

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>KALLOL ROY CHOWDHURY</b>	Social security number <b>862-77-8760</b>
Spouse's name <b>PAPRI ROY</b>	Spouse's social security number <b>943-92-1902</b>

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>70,570.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>6,534.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<b>7,280.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>746.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

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

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

7	8	7	6	0
---	---	---	---	---

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

2	1	9	0	2
---	---	---	---	---

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

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

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

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

Don't enter all zeros

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

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

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

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and initial <b>KALLOL</b>	Last name <b>ROY CHOWDHURY</b>	Your social security number <b>862-77-8760</b>
If a joint return, spouse's first name and initial <b>PAPRI</b>	Last name <b>ROY</b>	Spouse's social security number <b>943-92-1902</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1800 W 76TH ST</b>		Apt. no. <b>2H</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>MINNEAPOLIS MN 55423</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

**Filing Status**

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)

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed . . . . .

**Boxes checked on 6a and 6b** 2

**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**  

**Add numbers on lines above** 2

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	72,570.
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 <input type="checkbox"/>	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	72,570.

**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	2,000.
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	2,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	70,570.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	70,570.
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> }		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b>	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12,700.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>41</b> Subtract line 40 from line 38	<b>41</b>	57,870.
• All others: Single or Married filing separately, \$6,350	<b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	8,100.
Married filing jointly or Qualifying widow(er), \$12,700	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	49,770.
Head of household, \$9,350	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	6,534.
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	6,534.
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	6,534.
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	6,534.
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	7,280.
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	7,280.
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	746.
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	746.
Direct deposit? See instructions.	<b>b</b> Routing number 091000022 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 104781684816		
	<b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**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.

Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

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

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR <b>KALLOL ROY CHOWDHURY</b>	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ <b>862-77-8760</b>
--	--

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . . ▶			
		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family	
<b>2</b>	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>		0.
<b>3</b>	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>		6,750.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>		6,750.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter . . . . .	<b>6</b>		6,750.
<b>7</b>	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>		
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>		6,750.
<b>9</b>	Employer contributions made to your HSAs for 2017 . . . . .	<b>9</b>	1,000.	
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		1,000.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		5,750.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>		0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2017 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

## Moving Expenses

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
► Attach to Form 1040 or Form 1040NR.

**2017**  
Attachment  
Sequence No. **170**

Name(s) shown on return

KALLOL ROY CHOWDHURY & PAPRI ROY

Your social security number

862-77-8760

**Before you begin:** ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.  
✓ See **Members of the Armed Forces** in the instructions, if applicable.

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	1,500.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	500.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	2,000.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	2,000.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 11/13/17 PRO

Form **3903** (2017)

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

KALLOL ROY CHOWDHURY & PAPRI ROY

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					72,570.
Adjustments to income					2,000.
Adjusted gross income					70,570.
Tax expense . . . . .					4,487.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					8,100.
Taxable income . . . .					49,770.
Tax . . . . .					6,534.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					7,280.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					746.
Effective tax rate % . .					9.26
**Tax bracket % . . . .					15.0

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (KALLOL ROY CHOWDHURY & PAPRI ROY) and Social Security Number (862-77-8760)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

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) . . . . . EFIN587278 Self-Select PIN \_\_\_\_\_

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. . . . . Taxpayer's PIN (5 numbers) . . . . . 78760 Spouse's PIN (5 numbers) . . . . . 21902 Date . . . . . 02/17/2018

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 . . . . . ROY CHOWDHURY  
 First name . . . . . KALLOL  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 862-77-8760  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 05/25/1988 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 29  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . Kallolroychowdhury@yahoo.co.in  
 Work phone . . . . . Ext  
 Cell phone . . . . . (952)564-0173  
 Home phone . . . . .  
 Fax number . . . . .

