpaid 74 <th></th> <th>58 Transportation tax (see instructions)</th> <th>58</th> <th>· · · · ·</th>		58 Transportation tax (see instructions)	58	· · · · ·
60 Taxes from: a □ Form 8959 b □ Instructions; enter code(s) 60 61 Add lines 53 through 60. This is your total tax >> 61 Payments 62 Federal lincome tax withheld from: a Form(s) 828.8-A 62a 4,511. 62 61 1,818. 62a 4,511. 63 61 62a 4,511. 64 63 60 64 63 2017 estimated tax payments and amount applied from 2016 return 63 63 64 64 64 66 66 65 66 66 67 66 67 68 69 72 70 70 70 72 2,693. 73a 73a 2,693. 73a 2,693. 74 Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . 73a 73a 2,693. 74 Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . 73a 73a 2,693. 74 Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . 74 73a 2,693. 73a 2,693.		59a Household employment taxes from Schedule H (Form 1040)	59a	
61 Add lines 53 through 60. This is your total tax		b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
61 Add lines 53 through 60. This is your total tax		60 Taxes from: a Form 8959 b Instructions; enter code(s)	60	
Payments a Form(s) W-2 and 1099			61	1,818.
a form(s) B305 image: state in the intermediate	December	62 Federal income tax withheld from:		
c Form(s) 8288-A	Payments	a Form(s) W-2 and 1099	•	
d Form(s) 1042-S 63 63 2017 estimated tax payments and amount applied from 2016 return 64 Additional child tax credit. Attach Schedule 8812 64 65 66 66 66 67 68 68 68 69 70 70 Credit for amount paid with request for extension to file (see instructions) 67 68 69 Credit for amount paid with Form 1040-C 70 Credit for amount paid with Form 1040-C 71 Additions 62a through 70. These are your total payments 71 Additions 62a through 70. These are your total payments 71 Addition 1 line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 2,693. 73a 7a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . ▶ 73a 2,693. 74 Amount of line 72 you want applied to your 2018 estimated tax ▶ 74 Total supplied to your 2018 estimated tax ▶ 75 76 Estimated tax penalty (see instructions)		b Form(s) 8805...................................		
63 2017 estimated tax payments and amount applied from 2016 return 63 64		c Form(s) 8288-A..................................		
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66 Amount paid with request for extension to file (see instructions) 66 67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67 68 Credit for federal tax paid on fuels. Attach Form 4136 68 69 Credit for federal tax paid on fuels. Attach Form 4136 68 69 Credit for federal tax paid on fuels. Attach Form 4136 69 70 Credit for amount paid with Form 1040-C 70 71 Add lines 62a through 70. These are your total payments 70 72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 72 Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . ▶ 73 73a Amount of line 72 you want applied to your 2018 estimated tax ▶ 74 74 Amount of line 72 you want applied to your 2018 estimated tax ▶ 74 74 Amount of line 72 you want applied to your 2018 estimated tax ▶ 74 75 Moount of line 72 you want applied to your 2018 estimated tax ▶ 74 76 Estimated tax penalty (see instructions) 75 76 Estimated tax penalty (see instructions) 75 76 Sign Here Do		64 Additional child tax credit. Attach Schedule 8812 64		
67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67 68 Credit for federal tax paid on fuels. Attach Form 4136 68 69 Credits from Form: a 2439 b Reserved c 8885 d 6 69 70 Credit for amount paid with Form 1040-C 70 71 Add lines 62a through 70. These are your total payments 70 71 Add lines 62a through 70. These are your total payments 70 72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 73a Amount of line 72 you want refunded to you. If Form 8885 is attached, check here. 73a 9 Account number 3 2 1 1 7 1 1 8 4 e c Type: X Checking Savings 74 4 Account number 3 2 1 1 7 0 1 7 6 5 33a 75 76 Estimated tax penalty (see instructions) 74 75 76 Estimated tax penalty (see instructions) 76 75 76 Estimated tax penalty (see instructions) 75 75 76 Do you want to allow another person to discuss this return with the IRS? See instructions 75 76 Estimated tax penalty (see instructions) 76 Finmate dax penalty (see		65 Net premium tax credit. Attach Form 8962 65		
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70 Credit for amount paid with Form 1040-C. 70 71 Add lines 62a through 70. These are your total payments 71 72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 73 Amount of line 72 you want refunded to you. If Form 888 is attached, check here . ▶□ 73a 74 Account number 3 2 1 1 7 6 74 Account number 3 2 1 1 7 6 5 75 e if you want you refund check mailed to an address outside the United States not shown on page 1, enter it here. 75 76 Estimated tax penalty (see instructions) 76 5 75 76 Stammato to allow another person to discuss this return with the IRS? See instructions 75 77 Port value Port value Parenal information of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 79 Your oscupation in the United States Print/Type preparer's name Preparer's signature		68 Credit for federal tax paid on fuels. Attach Form 4136 68		
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Direct deposit? See instructions. No Annount of line 72 you want refunded to you. If of more statached, checking Savings d Account number 3 2 1 1 7 1 1 8 4 c Type: Checking Savings d Account number Savings d Account number e If you want you refund check mailed to an address outside the United States not shown on page 1, enter it here. 74 Amount 75 You Owe 76 Estimated tax penalty (see instructions) 74 74 Amount You Owe 76 Estimated tax penalty (see instructions) 76 75 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If the IRS sent you an Identity Protection PIN, enter it here (see instructions) Your signature Date Your occupation in the United States If the IRS sent you an Identity Protection PIN, enter it here (see instructions) Your signature Date Your occupation in the United States If the IRS sent you an Identity Protection PIN, enter it here (Defund	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	2,693.
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74 Amount of line 72 you want applied to your 2018 estimated tax ▶ 74 Amount 75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions ▶ 75 You Owe 76 Estimated tax penalty (see instructions) 76 75 Third Party Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee Designee's name ▶ no. ▶ number (PIN) ▶ 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation in the United States If the IRS sent you an Identity Protection PIN, enter it here (see instr.) SoFTWARE ENGINEER Paid Print/Type preparer's name Preparer's signature Date Check if PIN Preparer SoFTWARE ENGINEER Date Check if PO2090332 PIN Paid Firm's name > GLOBAL TAXES LLC Firm's EIN > 30-1017196	instructions.			
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Preparer APPANA RUPA VENKATA SATYA SAI MANI KUMAR APPANA RUPA VENKATA SATYA SAI MANI KUMAR APPANA RUPA VENKATA SATYA SAI MANI KUMAR 06/12/2018 self-employed P02090332 Use Only Firm's name ► GLOBAL TAXES LLC Firm's EIN ► 30-1017196	Daid		Chaol. [
Use Only Firm's name ► GLOBAL TAXES LLC Firm's EIN ► 30-1017196		APPANA RUPA VENKATA SATYA SAI MANI KUMAR APPANA RUPA VENKATA SATYA SAI MANI KUMAR 06/12/2018		_ "
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Schedule A-Itemized Deductions (see instructions)

