Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

2017

Submission Identification Number (SID) ►

Taxpayer's name: DINESHKUMAR PANNEERSELVAM

Social security number: 299-25-8470

Spouse's name:

Spouse's 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	66,069.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . .	2	7,220.
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	10,460.
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	3,240.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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 (**ERO firm name**) to enter or generate my PIN 5 8 4 7 0 (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2017 electronically filed income tax return.

☐ 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 ______________________ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2017 electronically filed income tax return.

☐ 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

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 11/27/17 PRO Form **8879** (2017)

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return 2017

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial DINESHKUMAR	Last name PANNEERSELVAM	**Your social security number** 299-25-8470
If a joint return, spouse's first name and initial	Last name	**Spouse's social security number**
Home address (number and street). If you have a P.O. box, see instructions. 6331 GLADE AVE	Apt. no. H112	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). WOODLAND HILLS CA 91367		**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Exemptions

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

b ☐ **Spouse**

Boxes checked on 6a and 6b 1

c **Dependents:**

(1) First name Last name	**(2)** Dependent's social security number	**(3)** Dependent's relationship to you	**(4)** ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- **lived with you**
- **did not live with you due to divorce or separation (see instructions)**

Dependents on 6c not entered above

d Total number of exemptions claimed

Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	66,069.
8a	**Taxable** interest. Attach Schedule B if required			8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	b Taxable amount	20b	
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	66,069.

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	66,069.

Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	66,069.
	39a	Check if: ☐ **You** were born before January 2, 1953, ☐ Blind. ☐ **Spouse** was born before January 2, 1953, ☐ Blind. **Total boxes checked** ▶ **39a** ☐				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b** ☐				
Standard Deduction for— • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,350 Married filing jointly or Qualifying widow(er), $12,700 Head of household, $9,350	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)			40	16,106.
	41	Subtract line 40 from line 38			41	49,963.
	42	**Exemptions.** If line 38 is $156,900 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions			42	4,050.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	45,913.
	44	**Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐			44	7,220.
	45	**Alternative minimum tax** (see instructions). Attach Form 6251			45	
	46	Excess advance premium tax credit repayment. Attach Form 8962			46	
	47	Add lines 44, 45, and 46 ▶			47	7,220.
	48	Foreign tax credit. Attach Form 1116 if required	48			
	49	Credit for child and dependent care expenses. Attach Form 2441	49			
	50	Education credits from Form 8863, line 19	50			
	51	Retirement savings contributions credit. Attach Form 8880	51			
	52	Child tax credit. Attach Schedule 8812, if required	52			
	53	Residential energy credits. Attach Form 5695	53			
	54	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐	54			
	55	Add lines 48 through 54. These are your **total credits**			55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	7,220.
Other Taxes	57	Self-employment tax. Attach Schedule SE			57	
	58	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919			58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
	60a	Household employment taxes from Schedule H			60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒			61	
	62	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)			62	
	63	Add lines 56 through 62. This is your **total tax** ▶			63	7,220.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	10,460.		
	65	2017 estimated tax payments and amount applied from 2016 return	65			
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)** No	66a			
	b	Nontaxable combat pay election 66b				
	67	Additional child tax credit. Attach Schedule 8812	67			
	68	American opportunity credit from Form 8863, line 8	68			
	69	Net premium tax credit. Attach Form 8962	69			
	70	Amount paid with request for extension to file	70			
	71	Excess social security and tier 1 RRTA tax withheld	71			
	72	Credit for federal tax on fuels. Attach Form 4136	72			
	73	Credits from Form: **a** ☐ 2439 **b** ▨ Reserved **c** ☐ 8885 **d** ☐	73			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶			74	10,460.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**			75	3,240.
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			76a	3,240.
Direct deposit? See instructions. ▶	b	Routing number 1 2 2 1 0 1 7 0 6 ▶ **c** Type: ☒ Checking ☐ Savings				
▶	d	Account number 4 5 7 0 2 6 8 1 8 5 1 5				
	77	Amount of line 75 you want **applied to your 2018 estimated tax** ▶	77			
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶			78	
	79	Estimated tax penalty (see instructions)	79			

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) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	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 06/04/2018	Check ☐ if self-employed	PTIN P02090332

Firm's name ▶ GLOBAL TAXES LLC

Firm's EIN ▶ 30-1017196

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041

Phone no. (678)965-9729

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074
2017
Attachment Sequence No. **07**

Name(s) shown on Form 1040: DINESHKUMAR PANNEERSELVAM

Your social security number: 299-25-8470

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38 | 2 |				
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local **(check only one box):**				
		a ☒ Income taxes, **or** b ☐ General sales taxes	5	4,245.		
	6	Real estate taxes (see instructions)	6			
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	4,245.
Interest You Paid **Note:** Your mortgage interest deduction may be limited (see instructions).	10	Home mortgage interest and points reported to you on Form 1098	10			
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. See instructions	14			
	15	Add lines 10 through 14			15	
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16			
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ Employee business expenses	21	13,182.		
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24	13,182.		
	25	Enter amount from Form 1040, line 38 | 25 | 66,069.				
	26	Multiply line 25 by 2% (0.02)	26	1,321.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	11,861.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $156,900? ☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	16,106.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

Form **2106-EZ**

Department of the Treasury
Internal Revenue Service (99)

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.
▶ Go to *www.irs.gov/Form2106EZ* for the latest information.

OMB No. 1545-0074
2017
Attachment Sequence No. **129A**

Your name	Occupation in which you incurred expenses	**Social security number**
DINESHKUMAR PANNEERSELVAM	SOFTWARE ENGINEER	299-25-8470

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if: (a)** you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or (b)** you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that **didn't** involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Don't** include meals and entertainment	3	9,600.
4	Business expenses not included on lines 1 through 3. **Don't** include meals and entertainment	4	1,182.
5	Meals and entertainment expenses: $ 4,800. × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6	**Total expenses.** Add lines 1 through 5. Enter here and on **Schedule A (Form 1040), line 21** (or on **Schedule A (Form 1040NR), line 7**). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	13,182.

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶

8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

9 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

10 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

11a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 11/13/17 PRO Form **2106-EZ** (2017)

Tax History Report

2017

► Keep for your records

Name(s) Shown on Return
DINESHKUMAR PANNEERSELVAM

	Five Year Tax History:				
	2013	**2014**	**2015**	**2016**	**2017**
Filing status					Single
Total income					66,069.
Adjustments to income					
Adjusted gross income					66,069.
Tax expense					4,245.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					11,861.
Other Itemized Deductions					
Total itemized/ standard deduction . .					16,106.
Exemption amount . .					4,050.
Taxable income					45,913.
Tax.					7,220.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					10,460.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					3,240.
Effective tax rate % . .					10.93
**Tax bracket %. . . .					25.0

**Tax bracket % is based on Taxable income.

IRS *e-file* Authentication Statement 2017

► Keep for your records

Name(s) Shown on Return	Social Security Number
DINESHKUMAR PANNEERSELVAM	299-25-8470

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 . . . . ►

Taxpayer(s) entered PIN(s) . . . . ►	☐
ERO entered Primary Taxpayer's PIN . . . . ►	X
ERO entered Secondary Taxpayer's PIN . . . . ►	☐
ERO entered PIN(s) on behalf of taxpayer(s) . . . . ►	☐

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) 58470
Spouse's PIN (5 numbers) . . . . ______
Date 03/25/2018

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 . . . . . . PANNEERSELVAM
First name . . . . . . DINESHKUMAR
Middle initial . . . . . Suffix . . . .
Social security no. . 299-25-8470
Occupation . . . . . SOFTWARE ENGINEER
Date of birth . . . . . 07/16/1988 (mm/dd/yyyy)
Age as of 1-1-2018 29
Date of death . . . .
Legally blind . . . . . ☐
E-mail address . . . KDINESHSELVAM@GMAIL.COM
Work phone . . . . . Ext
Cell phone . . . . . . (480)383-3432
Home phone . . . .
Fax number . . . . .