**Spouse:**

Last name (if different) . . . . . ROY  
 First name . . . . . PAPRI  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 943-92-1902  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 12/25/1989 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 28  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . Papri.roy2010@yahoo.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (952)564-0173  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (952)564-0173  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

**US Address:**

Address . . . . . 1800 W 76TH ST Apt no. . . . . 2H  
 City . . . . . MINNEAPOLIS State . . . . . MN ZIP code . . . . . 55423

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

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

APO/FPO/DPO address . .  APO  FPO  DPO

**Part II – Federal Filing Status**

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

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

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

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (KALLOL ROY CHOWDHURY & PAPRI ROY) and Social Security Number (862-77-8760)

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . . [ ]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state: MN, License number: N384172279615, Issue date: 04/01/2017, Expiration date: 05/23/2018, Does not expire: [ ], NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: [ ], License number: [ ], Issue date: [ ], Expiration date: [ ], Does not expire: [ ], NY Document number (first 3 chars)\*: [ ]

State Identification Card Detail

Taxpayer:

Issuing state: [ ], Identification number: [ ], Issue date: [ ], Expiration date: [ ], Does not expire: [ ], NY Document number (first 3 chars)\*: [ ]

Spouse:

Issuing state: MN, Identification number: N874121209519, Issue date: 02/01/2016, Expiration date: 12/25/2020, Does not expire: [ ], NY Document number (first 3 chars)\*: [ ]

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

Additional Verification Information

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

Client Status:

- Input boxes for 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

KALLOL ROY CHOWDHURY & PAPRI ROY

Social Security Number

862-77-8760

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; City: Cumming, State: GA, ZIP Code: 30041; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN:

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; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; Fax Number: ; 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.

Form with header 'State/City \*' and checkboxes for New York, Vermont, and blank lines.

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .  \_\_\_\_\_

Name of personal representative for deceased returns . . .  \_\_\_\_\_

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

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

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

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

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return KALLOL ROY CHOWDHURY & PAPRI ROY	Social Security Number 862-77-8760
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ACCENTURE LLP		72,570.	7,280.	72,570.	4,487.
<b>Totals</b> . . . . .		72,570.	7,280.	72,570.	4,487.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	72,570.		72,570.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	7,280.		7,280.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	72,570.		72,570.
<b>4</b>	Total social security tax withheld . . . . .	4,499.		4,499.
<b>5</b>	Total Medicare wages and tips . . . . .	72,570.		72,570.
<b>6</b>	Total Medicare tax withheld . . . . .	1,052.		1,052.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . . . .			
<b>12 a</b>	Total from Box 12 . . . . .	16,978.		16,978.
<b>b</b>	Elective deferrals to qualified plans . . . . .	6,190.		6,190.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. . . . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. . . . .			
<b>g</b>	Income 409A nonqual deferred comp plan. . . . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . . . . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	10,788.		10,788.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	72,570.		72,570.
<b>17</b>	Total state tax withheld . . . . .	4,487.		4,487.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return KALLOL ROY CHOWDHURY	Social Security Number 862-77-8760
---	---------------------------------------

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

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

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

<b>1</b> Wages, tips, other comp . . . . .	72,570.	<b>2</b> Federal tax withheld . . . . .	7,280.
<b>3</b> Social security wages . . . . .	72,570.	<b>4</b> Social sec tax withheld . . . . .	4,499.
<b>5</b> Medicare wages and tips . . . . .	72,570.	<b>6</b> Medicare tax withheld . . . . .	1,052.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:	
C	16.	A: Enter amount attributable to RRTA Tier 2 tax . . .	_____
D	6,190.	M: Enter amount attributable to RRTA Tier 2 tax . . .	_____
W	1,000.	P: Double click to link to Form 3903, line 4 . . . . .	_____
DD	9,772.	R: Enter MSA contribution for Taxpayer . . . . .	_____
		Spouse . . . . .	_____
		W: Enter HSA contribution for Taxpayer . . . . .	1,000.
		Spouse . . . . .	_____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MN	2684759	72,570.	4,487.

