

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>JABIVULLA JAMAL SHAIK</b>	Social security number <b>703-77-2570</b>
Spouse's name <b>AMREEN NAZIA SYED</b>	Spouse's social security number <b>955-96-0363</b>

**Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>83,189.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>8,424.</b>
<b>3</b> 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) . . . . .	<b>3</b>	<b>8,626.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>202.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

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**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

7	2	5	7	0
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 as my signature on my tax year 2017 electronically filed income tax return.   
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

6	0	3	6	3
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 as my signature on my tax year 2017 electronically filed income tax return.   
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8					
---	---	---	---	---	---	--	--	--	--	--

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Form  
**1040EZ**

**Income Tax Return for Single and  
Joint Filers With No Dependents** (99)

**2017**

OMB No. 1545-0074

Your first name and initial JABIVULLA	Last name JAMAL SHAIK	<b>Your social security number</b> 703 77 2570	
If a joint return, spouse's first name and initial AMREEN NAZIA	Last name SYED	<b>Spouse's social security number</b> 955 96 0363	
Home address (number and street). If you have a P.O. box, see instructions. 5431 N EAST RIVER RD		Apt. no. 614	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHICAGO IL 60656			
Foreign country name	Foreign province/state/county	Foreign postal code	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

<b>Income</b>  <b>Attach Form(s) W-2 here.</b>  Enclose, but do not attach, any payment.	<b>1</b>	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	83,189.
	<b>2</b>	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b>	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
	<b>4</b>	Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	83,189.
	<b>5</b>	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if <b>single</b> ; \$20,800 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	20,800.
	<b>6</b>	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	62,389.
	<b>7</b>	Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	8,626.
	<b>8a</b>	<b>Earned income credit (EIC)</b> (see instructions)	<b>8a</b>	
	<b>b</b>	Nontaxable combat pay election. <b>8b</b>		
	<b>9</b>	Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	8,626.
	<b>10</b>	<b>Tax</b> . Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	8,424.
	<b>11</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>11</b>	
	<b>12</b>	Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	8,424.
	<b>Refund</b>	<b>13a</b> If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	202.
	▶ <b>b</b> Routing number <u>0 8 1 9 0 4 8 0 8</u> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	▶ <b>d</b> Account number <u>2 9 1 0 2 2 3 9 7 8 2 7</u>			
	<b>14</b> If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>		

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes**. Complete below.  **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**Sign Here** Under penalties of perjury, I declare that I have examined this return 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. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions.  Keep a copy for your records.	Your signature	Date	Your occupation APPLICATION DEVELOPMENT S	Daytime phone number
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 05/22/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196	Phone no. (678) 965-9729		
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					83,189.
Adjustments to income					
Adjusted gross income					83,189.
Tax expense . . . . .					3,310.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					8,100.
Taxable income . . . .					62,389.
Tax . . . . .					8,424.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					8,626.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					202.
Effective tax rate % . .					10.13
**Tax bracket % . . . .					15.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED) and Social Security Number (703-77-2570)

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

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

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.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 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) 72570 Spouse's PIN (5 numbers) 60363 Date 02/15/2018

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) Date

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . JAMAL SHAIK  
 First name . . . . . JABIVULLA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 703-77-2570  
 Occupation . . . . . APPLICATION DEVELOPMENT S  
 Date of birth . . . . . 07/05/1987 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 30  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . Jabivulla.js@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (872)305-1047  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . . . . . SYED  
 First name . . . . . AMREEN NAZIA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 955-96-0363  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 05/19/1989 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 28  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . Amreennaz507@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . .  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (872)305-1047  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 5431 N EAST RIVER RD Apt no. . . . . 614  
 City . . . . . CHICAGO State . . . . . IL ZIP code . . . . . 60656

**Foreign Address:** Check this box to use foreign address . . ▶

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .
- 5 Qualifying widow(er)
  - Year spouse died  2015  2016
  - If the 'qualifying person' is your child but **not** your dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

## Identity Verification Worksheet

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED	Social Security Number 703-77-2570
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### Driver's License or State Id Information

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.**

#### Taxpayer/Spouse does not have a driver's license or state id

 Taxpayer  
 Spouse

**Note:** Alabama does not allow this option

#### Taxpayer/Spouse did not provide driver's license or state id information

 Taxpayer  
 Spouse

**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:

Issuing state . . . . . \_\_\_\_\_  
 License number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
 License number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