Spouse:

Last name (if different) .
First name . . . .
Middle initial . . . . Suffix . . . .
Social security no. . . . .
Occupation . . . .
Date of birth . . . . (mm/dd/yyyy)
Age as of 1-1-2018 . . . . .
Date of death . . . . . .
Legally blind . . . . ☐
E-mail address . . . . . .
Work phone . . . . Ext
Cell phone . . . .
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . Taxpayer cell phone (480)383-3432
Print phone number on Form 1040 . . . ☐ Home ☐ Taxpayer work ☐ Spouse work

US Address:

Address . . . . . . 6331 GLADE AVE Apt no. . . H112
City . . . . WOODLAND HILLS State . . . . CA ZIP code . . . 91367
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)**	AGE EIC	Dependent Identity Protection PIN (see tax help) Lived with taxpyr in U.S.	Dependent Identity Protection PIN (see tax help) Educ Tuition and Fees	Qualified child and dependent care expenses incurred and paid in 2017 Code	Qualified child and dependent care expenses incurred and paid in 2017 **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

State PA

Nonresident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return
DINESHKUMAR PANNEERSELVAM

Social Security Number
299-25-8470

	INCOME		Federal Amount	PA Amount
1	Wages, salaries, tips, etc.	**T**	66,069.	24,494.
		S		
2	Taxable interest	**T**		
		S		
3	Dividends	**T**		
		S		
4	State/local tax refunds	**T**		
		S		
5	Alimony received	**T**		
		S		
6	Business income or loss	**T**		
		S		
7	Capital gain or loss	**T**		
		S		
8	Other gains and losses	**T**		
		S		
9	Taxable IRA distribution	**T**		
		S		
10	Taxable pension and annuities	**T**		
		S		
11	Rentals, royalties, partnerships, S corporations, trusts	**T**		
		S		
12	Farm income or loss	**T**		
		S		
13	Unemployment compensation	**T**		
		S		
14 a	Taxable social security benefits	**T**		
		S		
b	Taxable railroad retirement benefits	**T**		
		S		
15	Other income	**T**		
		S		
16	**Total income**	**T**	66,069.	24,494.
		S		

Nonresident State Allocation Worksheet

DINESHKUMAR PANNEERSELVAM 299-25-8470

	ADJUSTMENTS		Federal Amount	PA Amount
17	Educator expenses	**T**		
		S		
18	Certain business expenses	**T**		
		S		
19	Health savings account deduction	**T**		
		S		
20	Moving expenses	**T**		
		S		
21	Self-employment tax deduction	**T**		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	**T**		
		S		
23	Self-employed health insurance deduction	**T**		
		S		
24	Penalty on early withdrawal of savings	**T**		
		S		
25	Alimony paid	**T**		
		S		
26	IRA deduction	**T**		
		S		
27	Student loan interest deduction	**T**		
		S		
28	Tuition/fees deduction	**T**		
		S		
29	Domestic production activities deduction	**T**		
		S		
30	Total other adjustments	**T**		
		S		
31	**Total adjustments**	**T**		
		S		
32	**Adjusted gross income**	**T**	66,069.	24,494.
		S		

Identity Verification Worksheet 2017

►See tax help for more information on identity verification

Name(s) Shown on Return: DINESHKUMAR PANNEERSELVAM

Social Security Number: 299-25-8470

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

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

☐ Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
☐ Spouse

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	PA	Issuing state	
License number	32492334	License number	
Issue date	08/27/2016	Issue date	
Expiration date	05/14/2019	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)

Electronic Filing Information Worksheet 2017

► Keep for your records

Name(s) Shown on Return: DINESHKUMAR PANNEERSELVAM

Social Security Number: 299-25-8470

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

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: GLOBAL TAXES LLC

ERO Electronic Filers Identification Number (EFIN): 587278

ERO Address: 2530 Pebble Creek Ln

ERO Employer Identification Number: 30-1017196

City: Cumming

State: GA

ZIP Code: 30041

ERO Social Security Number or PTIN: ______

Country: ______

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC

Social Security Number or PTIN: P02090332

Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR

Employer Identification Number: 30-1017196

Address: 2530 Pebble Creek Ln

Phone Number: (678)965-9729

Fax Number: ______

City: Cumming

State: GA

ZIP Code: 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 . . . . ► ☐
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 . . . . ►	☐	☐
Form 3468, Historic Structure Certificate . . . . ►	☐	☐
Form 4136, Credit for Federal Tax Paid on Fuels . . . . ►	☐	☐
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser) . . . . ►	☐	☐
Form 1098-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 . . . . ►	N/A	☐
Form 8858, Foreign Disregarded Entities. . . . . ►	N/A	☐
Form 8864, attach the Certificate for Biodiesel . . . . ►	N/A	☐

Form 1040

Forms W-2 & W-2G Summary

2017

► Keep for your records

Name(s) Shown on Return	Social Security Number
DINESHKUMAR PANNEERSELVAM	299-25-8470

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SHAKTI GROUP INC		42,734.	6,737.	42,734.	2,356.
HM HEALTH SOLUTIONS INC		23,335.	3,723.	24,494.	752.
Totals		66,069.	10,460.	67,228.	3,108.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . .	66,069.		66,069.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	10,460.		10,460.
3 & 7	Total social security wages/tips	66,723.		66,723.
4	Total social security tax withheld	4,137.		4,137.
5	Total Medicare wages and tips	66,723.		66,723.
6	Total Medicare tax withheld	968.		968.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	3,981.		3,981.
b	Elective deferrals to qualified plans	654.		654.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	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			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	3,327.		3,327.
14 a	Total deductible mandatory state tax	402.		402.
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	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	16.		16.
16	Total state wages and tips	67,228.		67,228.
17	Total state tax withheld	3,108.		3,108.
19	Total local tax withheld	735.		735.

Form 1040

Form W-2 Worksheet

2017

► Keep for your records

Name as shown on return	Social Security Number
DINESHKUMAR PANNEERSELVAM	299-25-8470

Employer EIN 75-2805707
Employer Name . . . . SHAKTI GROUP INC
Name (cont.) SHAKTI SOLUTIONS
Street Address or P. O. Box P.O BOX 164330
City . AUSTIN State TX ZIP 78716-4330
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.

1	Wages, tips, other comp . .	42,734.	2	Federal tax withheld	6,737.
3	Social security wages	42,734.	4	Social sec tax withheld	2,650.
5	Medicare wages and tips . .	42,734.	6	Medicare tax withheld	620.
7	Social security tips		8	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:
A: Enter amount attributable to RRTA Tier 2 tax . .
M: Enter amount attributable to RRTA Tier 2 tax . .
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: ☐ Employer is **not** 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
CA	46478715	42,734.	2,356.