Schedule A-	-itei	mized Deductions (see instructions)				07
Taxes You	-					
Paid	1	State and local income taxes .			1	
Gifts		return, see instructions.				
to U.S.	2	Gifts by cash or check. If you made any gift of \$250 or more,				
Charities	-		2			
	3	Other than by cash or check. If you made any gift of \$250 or			-	
		more, see instructions. You must attach Form 8283 if the				
		amount of your deduction is over \$500	3			
	4	Carryover from prior year	4			
	_				_	
	5	Add lines 2 through 4	•	<u></u>	5	
Casualty and Theft Losses	6	Casualty or that loss(as) Attach Form 1691. Sas instructions			6	
	7	Casualty or theft loss(es). Attach Form 4684. See instructions . Unreimbursed employee expenses—job travel, union dues,		<u></u>	0	
Job Expenses	•	job education, etc. You must attach Form 2106 or Form				
and Certain		2106-EZ if required. See instructions ►				
Miscellaneous			7			
Deductions						
	8	Tax preparation fees	8			
	9	Other expenses. See instructions for expenses to deduct				
		here. List type and amount ►				
			9			
			<u> </u>		-	
	10	Add lines 7 through 9	10			
	11	Enter the amount from Form				
		1040NR, line 37 11				
	12	Multiply line 11 by 2% (0.02)	12		-	
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter	or 0		12	
	14	Other—see instructions for expenses to deduct here. List type			13	
Other Miscellaneous		· · · · · · · · · · · · · · · · · · ·				
Deductions						
					44	
	15	Is Form 1040NR, line 37, over the amount shown below for	the t	filing status box you	14	
Total		checked on page 1 of Form 1040NR:				
Itemized Deductions		• \$313,800 if you checked box 6;				
Deductions		• \$261,500 if you checked box 1 or 2; or				
		• \$156,900 if you checked box 3, 4, or 5?				
		No. Your deduction is not limited. Add the amounts in the fa	ar righ	nt column for lines 1		
		through 14. Also enter this amount on Form 1040NR, line 38.				
		Yes. Your deduction may be limited. See the Itemized Dedu				
		instructions to figure the amount to enter here and on Form 104	IUNK	, IINE 38.	15	