### State Identification Card Detail

#### Taxpayer:

Issuing state . . . . . \_\_\_\_\_  
 Identification number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
 Identification number . . . . . \_\_\_\_\_  
 Issue date . . . . . \_\_\_\_\_  
 Expiration date . . . . . \_\_\_\_\_  
 Does not expire . . . . .   
 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)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED; Social Security Number: 703-77-2570

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

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. 587278

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; 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, 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 \*
New York
Vermont



**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  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.

- Iraqi Freedom . . . . .
- Kosovo Operation . . . . .
- Afghanistan/Enduring Freedom . . . . .
- Desert Storm . . . . .
- Haiti . . . . .
- Former Yugoslavia . . . . .
- UN Operation . . . . .
- Joint Guard . . . . .
- Joint Forge . . . . .
- Northern Watch . . . . .
- Operation Allied Force . . . . .
- Northern Forge . . . . .
- Combat Zone . . . . .  Deployment Date . . . . .

**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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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 . . . . .	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . .	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . .	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return  
 JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED

Social Security Number  
 703-77-2570

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ACCENTURE LLP		83,189.	8,626.	83,189.	3,310.
<b>Totals</b>		83,189.	8,626.	83,189.	3,310.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	83,189.		83,189.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	8,626.		8,626.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	83,189.		83,189.
<b>4</b>	Total social security tax withheld . . . . .	5,158.		5,158.
<b>5</b>	Total Medicare wages and tips . . . . .	83,189.		83,189.
<b>6</b>	Total Medicare tax withheld . . . . .	1,206.		1,206.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	15,301.		15,301.
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .	5,201.		5,201.
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	10,100.		10,100.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	83,189.		83,189.
<b>17</b>	Total state tax withheld . . . . .	3,310.		3,310.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return  
JABIVULLA JAMAL SHAIK

Social Security Number  
703-77-2570

**Employer EIN** . . . . . 72-0542904  
**Employer Name** . . . . . ACENTURE LLP  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** SUITE 100 6415 BABCOCK ROAD  
**City** .SAN ANTONIO **State** TX **ZIP** 78249  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	83,189.	<b>2</b> Federal tax withheld . . . . .	8,626.
<b>3</b> Social security wages . . . . .	83,189.	<b>4</b> Social sec tax withheld . . . . .	5,158.
<b>5</b> Medicare wages and tips . . . . .	83,189.	<b>6</b> Medicare tax withheld . . . . .	1,206.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	23.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
AA	5,201.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	10,077.	P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL	7205429040018	83,189.	3,310.

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

**9** Verification Code . . . . . **9** \_\_\_\_\_  
**10** Dependent care benefits (Check if employer furnished care at work) . . . . .  **10** \_\_\_\_\_  
 Dependent care benefits - Amount forfeited from flexible spending account . . . . . \_\_\_\_\_  
**11** Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** \_\_\_\_\_

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

JABIVULLA JAMAL SHAIK	703-77-2570 Page 2
<b>Employer Name</b> . . . . . ACCENTURE LLP	

**Part I Statutory employees**

<b>A</b> <input type="checkbox"/> Box 13a. Statutory employee	<b>C</b>	
<b>B</b> <input type="checkbox"/> Deducting expenses in connection with this income		
<b>C</b> <i>If deducting expenses, double click to link to Schedule C . . . . .</i>		

**Part II Clergy, church employees, members of recognized religious sects**

<b>Clergy only:</b>		<b>D</b>	
<b>D</b> Designated housing or parsonage allowance . . . . .			
<b>E</b> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .			<b>E</b>
<b>F If no FICA was withheld, check the applicable box below</b>			
<b>1</b> <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
<b>2</b> <input type="checkbox"/> Pay self-employment tax on W-2 income only			
<b>3</b> <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
<b>4</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
<b>Non-Clergy only:</b>			
<b>G If no FICA was withheld, check the applicable box below</b>			
<b>1</b> <input type="checkbox"/> Pay self-employment tax on this W-2 income			
<b>2</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b>		
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		<b>H2</b>	
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		<b>H3</b>	
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		<b>H4</b>	
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		<b>H5</b>	
<b>6</b> <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax			

**Part IV Substitute Form W-2**

**a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

**d QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V Inmate In a Penal Institution**

**J a** Pay from work performed while an inmate in a penal institution . . . . .

**Part VI Additional Information for Electronic Filing and Certain States (See Help)**

**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) . . . . . \_\_\_\_\_

**Employee information:** Correct to match employee information on W-2

Employee's SSN. . . . . 703-77-2570

First name M.I. Last name Suff.