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).
CASDI	385.	California SDI tax

Form 1040 **Form W-2 Worksheet Additional Information** **2017**

► Keep for your records

DINESHKUMAR PANNEERSELVAM | 299-25-8470

Employer Name . . . . SHAKTI GROUP INC

Part I Statutory employees

A ☐ Box 13a. Statutory employee
B ☐ Deducting expenses in connection with this income
C *If deducting expenses, double click to link to Schedule C* . . . . **C** ____

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

Clergy only:
D Designated housing or parsonage allowance . . . . **D** ____
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . **E** ____
F **If no FICA was withheld,** check the applicable box below
1 ☐ Pay self-employment tax on housing or parsonage allowance only
2 ☐ Pay self-employment tax on W-2 income only
3 ☐ Pay self-employment tax on W-2 income and housing allowance
4 ☐ Exempt from self-employment tax and has approved Form 4361

Non-Clergy only:
G **If no FICA was withheld,** check the applicable box below
1 ☐ Pay self-employment tax on this W-2 income
2 ☐ Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

I 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. 299-25-8470

First name: DINESHKUMAR
M.I.:
Last name: PANNEERSELVAM
Suff.:

Address: 6331 GLADE AVE, Apt. H112
City: WOODLAND HILLS
St: CA
ZIP code: 91367

Foreign Province/County:
Foreign Postal Code:
Foreign Country:

Form 1040

Form W-2 Worksheet

2017

► Keep for your records

Name as shown on return	Social Security Number
DINESHKUMAR PANNEERSELVAM	299-25-8470

Employer EIN 46-3823617
Employer Name . . . . HM HEALTH SOLUTIONS INC
Name (cont.)
Street Address or P. O. Box 120 FIFTH AVENUE
City . PITTSBURGH State PA ZIP 15222-3099
Foreign Province/County . . .
Foreign Postal Code . . . . .
Foreign Country . . . .

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

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

1	Wages, tips, other comp . .	23,335.	**2**	Federal tax withheld	3,723.
3	Social security wages	23,989.	**4**	Social sec tax withheld	1,487.
5	Medicare wages and tips . .	23,989.	**6**	Medicare tax withheld	348.
7	Social security tips		**8**	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
C	5.
D	654.
DD	3,322.

If Box 12 code is:

A:	Enter amount attributable to RRTA Tier 2 tax . .		
M:	Enter amount attributable to RRTA Tier 2 tax . .		
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: ☐ Employer is **not** 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
PA	95457499	24,494.	752.

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
70PITTS	24,494.	735.	PA

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).
LST	16.	Other (not classified)
PASUI	17.	PA Unemployment tax

Form 1040 **Form W-2 Worksheet Additional Information** **2017**

► Keep for your records

DINESHKUMAR PANNEERSELVAM 299-25-8470 Page **2**

Employer Name . . . . HM HEALTH SOLUTIONS INC

Part I **Statutory employees**

A ☐ Box 13a. Statutory employee
B ☐ Deducting expenses in connection with this income
C *If deducting expenses, double click to link to Schedule C* . . . . **C** ______

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

Clergy only:
D Designated housing or parsonage allowance . . . . **D** ______
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . **E** ______
F **If no FICA was withheld,** check the applicable box below
1 ☐ Pay self-employment tax on housing or parsonage allowance only
2 ☐ Pay self-employment tax on W-2 income only
3 ☐ Pay self-employment tax on W-2 income and housing allowance
4 ☐ Exempt from self-employment tax and has approved Form 4361

Non-Clergy only:
G **If no FICA was withheld,** check the applicable box below
1 ☐ Pay self-employment tax on this W-2 income
2 ☐ Exempt from self-employment tax and has approved Form 4029

Part III **Unreported Tip Income**

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

Part IV **Substitute Form W-2**

I 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. 299-25-8470

First name	M.I.	Last name	Suff.
DINESHKUMAR		PANNEERSELVAM	

Address	City	St	ZIP code
6331 GLADE AVE, Apt. H112	WOODLAND HILLS	CA	91367

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):

	a. Name of covered individual(s) **b.** SSN **c.** DOB	Covered all 12 months	*Short Gap Eligible* Yes No*	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	______________	☐	*Short gap:* ☐ *Yes* ☐ *No*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2	______________	☐	*Short gap:* ☐ *Yes* ☐ *No*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3	______________	☐	*Short gap:* ☐ *Yes* ☐ *No*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	______________	☐	*Short gap:* ☐ *Yes* ☐ *No*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5	______________	☐	*Short gap:* ☐ *Yes* ☐ *No*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6	______________	☐	*Short gap:* ☐ *Yes* ☐ *No*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

---

* 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: DINESHKUMAR PANNEERSELVAM

Social Security Number: 299-25-8470

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								
Tot Estimated Payments . . .								

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 **Totals** Lines 1 through 7					
9 2017 extensions					

Taxes Withheld From:	**Federal**	**State**	**Local**
10 Forms W-2	10,460.	3,108.	735.
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 . . . . St Loc			
18 a Other withholding . . . . St Loc			
b Other withholding . . . . St Loc			
c Other withholding . . . . St Loc			
d Additional Medicare Tax			
19 **Total Withholding** Lines 10 through 18d	10,460.	3,108.	735.
20 **Total Tax Payments for 2017**	10,460.	3,108.	735.

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) . .				

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return: DINESHKUMAR PANNEERSELVAM

Social Security Number: 299-25-8470

State and Local Income Taxes

	State income taxes:		
1	State income tax withheld	**1**	3,108.
2	2017 state estimated taxes paid in 2017	**2**	
3	2016 state estimated taxes paid in 2017	**3**	
4	Amount paid with 2016 state application for extension	**4**	
5	Amount paid with 2016 state income tax return	**5**	
6	Overpayment on 2016 state income tax return applied to 2017 tax	**6**	
7	Other amounts paid in 2017 (amended returns, installment payments, etc.)	**7**	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	**8**	
	Local income taxes:		
9	Local income tax withheld	**9**	735.
10	2017 local estimated taxes paid in 2017	**10**	
11	2016 local estimated taxes paid in 2017	**11**	
12	Amount paid with 2016 local application for extension	**12**	
13	Amount paid with 2016 local income tax return	**13**	
14	Overpayment on 2016 local income tax return applied to 2017 tax	**14**	
15	Other amounts paid in 2017 (amended returns, installment payments, etc.)	**15**	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	**16**	
	Other:		
17	State mandatory taxes	**17**	402.
18	**Total** Add lines 1 through 17	**18**	4,245.
19	State and local refund allocated to 2017	**19**	
20	Nondeductible state income tax from line 28	**20**	
21	**Total reductions** Add lines 19 and 20.	**21**	
22	**Total state and local income tax deduction** Line 18 less line 21	**22**	4,245.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	**23**	
24	Adjusted gross income	**24**	
25	Add lines 23 and 24	**25**	
26	Nondeductible percent. Line 23 divided by line 25	**26**	%
27	Hawaii state income tax included in line 18	**27**	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	**28**	

Earned Income Worksheet 2017

► Keep for your records

Name(s) Shown on Return	Social Security Number
DINESHKUMAR PANNEERSELVAM	299-25-8470

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

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	66,069.		66,069.
7 a	Taxable employer-provided adoption benefits			
b	Foreign earned income exclusion			
8	Add lines 5 through 7b. To Form 2441, lines 19 and 20	66,069.		66,069.
9 a	Taxable dependent care benefits			
b	Nontaxable combat pay			
10	Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	66,069.		66,069.
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	66,069.		66,069.

Part III – IRA Deduction Worksheet Computation

15	Net self-employment income or (loss)			
16	Wages, salaries, tips, etc	66,069.		66,069.
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	66,069.		66,069.

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

23	Self-employed, church and statutory employees			
24	Wages, salaries, tips, etc	66,069.		66,069.
25	Nontaxable combat pay			
26	Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2	66,069.		66,069.

Federal Carryover Worksheet 2017

► Keep for your records

Name(s) Shown on Return
DINESHKUMAR PANNEERSELVAM

Social Security Number
299-25-8470

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
Totals . .						