	Schedule NEC—Tax on Income Not Effectiv	vely C	onnected With a	a U.S. Trade or	Business (see ir	nstructions)	
			Enter amount of in	ncome under the ap	propriate rate of tax	(see instructions)	
	Nature of income		(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)
			(4) 1070	(6) 1070	(0) 00 /0	%	%
1	Dividends paid by:						
а	U.S. corporations						
b	Foreign corporations	1b					
2	Interest:						
а	Mortgage						
b	Paid by foreign corporations						
С	Other						
3	Industrial royalties (patents, trademarks, etc.)						
4	Motion picture or T.V. copyright royalties						
5	Other royalties (copyrights, recording, publishing, etc.)						
6	Real property income and natural resources royalties						
7	Pensions and annuities						
8	Social security benefits						
9	Capital gain from line 18 below	9					
10	Gambling-Residents of Canada only. Enter net income in column (c).						
	If zero or less, enter -0						
a	Winnings	10					
b	Losses	10c					
11	Gambling winnings-Residents of countries other than Canada.						
40	Note: Losses not allowed						
12	Other (specify)	12					
10	Add lines to through 10 in columns (a) through (d)						
13 14	Add lines 1a through 12 in columns (a) through (d)						·
14 15							
15	Form 1040NR, line 54						
	Capital Gains and Loss					, 13	
Enter o	nly the capital gains and the capital gains and the capital second description (b) De		(c) Date			(f) LOSS	(g) GAIN
losses exchan	ges that are from (if necessary, attach statement of acquir		sold	(d) Sales price	(e) Cost or other basis	If (e) is more than (d), subtract (d)	If (d) is more than (e), subtract (e)
sources	sources within the United descriptive details not shown below) (mo., day, y States and not effectively		(mo., day, yr.)		0000	from (e)	from (d)
connec	ted with a U.S. business.						
disposi	include a gain or loss on ngofa_U.Sreal						
	y interest; report these						
(Form 1							