JABIVULLA JAMAL SHAIK

Address City St ZIP code

5431 N EAST RIVER RD, Apt. 614 CHICAGO IL 60656

Foreign Province/County Foreign Postal Code

Foreign Country

# Healthcare Entry Sheet

**2017**

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Check this box** to populate the Name, SSN, and DOB for everyone listed on the return below. . . . . ▶

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A, 1095-B or 1095-C):

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<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"/>
2 _____	_____	_____	<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"/>
3 _____	_____	_____	<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"/>
4 _____	_____	_____	<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"/>
5 _____	_____	_____	<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"/>
6 _____	_____	_____	<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"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED	Social Security Number 703-77-2570
--	---------------------------------------

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

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2017 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2017 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	8,626.	3,310.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .	8,626.	3,310.	
20 <b>Total Tax Payments for 2017</b> . . . . .	8,626.	3,310.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2016 extensions . . . . .				
22 2016 estimated tax paid after 12/31/2016 . . . . .				
23 Balance due paid with 2016 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED	Social Security Number 703-77-2570
--	---------------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

## Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	83,189 .	_____	83,189 .
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	83,189 .	_____	83,189 .
9 <b>a</b> Taxable dependent care benefits . . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 . . . . .	83,189 .	_____	83,189 .
11 Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
12 SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	83,189 .	_____	83,189 .

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	83,189 .	_____	83,189 .
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received . . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	83,189 .	_____	83,189 .

## Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	83,189 .	_____	83,189 .
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	83,189 .	_____	83,189 .

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED	Social Security Number 703-77-2570
--	---------------------------------------

**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
<b>Totals . .</b>						

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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



Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		3,310.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		83,189.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		8,424.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ▶

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2017 . . . . .
		b	2016 . . . . .
		c	2015 . . . . .
		d	2014 . . . . .
		e	2013 . . . . .
		f	2012 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017 . . . . .
		b	2016 . . . . .
		c	2015 . . . . .
		d	2014 . . . . .
		e	2013 . . . . .
		f	2012 . . . . .

# Tax Summary Report

2017

Name(s) Shown on Return  
 JABIVULLA JAMAL SHAIK & AMREEN NAZIA SYED

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 2

**Gross Income**

Wages and salaries . . . . .	83,189.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	83,189.

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 83,189.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	3,310.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	3,310.
Standard deduction . . . . .	12,700.
Exemption amount . . . . .	8,100.

**Taxable Income** . . . . . 62,389.

Income tax . . . . .	8,424.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	8,424.
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 8,424.

Withholding . . . . .	8,626.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	8,626.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 202.

**Refund** . . . . . 202.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	10.13 %

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **tax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



**Illinois Department of Revenue**  
**2017 IL-1040-V** ID: 3WM  
**Payment Voucher for Individual Income Tax**

REV 01/24/18 PRO

703-77-2570  
Your Social Security number

955-96-0363  
Spouse's Social Security number

Your payment is due April 17, 2018.

\$ 123.00  
Payment amount

J JAMAL SHAIK & A SYED  
5431 N EAST RIVER RD 614  
CHICAGO IL 60656

Make your check payable to and mail to  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62726-0001**

*Write your Social Security number(s) on your check.*



104081217 1 2 703772570 7 10011301 1 000012300



Illinois Department of Revenue  
**2017 Form IL-1040**

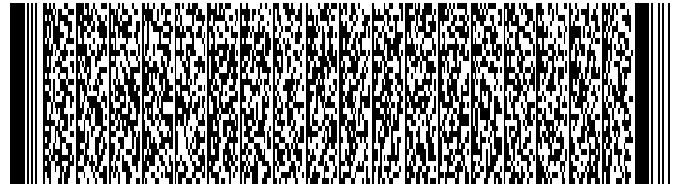
Individual Income Tax Return

or for fiscal year ending \_\_\_/\_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

**Step 1: Personal Information**

703-77-2570      955-96-0363  
 JABIVULLA                      JAMAL SHAIK  
 AMREEN NAZIA                SYED  
 5431 N EAST RIVER RD                      614  
 CHICAGO                      IL                      60656



**C** Filing status (see instructions)  
 Single or head of household     Married filing jointly     Married filing separately     Widowed