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

Federal Carryover Worksheet page 2 **2017**

DINESHKUMAR PANNEERSELVAM 299-25-8470

Other Tax and Income Information			2016	2017
1	Filing status	**1**		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	**2**		
3	Itemized deductions	**3**		16,106.
4	Check box if required to itemize deductions	**4**	☐	☐
5	Adjusted gross income	**5**		66,069.
6	Tax liability for Form 2210 or Form 2210-F	**6**		7,220.
7	Alternative minimum tax	**7**		
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 of 12/31	**9 a**		
b	Spouse's excess Archer MSA contributions as of 12/31	**b**		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	**10 a**		
b	Spouse's excess Coverdell ESA contributions as of 12/31	**b**		
11 a	Taxpayer's excess HSA contributions as of 12/31	**11 a**		
b	Spouse's excess HSA contributions as of 12/31	**b**		

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

Tax Summary Report 2017

Name(s) Shown on Return
DINESHKUMAR PANNEERSELVAM

Filing status: Single
Number of exemptions: 1

Gross Income	
Wages and salaries	66,069.
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	
Total Gross Income	66,069.
Adjustments to Income	
Adjusted Gross Income (Last year's AGI)	66,069.
Itemized/Standard Deductions	
Medical and dental	
Taxes	4,245.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	11,861.
Phaseout of itemized deductions	
Total Itemized Deductions	16,106.
Standard deduction	
Exemption amount	4,050.
Taxable Income	45,913.
Income tax	7,220.
Alternative minimum tax	
Total Taxes before Credits	7,220.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	
Total Tax	7,220.
Withholding	10,460.
Estimated tax payments	
Other payments	
Total Payments	10,460.
Estimated tax penalty	
Refund applied to next year's estimated tax	
Amount Overpaid	3,240.
Refund	3,240.
Amount Applied to Estimate	
Amount Due	0.

Tax bracket	25.0 %
Effective tax rate	10.93 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet

A	Tax	7,220.
	Check if from:	
1	Tax table	☒
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	☐
7	Foreign Earned Income Tax Worksheet	☐
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	Recapture tax from Form 8863	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	
H	**Tax**. Add lines A through G. Enter the result here and on line **44**	7,220.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line **I** plus line **J,** or income taxes on line **K,** will flow to line 5. See Help.

A	Income from Form 1040, line 38	66,069.
B	Nontaxable income entered elsewhere on return	
C	Available income: 2016 refundable credits in excess of tax	0.
D	**Enter** any additional nontaxable income	
E	Total available income for sales taxes	66,069.
F	Sales tax table information:	

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
If AZ, CO, LA, MS, NY or SC column (a):

QuickZoom to Misc Global Options to enter default locality ► ______

or Double-click in column (d) to select your locality for each state entered.

(a) **ST**	**(b)** Lived in State From	**(c)** Lived in State To	**(d)** **Enter** Total Tax Rate	**(e)** State Tax Rate (%)	**(f)** Local Tax Rate (%)	**(g)** State Table Amount	**(h)** Local Sales Taxes	**(i)** Prorated or Total Amount
CA	01/01/17	12/31/17	7.2500	7.2500	0.0000	826.	0.	826.

	Total general sales taxes from table	826.	
H	**Enter** additions to table amount (motor vehicle, boat)		
I	Total sales taxes from table plus additions to table amount		826.
J	**Enter** actual sales taxes paid (in lieu of table amount)		
K	Total income taxes paid		4,245.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2017**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name: DINESHKUMAR PANNEERSELVAM
Your SSN or ITIN: 299-25-8470
Spouse's/RDP's name:
Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

1	California Adjusted Gross Income. See instructions	1	66,069.
2	Amount You Owe. See instructions	2	
3	Refund or No Amount Due. See instructions	3	825.

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

Under penalties of perjury, I declare that I have examined a copy of my 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 complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as 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 (**ERO firm name**) to enter my PIN 5 8 4 7 0 (**Do not enter all zeros**) as my signature on my 2017 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2017 e-filed California individual 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/RDP's PIN: check one box only

☐ I authorize ______ (**ERO firm name**) to enter my PIN ☐☐☐☐☐ (**Do not enter all zeros**) as my signature on my 2017 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2017 e-filed California individual 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/RDP'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 ☐☐☐☐☐
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California individual 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 FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ ______ Date ▶ 06/04/2018

TAXABLE YEAR

FORM

2017 California Resident Income Tax Return 540

APE

ATTACH FEDERAL RETURN

A
R
RP

299-25-8470 PANN
17
DINESHKUMAR PANNEERSELVAM

6331 GLADE AVE APT H112
WOODLAND HILLS CA 91367

07-16-1988

Filing Status

1 ☒ Single

2 ☐ Married/RDP filing jointly. See inst.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died

If your California filing status is different from your federal filing status, check the box here . . . . ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . ● 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. . ● 7 1 X $114 = ● $ 114

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . ● 8 X $114 = ● $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . ● 9 X $114 = ● $

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	●	●	●
Last Name	●	●	●
SSN	●	●	●
Dependent's relationship to you	●	●	●

Total dependent exemptions . . . . ● 10 X $353 = ● $

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . . ● 11 $ 114

Your name: P A N N E E R S E L V A M

Your SSN or ITIN: 299-25-8470

Taxable Income

12	State wages from your Form(s) W-2, box 16 . . . . ● 12 67228.00		
13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	◉ 13	66069.00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	● 14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	66069.00
16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	● 16	.00
17	California adjusted gross income. Combine line 15 and line 16	● 17	66069.00
18	Enter the **larger** of { Your California **itemized deductions** from Schedule CA (540), line 44; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . $4,236 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . $8,472 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . }	● 18	11861.00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	◉ 19	54208.00

Tax

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule ● ☐ FTB 3800 ● ☐ FTB 3803	● 31	2397.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $187,203, see instructions	◉ 32	114.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	◉ 33	2283.00
34	Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A	● 34	.00
35	Add line 33 and line 34	◉ 35	2283.00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	● 40	.00
43	Enter credit name OTHER STATE code ● 187 and amount	● 43	752.00
44	Enter credit name code ● and amount	● 44	.00
45	To claim more than two credits, see instructions. Attach Schedule P (540)	● 45	.00
46	Nonrefundable renter's credit. See instructions	● 46	.00
47	Add line 40 through line 46. These are your total credits	◉ 47	752.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	◉ 48	1531.00

Other Taxes

61	Alternative minimum tax. Attach Schedule P (540)	● 61	.00
62	Mental Health Services Tax. See instructions	● 62	.00
63	Other taxes and credit recapture. See instructions	● 63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	1531.00

Your name: PANNEERSELVAM

Your SSN or ITIN: 299-25-8470

Payments

71	California income tax withheld. See instructions	● **71**	2356.00
72	2017 CA estimated tax and other payments. See instructions	● **72**	.00
73	Withholding (Form 592-B and/or 593). See instructions	● **73**	.00
74	Excess SDI (or VPDI) withheld. See instructions	● **74**	.00
75	Earned Income Tax Credit (EITC)	● **75**	.00
76	Add lines 71 through 75. These are your total payments. See instructions	◉ **76**	2356.00

Use Tax

91	**Use Tax.** Do not leave blank. See instructions	● **91**	0.00

If line 91 is zero, check if:

☒ No use tax is owed.

☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	◉ **92**	2356.00
93	**Use Tax balance**. If line 91 is more than line 76, subtract line 76 from line 91	◉ **93**	.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	◉ **94**	825.00
95	Amount of line 94 you want applied to your **2018** estimated tax	● **95**	0.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● **96**	825.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	◉ **97**	.00

Your name: PANNEERSELVAM

Your SSN or ITIN: 299-25-8470

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	.00
Alzheimer's Disease/Related Disorders Fund	● 401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	.00
California Firefighters' Memorial Fund	● 406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	.00
California Peace Officer Memorial Foundation Fund	● 408	.00
California Sea Otter Fund	● 410	.00
California Cancer Research Voluntary Tax Contribution Fund	● 413	.00
School Supplies for Homeless Children Fund	● 422	.00
State Parks Protection Fund/Parks Pass Purchase	● 423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	.00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	.00
Prevention of Animal Homelessness and Cruelty Fund	● 431	.00
Revive the Salton Sea Fund	● 432	.00
California Domestic Violence Victims Fund	● 433	.00
Special Olympics Fund	● 434	.00
Type 1 Diabetes Research Fund	● 435	.00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	.00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	.00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	.00
110 Add code 400 through code 440. This is your total contribution	● 110	.00

Your name: PANNEERSELVAM

Your SSN or ITIN: 299-25-8470

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 . . . . ● **111** .00

Pay online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . **112** .00

113 Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 . . . . ● **115** 825 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number: 122101706

● Type: ☒ Checking ☐ Savings

● Account number: 4570268185 15

● **116** Direct deposit amount: 825 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number:

● Type: ☐ Checking ☐ Savings

● Account number:

● **117** Direct deposit amount: .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

● Your email address. Enter only one email address.

● Preferred phone number ( ) -

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

APPANA RUPA VENKATA SATYA SAI MANI KUMAR

Firm's name (or yours, if self-employed): GLOBAL TAXES LLC

● PTIN: P02090332

Firm's address: 2530 PEBBLE CREEK LN CUMMING GA 30041

● FEIN: 30-1017196

Do you want to allow another person to discuss this tax return with us? See instructions. . . ● ☐ Yes ● ☒ No

Print Third Party Designee's Name

Telephone Number ( )

TAXABLE YEAR

SCHEDULE

2017 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return: DINESHKUMAR PANNEERSELVAM

SSN or ITIN: 299-25-8470

Part I Income Adjustment Schedule

Section A – Income

		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	66,069.		
8	Taxable interest (b)________ . . . . 8(a)			
9	Ordinary dividends. See instructions. (b)________ . . . . 9(a)			
10	Taxable refunds, credits, offsets of state and local income taxes 10			
11	Alimony received 11			
12	Business income or (loss) 12			
13	Capital gain or (loss). See instructions 13			
14	Other gains or (losses) 14			
15	IRA distributions. See instructions. (a)________ . . . . 15(b)			
16	Pensions and annuities. See instructions. (a)________ . . . . 16(b)			
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc 17			
18	Farm income or (loss) 18			
19	Unemployment compensation 19			
20	Social security benefits (a)________ . . . . 20(b)			
21	Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V e NOL from FTB 3805Z, 3806, 3807, or 3809 f Other (describe): ________ 21		a b c d e f	a b c d e f
22	**Total.** Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B 22	66,069.		

Section B – Adjustments to Income

		A	B	C
23	Educator expenses 23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24			
25	Health savings account deduction 25			
26	Moving expenses 26			
27	Deductible part of self-employment tax 27			
28	Self-employed SEP, SIMPLE, and qualified plans 28			
29	Self-employed health insurance deduction 29			
30	Penalty on early withdrawal of savings 30			
31a	Alimony paid. (b) Recipient's: SSN ___ ___ ___ – ___ ___ – ___ ___ ___ ___ Last name ________ . . 31a			
32	IRA deduction 32			
33	Student loan interest deduction 33			
34	Tuition and fees 34			
35	Domestic production activities deduction 35			
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36			
37	**Total.** Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	66,069.		

REV 03/01/18 PRO

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28	● **38**	16,106.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions	● **39**	4,245.
40	Subtract line 39 from line 38	● **40**	11,861.
41	Other adjustments including California lottery losses. See instructions. Specify	● **41**	
42	Combine line 40 and line 41	● **42**	11,861.

43 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately	**$187,203**
Head of household	**$280,808**
Married/RDP filing jointly or qualifying widow(er)	**$374,411**

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 ● **43** 11,861.

44 **Enter the larger of the amount on line 43 or your standard deduction listed below**

Single or married/RDP filing separately. See instructions.	**$4,236**
Married/RDP filing jointly, head of household, or qualifying widow(er)	**$8,472**

Transfer the amount on line 44 to Form 540, line 18 ● **44** 11,861.

TAXABLE YEAR

2017 Other State Tax Credit

CALIFORNIA SCHEDULE

S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
DINESHKUMAR PANNEERSELVAM	299258470

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
WAGES, SALARIES, TIPS	24,494.	24,494.
1 Total double-taxed income	24,494.	24,494.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2	California tax liability. See instructions	2	2,283. 00
3	Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	3	24,494. 00
4	California adjusted gross income. See instructions	4	66,069. 00
5	Divide line 3 by line 4. Do not enter more than 1.0000	5	0.3707
6	Multiply line 2 by line 5	6	846. 00
7	Income tax liability paid to name of other state (use state's abbreviation) PA See instructions	7	752. 00
8	Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	8	24,494 00
9	Adjusted gross income taxable by other state. See instructions	9	24,494. 00
10	Divide line 8 by line 9. Do not enter more than 1.0000	10	1.0000
11	Multiply line 7 by line 10	11	752. 00
12	Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code **187**. See instructions	12	752. 00

California Information Worksheet 2017

► Keep for your records

Part I — Personal Information

Taxpayer:
Last Name . . . . . . PANNEERSELVAM
First Name . . . . . DINESHKUMAR
Middle Initial . . . . . ____ Suffix . . . . . . ______
Social Security No. . 299-25-8470
Date of Birth . . . . . 07/16/1988 *(mm/dd/yyyy)*
or age as of 1-1-2018 29
Date of Death . . . . ____________ *(mm/dd/yyyy)*
Legally blind . . . . . ☐
Work Phone . . . . . ______________ Ext ______
Home phone . . . . ______________

Spouse/RDP:
Last name (if different) . ______________
First Name . . . . ______________
Middle Initial . . . . ____ Suffix . . . . . . ______
Social Security No. . . . ______________
Date of Birth . . . . ____________ *(mm/dd/yyyy)*
or age as of 1-1-2018 . . . . ____
Date of Death . . . . . . ____________ *(mm/dd/yyyy)*
Legally blind . . . . ☐
Work Phone . . . . ______________ Ext ______

Check to print phone number on Form 540. . . . ☐ Home ☐ Taxpayer work ☐ Spouse/RDP work
Check to print email address on Form 540, 540NR or 540X . . . . ☐ Taxpayer ☐ Spouse

c/o Address . . . . ______________
Street Address . . 6331 GLADE AVE
Unit Description . . APT Unit Number H112 Private Mailbox (PMB) . ______
City. . . . . WOODLAND HILLS State. . . . . CA ZIP Code 91367
Foreign province/county ______________ Foreign postal code ______________
Foreign country . . ______________

Military Filers:
☐ APO ☐ FPO
For Military Extension:
Military indicator . . ► Taxpayer ______________ Spouse/RDP ______________

Part II — Main Form

☒ Form 540: Resident Income Tax Return. . . . . ►
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . ►
Enter the state of residence as of December 31, 2017 . . . . CA
☒ Resident entire year
☐ Resident part of year
Date taxpayer established residence in state above . . . . ______________
In which state (or foreign country) did taxpayer reside before this change?. . . . . ______________
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ► ______________

Part III — Filing Status

☒ Single
☐ Married/RDP filing joint return
☐ Married/RDP filing separate return
☐ Taxpayer **did not** live with spouse at any time during the year

Yes	**No**	
☐	☐	If filing electronically, is spouse a CA Nonresident?
☐	☐	If filing electronically, is spouse Active Duty Military?