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

17 Add columns (f) and (g) of line 16

17	Add columns (f) and (g) of line 16	17 (
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a	oss, enter -0-) 🕨	18

Form **1040NR** (2017) REV 05/03/18 PRO

Form	1040NR	(2017)
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Form	1040NR (2017)				Page 5
		Schedule OI-O	ther Information (se Answer all questions	e instructions)	
Α	Of what country or countries	s were you a citizen or natio	•	INDIA	
в	In what country did you clair	n residence for tax purpose	es during the tax year?	India	
с	Have you ever applied to be	a green card holder (lawfu	l permanent resident) of	the United States?	🗌 Yes 🛛 No
D		ul permanent resident) of th	e United States?		Yes ⊠ No Yes ⊠ No
Е	If you had a visa on the las immigration status on the las	t day of the tax year, ente st day of the tax year.	r your visa type. If you F1	did not have a visa, ente	er your U.S.
F	Have you ever changed your If you answered "Yes," indic	r visa type (nonimmigrant s ate the date and nature of	tatus) or U.S. immigratic the change. ►	on status?	🗌 Yes 🖄 No
G	List all dates you entered an Note: If you are a resident or check the box for Canada	f Canada or Mexico AND c	ommute to work in the L	Jnited States at frequent i	ntervals, Mexico
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	Dat	e entered United States mm/dd/yy	Date departed United States mm/dd/yy
H	Give number of days (include 2015 Did you file a U.S. income ta If "Yes," give the latest year	, 2016]			🛛 Yes 🗌 No
J	Are you filing a return for a tr If "Yes," did the trust have U.S. person, or receive a con	a U.S. or foreign owner ur	nder the grantor trust ru	les, make a distribution of	Yes ⊠ No or loan to a Yes ⊠ No
K	Did you receive total compe If "Yes," did you use an alter				Yes ⊠ No Yes ⊠ No
L	Income Exempt from Tax- foreign country, complete (1) 1. Enter the name of the co benefit, and the amount of) through (3) below. See Pu	b. 901 for more informa reaty article, the numbe	tion on tax treaties. er of months in prior year	s you claimed the treaty
	(a) Count	try	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
(e)	Total. Enter this amount on	Form 1040NR, line 22. Do I	not enter it on line 8 or li	ne 12	
	 Were you subject to tax in Are you claiming treaty be 	n a foreign country on any	of the income shown in	1(d) above?	□ Yes ⊠ No □ Yes ⊠ No
	- All you claiming treaty D	ononio pursuant to a comp			

If "Yes," attach a copy of the Competent Authority determination letter to your return.

Form 3903		Moving Expenses		OMB No. 1545-0074
Departr	ment of the Treas			2017 Attachment Sequence No. 170
Name(s	s) shown on retu	im	Υοι	ir social security number
KUM	ARA MURT	HY VARRAE	33	30-75-5632
Befo	ore you beg	jin: ✓ See the Distance Test and Time Test in the instructions to find out if you car expenses.	n ded	uct your moving
		✓ See Members of the Armed Forces in the instructions, if applicable.		
1	Transporta	ation and storage of household goods and personal effects (see instructions)	1	1,200.
2		eluding lodging) from your old home to your new home (see instructions). Do not	2	350.
3	Add lines	1 and 2	3	1,550.
4	not includ	total amount your employer paid you for the expenses listed on lines 1 and 2 that is ed in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your with code P	4	
5		ore than line 4?	-	
		You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.		
	X Yes.	Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,550.
For P	Paperwork F	Reduction Act Notice, see your tax return instructions. BAA REV 05/03/18 PRC)	Form 3903 (2017)

IRS *e-file* Authentication Statement

Keep for your records

Name(s) Shown on Return	Social Security Number	
KUMARA MURTHY VARRAE	330-75-5632	

A – Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

axpayer entered PIN	►	
RO entered Taxpayer's PIN	►	Х

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable,

with my Self-Select PIN below.
QuickZoom to the Federal Information Worksheet to enter PIN numbers
Taxpayer's PIN (5 numbers)
Date

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit)