↓ Staple W-2 and 1099 forms here  
 ↑  
 ↓ Staple your check and IL-1040-V

**Step 2: Income**

<b>1</b>	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	(Whole dollars only)	<b>1</b>	<u>83,189.00</u>
<b>2</b>	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ		<b>2</b>	<u>.00</u>
<b>3</b>	Other additions. <b>Attach</b> Schedule M.		<b>3</b>	<u>.00</u>
<b>4</b>	<b>Total income.</b> Add Lines 1 through 3.		<b>4</b>	<u>83,189.00</u>

**Step 3: Base Income**

<b>5</b>	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	<b>5</b>	<u>.00</u>
<b>6</b>	Illinois Income Tax overpayment included in federal Form 1040, Line 10	<b>6</b>	<u>.00</u>
<b>7</b>	Other subtractions. <b>Attach</b> Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	<b>7</b>	<u>.00</u>
<b>8</b>	Add Lines 5, 6, and 7. This is the total of your subtractions.	<b>8</b>	<u>.00</u>
<b>9</b>	<b>Illinois base income.</b> Subtract Line 8 from Line 4.	<b>9</b>	<u>83,189.00</u>

**Step 4: Exemptions** See instructions before completing Step 4.

<b>10 a</b>	Number of exemptions from your federal return	<u>2</u> X \$2,175	<b>a</b>	<u>4,350.00</u>
<b>b</b>	If someone can claim you as a dependent, see instructions.	<u>   </u> X \$2,175	<b>b</b>	<u>.00</u>
<b>c</b>	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u>   </u> X \$1,000	<b>c</b>	<u>.00</u>
<b>d</b>	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u>   </u> X \$1,000	<b>d</b>	<u>.00</u>
	<b>Exemption allowance.</b> Add Lines a through d.		<b>10</b>	<u>4,350.00</u>

**Step 5: Net Income**

<b>11</b>	<b>Residents: Net income.</b> Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	<b>11</b>	<u>78,839.00</u>
<b>12</b>	<b>Nonresidents and part-year residents:</b> Check the box that applies to you during 2017 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the <b>Illinois base income</b> from Schedule NR. <b>Attach</b> Schedule NR.	<b>12</b>	<u>.00</u>

**Step 6: Tax**

<b>13</b>	<b>Residents:</b> Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. <b>Attach</b> Schedule SA. <input type="checkbox"/>	<b>13</b>	<u>3,433.00</u>
<b>14</b>	Recapture of investment tax credits. <b>Attach</b> Schedule 4255.	<b>14</b>	<u>.00</u>
<b>15</b>	<b>Income tax.</b> Add Lines 13 and 14. Cannot be less than zero.	<b>15</b>	<u>3,433.00</u>

**Step 7: Tax After Non-refundable Credits**

<b>16</b>	Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	<b>16</b>	<u>.00</u>
<b>17</b>	Property tax and K-12 education expense credit amount from Schedule ICR. <b>Attach</b> Schedule ICR.	<b>17</b>	<u>.00</u>
<b>18</b>	Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	<b>18</b>	<u>.00</u>
<b>19</b>	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	<b>19</b>	<u>0.00</u>
<b>20</b>	<b>Tax after nonrefundable credits.</b> Subtract Line 19 from Line 15.	<b>20</b>	<u>3,433.00</u>







Illinois Department of Revenue

Submission ID boxes

Submission ID

2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: JABIVULLA, AMREEN NAZIA SYE, JAMAL SHAIK, Social Security number 7 0 3 - 7 7 - 2 5 7 0, Mailing address 5431 N EAST RIVER RD 614, CHICAGO, IL, 60656, Spouse's Social Security number 9 5 5 - 9 6 - 0 3 6 3, City, State, ZIP, Daytime phone number.

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51 1 78,839 | 00, 2 Tax from Form IL-1040, Line 13 2 3,433 | 00, 3 Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none) 3 3,310 | 00, 4 Overpayment from Form IL-1040, Line 36 4 | 00, 5 Total amount due from Form IL-1040, Line 40 5 123 | 00, 6 Filing status: Single/head of household, Married filing jointly (checked), Married filing separately, Widowed.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

Form fields for Step 3: 7 Routing no. (RN):, 8 Account no. (AN):, 9 Type of account: Checking, Savings, 10 Date the payment is to be electronically withdrawn: / /, 11 Electronic funds withdrawal amount: | 00, 12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2017 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature, Date 05/22/2018, Check if paid preparer: (checked), Your PTIN P 0 2 0 9 0 3 3 2, Firm's name or your name if self-employed GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming, GA, 30041, Federal employer identification number (FEIN) 3 0 - 1 0 1 7 1 9 6, (678) 965-9729, City, State, ZIP, Daytime phone number.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name . . . . . JABIVULLA
Middle Initial . . . . .
Last Name . . . . . JAMAL SHAIK
Suffix . . . . .
Social Security No. . . 703-77-2570
Date of Birth . . . . . 07/05/1987
Age 65 or Over . . . [ ]
Legally Blind . . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . \* [ ]
Home phone . . . . . \* [ ]