☐ Head of household (with qualifying person) **Stop.** See instructions.
If the 'qualifying person' is child but **not** dependent:
Child's name . . . . ______________
Child's social security number . . . ______________
☐ Qualifying widow(er)
Year spouse/RDP died . . ☐ 2015 ☐ 2016
☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
☐ The taxpayer is married filing separately and the spouse itemized deductions
☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name **only** from the 2016 return . . . . ► Taxpayer . ______________ Spouse/RDP ______________

Dependent of Someone Else:

Taxpayer **Spouse**
☐ ☐ Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties . . . . ______________

Farmers and Fishermen:

☐ At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
☐ Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

☐ Client is required to make California tax payments electronically
☐ A waiver is or will be in effect for the current year
☐ Force print all payment vouchers even if required to pay electronically

Schedule W-2:

☐ You do **not** want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:	First Name	MI	Last Name	Suf.
Executor/Guardian				
Executor type (if filing electronically) .				

Third Party Designee:

Yes **No**
☐ ☐ Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name . . . . . . ______________ Telephone . . ______________
First . ______________ Middle init . ____ Last Name ______________ Suffix ____

Disasters:

☐ Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation . . . . ► ______________

Outside of the USA:

☐ Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

____

Part VII – Electronic Filing Information

☒ File the California return electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled . . . . ______________
Date return was accepted by the state . . . . ______________
Enter the date Form 3582 was given to client . . . . ______________

QuickZoom to Form 8453 Additional Information Smart Worksheet . . . . ► ______________

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

☒ ☐ Direct deposit your client's **state tax refund**?

☐ ☐ Use **electronic funds withdrawal** for your client's **state balance due** (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) . . . . . . BANK OF AMERICA

Account type . . . . Checking . ☒ Savings . ☐

Routing number 122101706

Account number. 457026818515

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available . . . . 825.

Amount to be deposited in first account . . . . ______

Amount to be deposited in second account . . . . ______

Name of Financial Institution (optional) . . . . . ______

Account type . . . . Checking . ☐ Savings . ☐

Routing number . . . . ______

Account number . . . . ______

Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125 . . . . ______

Enter the following information only if your client requests electronic funds withdrawal of balance due:

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, the 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 IX – California Contributions

1	California Seniors Special Fund (Taxpayer)	**1**	
2	California Seniors Special Fund (Spouse/RDP)	**2**	
3	Alzheimer's Disease and Related Disorders Fund	**3**	
4	Rare and Endangered Species Preservation Program	**4**	
5	California Breast Cancer Research Fund	**5**	
6	California Firefighters' Memorial Fund	**6**	
7	Emergency Food For Families Fund	**7**	
8	California Peace Officer Memorial Foundation Fund	**8**	
9	California Sea Otter Fund	**9**	
10	California Cancer Research Fund	**10**	
11	School Supplies for Homeless Children Fund	**11**	
12	State Parks Protection Fund/Parks Pass Purchase	**12**	
13	Protect Our Coast and Oceans Fund	**13**	
14	Keep Arts in Schools Fund	**14**	
15	State Children's Trust Fund for the Prevention of Child Abuse	**15**	
16	Prevention of Animal Homelessness & Cruelty Fund	**16**	
17	Revive the Salton Sea Fund	**17**	
18	California Domestic Violence Victims Fund	**18**	
19	Special Olympics Fund	**19**	
20	Type 1 Diabetes Research Fund	**20**	
21	California YMCA Youth and Government Voluntary Tax Contribution Fund	**21**	
22	Habitat for Humanity Voluntary Tax Contribution Fund	**22**	
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**23**	
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**24**	
25	Rape Backlog Kit Voluntary Tax Contribution Fund	**25**	

Part X — Preparer Information

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

If not signing as preparer, have following printed instead of firm information:

☐ "Self-Prepared"
☐ "Non-Paid Preparer"

Part XI — Extension Status

Yes	No	
☐	☒	Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" **or** extended the federal tax return?

If Yes, enter the extended due date . . . . ____

QuickZoom to Form 3519: Payment voucher for automatic extension . . . . ► ____

☐ File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

☐ Extension accepted?

Extension filing date . . . . ____
Extension acceptance date . . . . ____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes	No	*Note Payment is required for electronic filing
☐	☐	Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . ____
State balance-due amount paid with this extension (Form 3519) . . . . ____

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	**Spouse**
Date deployed overseas or entered combat zone/QHDA		
Date returned from overseas or entered combat zone/QHDA.		
Combat zone/QHDA Operation or Area Served		

QuickZoom to Form 540 . . . . ► ____
QuickZoom to Form 540NR. . . . . ► ____

Tax Payments Worksheet 2017

► Keep for your records

Name: DINESHKUMAR PANNEERSELVAM

Social Security Number: 299-25-8470

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
	Additional Payments		
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		

6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	**Total tax payments**	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	2,356.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	**Total income tax withheld**	14	2,356.
15	Date return will be filed and balance paid	15	

Credits Worksheet

2017

► Keep for your records

Name
DINESHKUMAR PANNEERSELVAM

Social Security Number
299-25-8470

Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
223	Motion Picture and Television Production, FTB 3541		
197	Child Adoption		
232	Child and Dependent Care Expenses Credit, FTB 3506		
235	College Access, FTB 3592		
173	Dependent Parent		
205	Disabled Access for Eligible Small Businesses, FTB 3548		
204	Donated Agricultural Products Transportation, FTB 3547		
203	Enhanced Oil Recovery, FTB 3546		
176	Enterprise Zone Hiring, FTB 3805Z		
218	Environmental Tax, FTB 3511		
170	Joint Custody Head of Household		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
172	Low-Income Housing, FTB 3521		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
213	Natural Heritage Preservation, FTB 3503		
237	New California Motion Picture and Television Production, FTB 3541		
238	New Donated Fresh Fruits or Vegetables, FTB 3814		
234	New Employment, FTB 3554		
None	Nonrefundable Renter's Credit		
187	Other State Tax, Schedule S		752.
188	Prior Year Alternative Minimum Tax, FTB 3510		
162	Prison Inmate Labor, FTB 3507		
183	Research, FTB 3523		
163	Senior Head of Household		
210	Targeted Tax Area Hiring, FTB 3809		
	Repealed Credits with Carryover Provision — FTB 3540		
175	Agricultural Products		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
209	Community Development Financial Institutions Investment		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811		
194	Employee Ridesharing		
190	Employer Childcare Contribution		
189	Employer Childcare Program		
191	Employer Ridesharing (Large Employer)		
192	Employer Ridesharing (Small Employer)		
193	Employer Ridesharing (Public Transit Passes)		
182	Energy Conservation		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles		
220	New Jobs		
185	Orphan Drug		
184	Political Contributions		
174	Recycling Equipment		
186	Residential Rental and Farm Sales		
206	Rice Straw		
171	Ridesharing		
200	Salmon and Steelhead Trout Habitat Restoration		
180	Solar Energy		
179	Solar Pump		
210	Targeted Tax Area Sales or Use Tax		
178	Water Conservation		
161	Young Infant		