Nonresident Alien Information Worksheet

► Keep for your records

Part I – Personal Information

Last name VARRAE First name KUMARA Social security number 3 Date of birth (mm/dd/yyyy) 1 Work phone 2 Extension 2 Cell phone 2 Fax number 2 Country of which client was a citi Check this box if your client is a	30-75-5632 1/10/1988 (510)766-5458 izen or national during resident of the Repub	or age as of 1-1-2018 Home phone E-mail address Foreign phone g year <u>INDIA</u> blic of Korea (ROK)	 . <u>SOFTWARE ENGINEER</u> . <u>29</u> . <u>KUMARAMURTHY6@GMAIL.COM</u>
Best contact phone number		. <u>Taxpayer cell pho</u>	<u>ne (510)766-5458</u>
Present home address: US Address: Address 2361 ROLL City HERNDON Foreign Address: Address City Country code Province/county	ox to use foreign add	State VA U.S. ZI ress ►	Apt no <u>408</u> P code <u>20171</u> Apt no
Address outside the United State present home address above. Address City Country code . If filing Form 8840 or Form 8843 b resident. If same as present home	y itself, give address	Province Postal Code in the country where client	
Part II – Federal Filing Statu	S		
Check the box for filing status: 1 Single resident of Car 2 X Other single nonreside		single U.S. national	If filing status is married: check this box to take an exemption for the client's spouse (only if spouse had no
3 Married resident of Ca	anada or Mexico, or a	married U.S. national	U.S. gross income) ► spouse's SSN
 4 Married resident of the 5 Other married nonresident 6 Qualifying widow(er) where the appropriate the 	ident alien vith dependent child	pouse died	check this box if client did not live with spouse at any time during the year
If the 'qualifying person	is your child but not	your dependent: MI Last Name	

Check this box if client is eligible for benefits of Article 21(2) of U.S. – India Income Tax Treaty.... ► X

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Name(s) Shown on Return	Social Security Number
KUMARA MURTHY VARRAE	330-75-5632

Taxpayer's Driver's License Detail (Spouse not required for 1040NR)

Required for electronic filing, either complete the driver's license or state id detail information below **or** select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

T <u>axp</u> a	Taxpayer/Spouse does not have a driver's license or state id					
	Taxpayer	Note:	Alabama does not allow this option			
Тахра	Taxpayer/Spouse did not provide driver's license or state id information					
Х	Taxpayer	Note:	Alabama, New Mexico, New York and Ohio do not allow this option			

Check to confirm transferred driver's license or state id information (which appears in green) is correct **Note:** Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:	Spouse:
Issuing state	Issuing state
License number	License number
Issue date	Issue date
Expiration date	Expiration date
Does not expire	Does not expire
NY Document number (first 3 chars)*	NY Document number (first 3 chars)*

State Identification Card Detail

Taxpayer:	Spouse:
Issuing state	Issuing state
Identification number	Identification number
Issue date	Issue date
Expiration date	Expiration date
Does not expire	Does not expire
NY Document number (first 3 chars)*	NY Document number (first 3 chars)*

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

New client

Returning client to same preparer and firm

Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
 - State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

Driver's license (complete detail above) State issued identification card (complete detail above)

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Keep for your records

2017

Name(s) Shown on Return	Social Security Number
KUMARA MURTHY VARRAE	330-75-5632

Payment by Check (Form 1040-V) – Federal Balance Due Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the
preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or
"Self-Prepared" (XSP) can be changed but is required
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return

ERO Name			ERO Electronic Filers Identification Number (EFIN)
GLOBAL TAXES LLC			587278
ERO Address			ERO Employer Identification Number
2530 Pebble Creek Ln			30-1017196
City	State	ZIP Code	ERO Social Security Number or PTIN
Cumming	GA	30041	
Country			

Paid Preparer Information

Firm Name	Social Security Number or PTIN					
GLOBAL TAXES LLC				P02090332		
Name				Employer Identification Number		
APPANA RUPA VENKATA SATYA	SAI I	MANI	KUMAR	30-1017196		
Address				Phone Number	Fax Number	
2530 Pebble Creek Ln				(678)965-9729		
City	State	e ZIP	P Code			
Cumming	GA		30041			
Country				E-mail Address		
				kumar@gtaxfile.	com	

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed		
IRS-prepared	1	•
Prepared by taxpayer or other non-paid preparer)	▶

Amended Returns

File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.
Enter an 'in care of addressee' if applicable
Name of personal representative for deceased returns
If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes Ves No
Check this box if your client is in the U.S. Armed Forces with a stateside address
Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.
Kosovo Operation
Afghanistan/Enduring Freedom
Haiti
Former Yugoslavia Image: Second s
Joint Guard
Joint Forge Northern Watch Image: Control of the second s
Operation Allied Force
Combat Zone

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS *e-file* Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848. Power of Attorney and Declaration of Representative Form 3468, Historic Structure Certificate Form 3468, Historic Structure Certificate Form 4136, Credit for Federal Tax Paid on Fuels Form 4136, Credit for Federal Tax Paid on Fuels Form 4136, Credit for Federal Tax Paid on Fuels Form 8283, Noncash Charitable Contributions (Declaration of Appraiser) Form 7098-C, Contributions of Motor Vehicles, Boats and Airplanes Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc Form 8885, Health Coverage Tax Credit Form 8949. Sales and Other Disp of Capital Assets.(or a stmt w/the same information) Form 3115, Change in Accounting Method		
These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es).	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report		
Form 8858, Foreign Disregarded Entities.		