Spouse:

First Name . . . . . AMREEN NAZIA
Middle Initial . . . . .
Last Name . . . . . SYED
Suffix . . . . .
Social Security No. . . 955-96-0363
Date of Birth . . . . . 05/19/1989
Age 65 or Over . . . [ ]
Legally Blind . . . . . [ ]
Date of Death . . . . .
Daytime phone . . . . . \* [ ]

\* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address . . . . . 5431 N EAST RIVER RD Apartment Number . 614
City . . . . . CHICAGO State . IL ZIP Code . . . . . 60656

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City . . . . . Foreign Province or State . . .
Foreign Country . . . . . Foreign Postal Code . . . . .

Part II - Resident Status

[X] Full-Year Resident
[ ] Nonresident
[ ] Part-Year Resident . . . . . lived in Illinois from . . . . . to . . . . .
also lived in . . . . . from . . . . . to . . . . .

QuickZoom here to Form IL-1040 . . . . .

Part III - Filing Status

[ ] Single or head of household
[X] Married filing jointly
[ ] Married filing separately
[ ] Widowed

Part IV - Other Information

Form IL-2210 Information:

[ ] Check if at least two-thirds of total federal gross income came from farming
[ ] Check if 65 or older and permanently living in a nursing home
[ ] Check if you were not required to file an Illinois income tax return in 2016
[ ] Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1) . . . . .

Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2) . . . . .

First Time Filer:

Yes No
[ ] [ ] Has client ever filed a tax return in Illinois?

Part V – Electronic Filing Information

[X] File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Enter the date Form IL-1040-V was given to client . . . . .
QuickZoom to Form IL-8453: Additional Information Smart Worksheet . . . . .

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for state tax refund
Use electronic funds withdrawal for state tax payment (EF only)
Elect to receive a state issued debit card for state refund (if you check No then your client will receive a paper check)

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

Name of Financial Institution (optional) . . . . . BANK OF AMERICA
Name on account . . . . .
Check the appropriate box:
Checking . . . . . [X] Routing number . . . . . 081904808
Savings . . . . . [ ] Account number . . . . . 291022397827
Enter the payment date to withdraw from the account above . . . . .
State balance-due amount from this return . . . . .
Enter an amount to withdraw from the account above . . . . .
If partial payment is made, enter remaining balance due . . . . .

International ACH Transactions

Yes No
[ ] [ ] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Payment by Credit Card

[ ] Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

Enter the preparer's assigned code from Preparer's Information Worksheet . . . . . 1
Check if this tax return is . . . . . [ ] self-prepared, or [ ] prepared by a non-paid preparer
Yes No
[ ] [ ] Client allows a personal representative to discuss return with the Illinois Department of Revenue
If yes, complete information below:
Designee's name . . . . .
Designee's phone number . . . . .

Part IX – Extension Status

Yes No
[ ] [X] Tax return due date extended? If yes, extended due date . . . . .
QuickZoom to Form IL-505-I: Automatic Extension Payment . . . . .



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name J JAMAL SHAIK & A SYED	Social Security Number 703-77-2570
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	3,310.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	3,310.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

## Use Tax Smart Worksheet

### Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
  - 6.25% or more on Line 1a and
  - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . . **1a** \_\_\_\_\_ 0.
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars . . . . . **1b** \_\_\_\_\_ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax . . . . . **2a** \_\_\_\_\_
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars . . . . . **2b** \_\_\_\_\_ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** . . . . . **3** \_\_\_\_\_ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a . . . . . **4** \_\_\_\_\_
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) . . . . . **5** \_\_\_\_\_

### Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

<u>AGI (from IL-1040, Line 1)</u>	<u>Use Tax</u>
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$9
\$20,001 - \$30,000	\$15
\$30,001 - \$40,000	\$21
\$40,001 - \$50,000	\$27
\$50,001 - \$75,000	\$38
\$75,001 - \$100,000	\$52
Above \$100,000	Multiply AGI by 0.06% (0.0006)

To use UT table calculate Use Tax, check here . . . . .

Use tax amount based on table above . . . . . \_\_\_\_\_

**Keep a copy of this smart worksheet with your records.**