California Electronic Filing Information Worksheet 2017

► Keep for your records

Name as Shown on Return
DINESHKUMAR PANNEERSELVAM

Social Security Number
299-25-8470

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name
GLOBAL TAXES LLC

Social Security Number/Preparer Tax ID Number

Name
GLOBAL TAXES LLC

Phone Number
(678)965-9729

Fax Number

Address
2530 Pebble Creek Ln

Employer Identification Number
30-1017196

City
Cumming

State
GA

Zip Code
30041

EFIN
587278

Country

E-mail Address
kumar@gtaxfile.com

Paid Preparer Information

Firm Name
GLOBAL TAXES LLC

Social Security Number/Preparer Tax ID Number
P02090332

Name
APPANA RUPA VENKATA SATYA SAI MANI KUMAR

Employer Identification Number
30-1017196

Address
2530 Pebble Creek Ln

Phone Number
(678)965-9729

Fax Number

City
Cumming

State
GA

Zip Code
30041

Country

E-mail Address
kumar@gtaxfile.com

Electronic Filing Review Check

	If any of the questions below are checked yes, the return may not be filed electronically	**Yes**	**No**
1	Are there more than fifty W-2s, or twenty 1099-Rs? . . . . ►	☐	☒
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . ►	☐	☒
3	Are there more than twenty five copies of Schedule S? . . . . ►	☐	☒
4	Is this an amended return, or is there an amended Form 3805P attached? . . . . ►	☐	☒
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . ►	☐	☒
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . ►	☐	☒
7	Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . ►	☐	☒
8	Are there more than 97 detail lines on forms to be filed? (See help) . . . . ►	☐	☒
9	Is this a fiscal year filer? . . . . ►	☐	☒
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . ►	☐	☒
11	Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . ►	☐	☒
12	Is Federal Form 4852 (substitute W2) being used? . . . . ►	☐	☒
13	Check that you have the correct selections for the RDP return? . . . . ►	☐	☒
14	On the 3506, are there any foreign care providers? . . . . ►	☐	☒
15	Is Direct Debit selected and no balance due on the return?	☐	☐

California FTB e-file
Tax Return Signature / Consent to Disclosure

Name: DINESHKUMAR PANNEERSELVAM

SSN or FEIN: 299-25-8470

A — Practitioner PIN Authorization

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN) . . . . ► ☒

By checking this box you are electing to file Form 8453 for this return. . . . . ► ☐

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

- Automatically generate a PIN equal to last 5 digits of client's SSN . . . . ► ☒
- Taxpayer(s) entered own PIN(s) . . . . ► ☐
- Preparer entered PIN(s) on behalf of taxpayer(s) . . . . ► ☐

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 prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2017 e-file Handbook for Authorized e-file Providers.*

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/RDP

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2017 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.

Taxpayer's PIN: 58470 Date: 03/25/18
Spouse's/RDP's PIN: ______

D — Decedent 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 am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit): ______ Date: ______

Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet

A	California income tax withheld from the Tax Payments Worksheet	2,356.
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . . **Note**: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.	
C	California income tax withheld for line 71. Subtract line B from line A	2,356.

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

Double-Taxed Income Smart Worksheet

(a) Income item(s) description	**(b)** Double-taxed income taxable by California	**(c)*** Column (b) amount if different	**(d)** Double-taxed income taxable by other state	**(e)*** Column (d) amount if different
Wages, Salaries, Tips	24,494.		24,494.	

* Use this column **only** if you need to modify an amount calculated by the program in column (b) or (d).

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

Other State Tax Computation Smart Worksheet

Carefully review transferred nonresident state amounts and verify that the amounts are what California requires to calculate the credit.

		A Amount	**B*** Amount if Different
A	Income tax liability paid to PA	752.	
B	Adjusted gross income taxable by other state	24,494.	

* Use column B only if you need to modify any amount calculated by the program in column A.

1700113226

PA-40 - 2017
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

299258470

PANNEERSELVAM

DINESHKUMAR Occupation SOFTWARE E

Occupation

APT H112

6331 GLADE AVE

WOODLAND HILLS CA 91367

99999

N Extension. N Amended Return.

N Residency Status.
PA **R**esident/**N**onresident/**P**art-Year Resident
from to

S **S**ingle, Married/Filing **J**ointly,
Married/Filing Separately, **F**inal Return

N **D**eceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NOT IN PA

1a	Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.		1a	24494
1b	Unreimbursed Employee Business Expenses.		1b	0
1c	Net Compensation. Subtract Line 1b from Line 1a.		1c	24494
2	Interest Income. Complete **PA Schedule A** if required.		2	0
3	Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.		3	0
4	Net Income or Loss from the Operation of a Business, Profession or Farm.		4	0
5	Net Gain or Loss from the Sale, Exchange or Disposition of Property.		5	0
6	Net Income or Loss from Rents, Royalties, Patents or Copyrights.		6	0
7	Estate or Trust Income. Complete and submit **PA Schedule J.**		7	0
8	Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.		8	0
9	**Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.		9	24494
10	**Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.	N	10	0
11	**Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.		11	24494

1555 REV 11/13/17 PRO

EC OFFICIAL USE ONLY FC

☐☐ ☐☐☐☐☐☐☐ ☐☐

PA-40 - 2017

Social Security Number

299258470 Name(s) DINESHKUMAR PANNEERSELVAM

12	**PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**	12	752
13	Total PA Tax Withheld. See the instructions.	13	752
14	Credit from your 2016 PA Income Tax return.	14	0
15	2017 Estimated Installment Payments. REV-459B included. N	15	0
16	2017 Extension Payment.	16	0
17	Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)	17	0
18	**Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.	18	0
	Tax Forgiveness Credit. Submit PA Schedule SP.		
19a	Filing Status: **01 Unmarried or Separated** **02 Married** **03 Deceased**	19a 00	
19b	Dependents, Part B, Line 2, **PA Schedule SP**	19b 00	
20	Total Eligibility Income from Part C, Line 11, **PA Schedule SP**.	20	0
21	**Tax Forgiveness Credit** from Part D, Line 16, **PA Schedule SP**.	21	0
22	Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**	22	0
23	Total Other Credits. Submit your **PA Schedule OC.**	23	0
24	**TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.	24	752
25	**USE TAX.** Due on internet, mail order or out-of-state purchases. See instructions.	25	0
26	**TAX DUE.** If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	26	0
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	27	0
28	**TOTAL PAYMENT DUE.** See the instructions.	28	0
29	**OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. **The total of Lines 30 through 36 must equal Line 29.**	29	0
30	**Refund** – Amount of Line 29 you want as a check mailed to you. **REFUND**	30	0
31	**Credit** – Amount of Line 29 you want as a credit to your 2018 estimated account.	31	0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33	
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34	
35	Refund donation line. Enter the organization code and donation amount. See instructions.	35	
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36	

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number: APPANA RUPA VENKATA SATYA SAI MANI 6789659729

Date: 060418

E-File Opt Out: Y

Firm FEIN: 301017196

Preparer's PTIN: P02090332

PA SCHEDULE W-2S

1701910026

Wage Statement Summary

PA-40 W-2S 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
DINESHKUMAR PANNEERSELVAM	299-25-8470

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2

T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	46-3823617	23,335	23,989	24,494	752
Total Part A- Add the Pennsylvania columns				24,494	752

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART

A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	24,494	752
Enter the TOTALS on your PA tax return on:	**Line 1a**	**Line 13**

Payment type: **A.** Executor fee **B.** Jury duty pay **C.** Director's fee **D.** Expert witness fee
E. Honorarium **F.** Covenant not to compete **G.** Damages or settlement for lost wages, other than personal injury
H. Other nonemployee compensation. Describe: ____
I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
J. Distribution from IRA (Traditional or Roth) **K.** Distribution from Life Insurance, Annuity or Endowment Contracts
L. Distribution from Charitable Gift Annuities **M.** Distribution from Employee Stock Ownership Plan
Describe: ____