Name(s) Shown on Return KUMARA MURTHY VARRAE Social Security Number 330-75-5632

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
21 Staff LLC		27,192.	4,511.	27,192.	1,258.
Totals		27,192.	4,511.	27,192.	1,258.

Form W-2 Summary

Box No	b. Description	Taxpayer	Spouse	Total
1 Tota	Il wages, tips and compensation:			
No	n-statutory & statutory wages not on Sch C	27,192.		27,192.
	atutory wages reported on Schedule C			
	reign wages included in total wages			
Un	reported tips	0.		0.
2	Total federal tax withheld	4,511.		4,511.
3&7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
	Total dependent care benefits			
	Offsite dependent care benefits			
С	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
С	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
е	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
I	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
	Total deductible employee expenses			
	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			07 100
16	Total state wages and tips	27,192.		27,192.
17	Total state tax withheld	1,258.		1,258.
19	Total local tax withheld	74.		74.

Form 1040

Forms W-2 & W-2G Summary

2017

<u>330-75-5632</u> Page 2

► Keep for your records

KUMARA MURTHY VARRAE

 		 , <u> </u>
 		 ·

Form W-2G Summary

Box	No. Description	Taxpayer	Spouse	Total
1	Total reportable winnings			
4	Total federal tax withheld			
15	Total state tax withheld			
17	Total local tax withheld			

Form 1040

Form W-2 Worksheet ► Keep for your records

2017

Name as showr KUMARA MUF	n on return RTHY VARRAE						Social Se 330-75	ecurity Number 5-5632
	Employer N	'ON /County ode	21 Sta: 1695 Cl	ff LI habot State	Drive S CA Z	P <u>94588</u>		
	e's W-2 atically calculate bx 12 entries for d					ansfer this W through 6 auto		-
 3 Social set 5 Medicare 7 Social set 13 b Ret 	ps, other comp curity wages wages and tips . curity tips tirement plan ive duty military p	· ·		4 6	Social se Medicare	c tax withheld tax withheld	· · · · -	4,511.
Box 12 Code	Box 12 Amount	A: Ei M: Ei P: Do R: Ei	nter amo ouble clic nter MSA nter HSA	ount attr ount attr ck to lir A contri	ibutable to l lk to Form 3 bution for pution for	RRTA Tier 2 ta 903, line 4 Taxpayer Spouse Taxpayer	ax	
Box 15 State VA PA	Empl APPLIED FO 20081875	oyer's state I.D	. no.		State wage	bx 16 es, tips, etc. <u>9,800.</u> 7,392.		Box 17 ncome tax 1,031. 227.
	Box 20 Locality name			Box 7	18 tips, etc. 392.	Box 19 Local incon	9	Associated State
10 Depend Depend 11 Distribut	ent care benefits lent care benefits tions from Section Child Care, Child	- Amount forfe n 457 and othe	ited from r nonqua	n flexibl	e spending	account	10 -	
	ation or Code al Form W-2	Amount		(Ide	entify this item	ntification of Des by selecting the list. If not on the	e identific	ation from