1701910026

1555
REV 11/13/17 PRO

Pennsylvania Information Worksheet 2017

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name . . . . . DINESHKUMAR

Middle Initial . . . . ____ Suffix . . . . ____

Last Name . . . . . PANNEERSELVAM

Social Security No. 299-25-8470

Occupation . . . . SOFTWARE E

Date of Birth 07/16/88

Date of Death . . . ____

Daytime phone . . ____ * ☐

Home phone . . . . ____ * ☐

Spouse:

First Name . . . . . ____

Middle Initial . . . . ____ Suffix . . . . ____

Last Name . . . . . ____

Social Security No. . ____

Occupation . . . . . ____

Date of Birth . . . . ____

Date of Death . . . . ____

Daytime phone . . . ____ * ☐

** Check one of these boxes to print daytime phone number on the state government forms.*

Apt. No., Suite, RR No., etc. . . . . APT H112

Address . . . . 6331 GLADE AVE

City . . . . WOODLAND HILLS State . . CA ZIP Code 91367

Foreign country . ____

Prior Year Filing:

- ☐ The tax booklet label is not correct
- ☐ Taxpayer did not file a 2016 Pennsylvania return.
- ☐ Taxpayer filed a 2016 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2017 enter where taxpayer lived:

School district Not in PA School code 99999

County ____ County code . . . . ____

Underpayment Penalty:

- ☐ Allow the Pennsylvania Treasury to figure the interest and penalty

Farmers Only:

- ☐ At least 2/3 of gross income was from farming
- ☐ This tax return will be filed and all tax paid by March 1, 2018
- ☐ This final PA tax return will be filed and all tax paid by February 1, 2018

Military:

- ☐ Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes	No	
		Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's, 2017 Federal tax return?
☐	☒	**Taxpayer**
☐	☐	**Spouse**
☐	☒	Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II — Resident Status

- ☐ Form PA-40: Full-Year resident . . . . ► ____
- ☒ Form PA-40: Nonresident . . . . ► ____
- ☐ Form PA-40: Part-Year resident . . . . ► ____

Part-Year residency dates . . . . . . From ____ To ____

Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn compensation both within and outside Pennsylvania may need to complete and file Schedule NRH Compensation Apportionment . . . . ► ____

- ☐ Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax . . . . . . ► ____

Part III — Filing Status

☒ **S** Single
☐ **J** Married, filing joint
☐ **M** Married, filing separate
☐ **F** Final return. Indicate reason . . . . ______
☐ **D** Deceased

Part IV — Electronic Filing Information

New! State e-file disclosure consent:
By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Pennsylvania Department of Revenue, as applicable by the law.

☐ The state return will be filed electronically

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

Description	Filename

Enter the date return was EFiled . . . . ______
Date return was accepted by the state . . . . ______
Enter the date Form PA-V was given to client . . . . ______
QuickZoom to PA-8453 Additional Information SmartWorksheet . . . . ► ______

Part V — Paid Preparer Information

☐ Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer's assigned code from Preparer/ERO Information Worksheet 1

Part VI — Extension Status

Yes	No	
☐	☒	Has the tax return due date been extended?

Extended due date ______

QuickZoom to Rev 276: Application for Extension of Time to File . . . . ► ______

Part VII — Direct Deposit Information or Electronic Funds Withdrawal Information

Yes	No	
☐	☐	Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
☐	☐	Do you want electronic funds withdrawal of state tax payment (EF Only)?
☐	☐	Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:
Name of Financial Institution (optional) . . . . ______
Check the appropriate box:
Checking . . . . ☐ Routing number . . . ______
Savings . . . . ☐ Account number . . ______
Enter the payment date to withdraw from the account above . . . . ______
State balance-due amount from this return . . . . ______

International ACH Transactions

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

Part VIII — Amended Return

☐ This is an amended Pennsylvania tax return (See Tax Help)
Tax year being amended . . . . ______ **QuickZoom** to Form PA-40X. . ► ______

QuickZoom to Form PA-40, Income Tax Return . . . . ► ______
QuickZoom to Form PA-1000, Property Tax or Rent Rebate Claim . . . . ► ______

Tax Payments Worksheet

2017

► Keep for your records

Name
DINESHKUMAR PANNEERSELVAM

Social Security Number
299-25-8470

Tax Payments for the Current Year

		State			
		Spouse		Taxpayer	
		Date	Payment	Date	Payment
1	First Payment				
2	Second Payment				
3	Third Payment				
4	Fourth Payment				
	Additional Payments				
5	Payment				
	Payment				
	Payment				
	Payment				
	Payment				
6	Overpayment from previous year applied to current year				
7	Amount paid with current year extension				
8	**Total tax payments**				

Income Taxes Withheld for the Current Year

		Spouse	Taxpayer
9	State withholding on Forms W-2		752.
10	State withholding on Forms W-2G		
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-G		
c	State withholding on Forms 1099-K		
13	Other state tax withholding		
14	**Total income tax withheld**		752.

15 Date return will be filed and balance paid **15**

PA-40
Line 1a

Gross Compensation Worksheet

2017

► Keep for your records

Name: DINESHKUMAR PANNEERSELVAM

Social Security Number: 299-25-8470

Federal Forms W-2

# of W2	* NT/TXBL	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID
1	☒	T	☐	SHAKTI GROUP INC	42,734.	42,734.	CA
	☐			75-2805707	42,734.	0.	
2	☐	T	☐	HM HEALTH SOLUTIONS INC	23,335.	24,494.	PA
	☐			46-3823617	23,989.	752.	

	Taxpayer	Spouse
Pennsylvania W-2	24,494.	0.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6	42,734.	
Withholding	752.	

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
2	☐	T	46-3823617	70PITTS	24,494.	735.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	24,494.	
Federal Form 4137, Unreported Tips, line 6		
Withholding	735.	

Excess Reimbursements

*	Description	T/S	Amount
☐			
☐			
☐			
☐			

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC and other statements

*	Payer Name	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
☐						
☐						
☐						
☐						

Pennsylvania Payment type:

A Executor fee
B Jury duty pay
C Director's fee
D Expert witness fee
E Honorarium
F Covenant not to compete
G Damages or settlement for lost wages, other than personal injury
H Other nonemployee compensation.
Describe: __________
I Employer sponsored retirement/pension/deferred compensation plan
J Distribution from IRA (Traditional or Roth)
K Distribution from Life Insurance, Annuity or Endowment Contracts
L Distribution from Charitable Gift Annuities
M Distribution from Employee Stock Ownership Plan.
Describe: __________

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K.		
Withholding		

Compensation from Federal Forms 1099R

*	Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
☐								
☐								
☐								
☐								

***** Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

N	No entry
I31	PA school, state, or municipal employee plan
I11	United Mine Workers pension
I32	Military pension
I33	U.S. Civil service retirement/disability/annuity
K1	Annuity or Non-civil service disability
I21	Early distribution from a retirement plan
I12	Rollover
I13	I'm eligible; plan is eligible (no PA tax)
I22	I'm not eligible yet; plan is eligible in PA
J1	Traditional or Roth IRA; I'm over 59.5
J2	Traditional or Roth IRA; I'm under 59.5
K2	Non-qualified deferred compensation plan
K3	Life insurance or endowment
L	Distribution from Charitable Gift Annuities
H1	ESOP: Allocated ESOP Stock Dividend
H2	ESOP: Non-Allocated ESOP Stock Dividend

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or. . ineligible retirement plans (see Tax Help FAQ's for more info) . .		
Distribution from Charitable Gift Annuities.		
Compensation from Form 1099R (eligible retirement plans).		
Withholding		

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a.	24,494.	0.
Total Schedule NRH gross compensation to PA-40, line 12		
Withholding to Form PA-40 line 13.	752.	

Total gross compensation to Form PA-40 line 1a	24,494.

***** Enter an 'X' if this income is **Not** subject to Pennsylvania tax.