Form '	IO40 Form W-2 Worksheet Additional Information ► Keep for your records	on	201	7
KUMARA	MURTHY VARRAE	330-75-	5632	Page
Em	ployer Name 21 Staff LLC			
Part I	Statutory employees			
A B C If de	Box 13a. Statutory employee Deducting expenses in connection with this income educting expenses, double click to link to Schedule C	c		
Part II	Clergy, church employees, members of recognized religious sects			
E Sma (b) = 5 F If no 2 3 4 Non-C	only: ignated housing or parsonage allowance	D E		
Part III	Unreported Tip Income			
2 Tips 3 Valu 4 Actu	\$ \$20 or more in a month which were not reported to employer \$ less than \$20 in a month which were not required to be reported \$ ue of non-cash tips, such as tickets or passes, not reported \$ ual amount of allocated tips if different than the amount in box 8 \$ paid out through a tip-sharing arrangement \$ Employer is a federal, state, or local government and tips are only subject to Medicare tax	H1 H2 H3 H4 H5		
Part IV	Substitute Form W-2			
b Er 	Ibstitute Form W-2 needed, double-click to link this W-2 to a Form 4852 Iter Form 4852, Line 9 information. "How did you determine amounts on line orm 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	7 of Form [∠]	1852?"	
d Q	lickZoom to completed Form 4852 for reference			
Part V	Inmate In a Penal Institution			
Ja Pay	from work performed while an inmate in a penal institution		🗌]
Part VI	Additional Information for Electronic Filing and Certain States (See He	lp)		
13 c	Third-party sick pay Non-standard W-2 (handwritten, typewritten, or altered in any way) Corrected W-2 Income from Paid Family Leave Control number (optional)			
Emplo Employ First na <u>KUMAR</u> Address 2361	yee information: Correct to match employee information on W-2 /ee's SSN. 330-75-5632 me M.I. Last name Suff. A MURTHY VARRAE	St VA	ZIP code 20171	
Foreign	Country			

Form W-2 Worksheet Additional Information

2017

Tax Payments Worksheet ► Keep for your records

2017

Name(s) S	hown on Re	eturn	
KUMARA	MURTHY	VARRAE	

Social Security Number 330-75-5632

Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

	Fee	deral	State		Local						
_	Date	Amount	Date	Amo	ount	ID	Dat	e	Am	ount	ID
1	04/18/17		04/18,				04/18				
2 3	06/15/17		06/15/				06/15				
4	01/16/18		01/16/	/18			01/16	5/18			
5											
	ot Estimated lyments										
	-	Other Than With s, see Tax Help)	holding	Federal		St	ate	ID	L	ocal	ID
6 7 8 9	Credited by Totals Line	nts applied to 20 [°] estates and trust es 1 through 7 , ions	s 								
Та	axes Withhel	d From:			Fec	leral		State	•	Loc	al
10 11 12 13 14 15 16 17 18 19 20	Forms W-2 Forms 109 Forms 109 Schedules Forms 109 Social Sec Form 1099 Other withl Other withl C Other withl d Additional e Form 8288 Total With	2	and 1099-G DID d Benefits . St St St St St St 05 0 through 18	Loc		4,51		1,	258. 258. 258.		74.
		tes Paid In 201					ate	ID ID		ocal	
		s or localities, see							_		
21 22 23 24	2016 estim Balance du	rith 2016 extension nated tax paid aft ue paid with 2016 ended returns, in	er 12/31/201 6 return	16	· ·						

Federal Carryover Worksheet

Keep for your records

Name(s) Shown on Return	Social Security Number
KUMARA MURTHY VARRAE	330-75-5632

2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
				·		
tals						

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 State Tax Refund Information

(a)	(d) Total	(f) Total
State	Withheld/Pmts	Overpayment

2016 Locality Extension Information

(a)	(b)
Locality	Paid With Extension

2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 Locality Tax Refund Information

(d) Total	(f) Total
Withheld/Pmts	Overpayment
	Total

Federal Carryover Worksheet page 2

KUMARA MURTHY VARRAE

330-75-5632

Oth	er Tax and Income Information	2016	2017	
1	Filing status			<u> 1 Single</u>
2	Number of exemptions for blind or over 65 (0 - 4)			
3	Itemized deductions	3		1,332.
4	Check box if required to itemize deductions	4		
5	Adjusted gross income	5		25,642.
6	Tax liability for Form 2210 or Form 2210-F			
7	Alternative minimum tax			0.
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information

Excess Contributions		2016	2017	
 9 a Taxpayer's excess Archer MSA contributions as b Spouse's excess Archer MSA contributions as of 10 a Taxpayer's excess Coverdell ESA contributions b Spouse's excess Coverdell ESA contributions as 11 a Taxpayer's excess HSA contributions as of 12/3 b Spouse's excess HSA contributions as of 12/31 	of 12/31 as of 12/31 s of 12/31 31	9 a b 10 a b 11 a b		
Loss and Expense Carryovers Note: Enter all entries as a positive amount			2016	2017
 12 a Short-term capital loss. b AMT Short-term capital loss 13 a Long-term capital loss b AMT Long-term capital loss c AMT Long-term capital loss d AMT Long-term capital loss d AMT log-term capital loss d AMT Net operating loss available to carry forward b AMT Net operating loss available to carry forward 15 a Investment interest expense disallowed d AMT Investment interest expense disallowed 16 Nonrecaptured net Section 1231 losses from: 	rd	12 a b 13 a b 14 a b 15 a b 16 a c d f f f f f f f f		

Federal Carryover Worksheet page 3

KUMARA MURTHY VARRAE

330-75-5632

Credit Carryovers					2016	2017		
18 19	General business cre Adoption credit from:	dit a b c d e f	201 201 201 201 201	6 · 5 · 4 · 3 ·		18 19a b c d e f		
20 21 22 23	District of Columbia fi	inimu st-tim	m: Im tax ne ho	a b c d x	2016	20 a b c 21 22 23		
Othe	er Carryovers						2016	2017
24 25	Excessaforeignbhousingc	Гахра Гахра Spous	iyer (iyer (se (Fo	Forn Forn orm :		24 25 a b c d		

Charitable Contribution Carryovers

26	2016 Carryover of	Other I	Property	Capital Gain		
	charitable contributions from:	(a) 50%	(b) 30%	(c) 30%	(d) 20%	
b c d	2016					
27	2017 Carryover of charitable contributions from:	Other I (a) 50%	Property (b) 30%	Capita (c) 30%	al Gain (d) 20%	
b c d	2017					

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

	Students/Business Apprentices from India Smart Workshee	et
	his worksheet if your client is a student or business apprentice from India who is elig its of Article 21(2) of the United States — India Income Tax Treaty.	ible for the
A B C	Standard deduction allowed under United States — India Income Tax Treaty Net Qualified Disaster Loss	
	If your client is married and the spouse itemizes deductions on a separate return on nount on line A above.	lo not enter

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

	Tax Smart Worksheet						
Α	Тах	1,818.					
	Check if from:						
1	Tax Table	X					
2	Tax Computation Worksheet (see instructions)						
3	Schedule D Tax Worksheet						
4	Qualified Dividends and Capital Gain Tax Worksheet						
5	Schedule J						
6	Form 8615						
в	Additional tax from Form 8814						
С	Additional tax from Form 4972						
D	Tax from additional Form(s) 4972						
Е	IRC Section 197(f)(9)(B)(ii) election for an additional tax						
F	Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount						
G	Tax. Add lines A through F. Enter the result here and on line 42						

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet

Α	Enter the new principal place of work for this move
В	Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are
	linked to this form
С	Other allowance or reimbursements not on Form W-2
D	Enter the number of miles from your old home to your new workplace <u>350</u> miles
Е	Enter the number of miles from your old home to your old workplace
F	Subtract line E from line D. If zero or less, enter -0
	Is line F at least 50 miles?
	Yes ► You meet this test.
	No You do not meet this test. You cannot deduct your moving expenses.
	Do Not complete Form 3903.
G	For foreign moves check here only if all the following apply
	 You moved in an earlier year
	 You are claiming only storage fees while you are away from the United States
	Enter storage fees applicable to foreign move
	 Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

	Travel Expenses Smart Worksheet	
Enter	your travel expenses:	
Α	Travel and lodging expenses for this move (excluding auto expenses)	350.
в	Parking fees and tolls	
С	Gasoline and oil	
D	Miles driven traveling to new home	