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

<b>9</b> Verification Code . . . . .		<b>9</b>	_____
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>		<b>10</b>	_____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .			_____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b>	_____

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

Keep for your records

KALLOL ROY CHOWDHURY	862-77-8760 Page 2
<b>Employer Name</b> . . . . ACCENTURE LLP	

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

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

**Part IV Substitute Form W-2**

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Part V Inmate In a Penal Institution**

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

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

**13 c**  Third-party sick pay  
 Non-standard W-2 (handwritten, typewritten, or altered in any way)  
 Corrected W-2  
 Income from Paid Family Leave  
Control number (optional) . . . . . \_\_\_\_\_

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

Employee's SSN. . . . . 862-77-8760

First name M.I. Last name Suff.  
KALLOL ROY CHOWDHURY

Address City St ZIP code  
1800 W 76TH ST, Apt. 2H MINNEAPOLIS MN 55423

Foreign Province/County Foreign Postal Code

Foreign Country



# Healthcare Entry Sheet

**2017**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap  
Eligible\*  
Yes No*

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

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

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

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return KALLOL ROY CHOWDHURY & PAPRI ROY	Social Security Number 862-77-8760
---	---------------------------------------

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

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			7,280.	4,487.	
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	<b>Total Withholding</b> Lines 10 through 18d . . . . .			7,280.	4,487.	
20	<b>Total Tax Payments for 2017</b> . . . . .			7,280.	4,487.	

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return KALLOL ROY CHOWDHURY & PAPRI ROY	Social Security Number 862-77-8760
---	---------------------------------------

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

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

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	72,570.		72,570.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	72,570.		72,570.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	72,570.		72,570.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	72,570.		72,570.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	72,570.		72,570.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	72,570.		72,570.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	72,570.		72,570.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	72,570.		72,570.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return KALLOL ROY CHOWDHURY & PAPRI ROY	Social Security Number 862-77-8760
---	---------------------------------------

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		4,487.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		70,570.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		6,534.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

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

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

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

# Tax Summary Report

2017

Name(s) Shown on Return  
 KALLOL ROY CHOWDHURY & PAPRI ROY

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

**Gross Income**

Wages and salaries . . . . .	72,570.
Interest and dividend income . . . . .	
Business income (loss) . . . . .	
Capital gains (losses) . . . . .	
Pensions and annuities . . . . .	
Rents, royalties, partnerships, etc . . . . .	
Farm income (loss) . . . . .	
Social security benefits . . . . .	
Other income . . . . .	
<b>Total Gross Income</b> . . . . .	<b>72,570.</b>

**Adjustments to Income** . . . . . 2,000.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 70,570.

**Itemized/Standard Deductions**

Medical and dental . . . . .	
Taxes . . . . .	4,487.
Interest . . . . .	
Contributions . . . . .	
Casualty or theft loss(es) . . . . .	
Miscellaneous . . . . .	
Phaseout of itemized deductions . . . . .	
<b>Total Itemized Deductions</b> . . . . .	<b>4,487.</b>
Standard deduction . . . . .	12,700.
Exemption amount . . . . .	8,100.

**Taxable Income** . . . . . 49,770.

Income tax . . . . .	6,534.
Alternative minimum tax . . . . .	
<b>Total Taxes before Credits</b> . . . . .	<b>6,534.</b>
Nonbusiness credits . . . . .	
Business credits . . . . .	
<b>Total Credits</b> . . . . .	
Self-employment tax . . . . .	
Other taxes . . . . .	

**Total Tax** . . . . . 6,534.

Withholding . . . . .	7,280.
Estimated tax payments . . . . .	
Other payments . . . . .	
<b>Total Payments</b> . . . . .	<b>7,280.</b>
Estimated tax penalty . . . . .	
Refund applied to next year's estimated tax . . . . .	

**Amount Overpaid** . . . . . 746.

**Refund** . . . . . 746.

**Amount Applied to Estimate** . . . . .

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

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	9.26 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>6,534.</u>
	Check if from:
1	Tax table . . . . . <input checked="" type="checkbox"/> X
2	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
3	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
5	Schedule J . . . . . <input type="checkbox"/>
6	Form 8615 . . . . . <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>6,534.</u>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 3 Smart Worksheet</b>	
<b>A</b>	If you had the same coverage every month of the 2017, select the type of coverage here . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
	<b>Or,</b> if coverage varied during 2017, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.
1	January . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
2	February . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
3	March . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
4	April . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
5	May . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
6	June . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
7	July . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
8	August . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
9	September . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
10	October . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
11	November . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
12	December . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
<b>B</b>	Maximum allowable contribution . . . . . <u>6,750.</u>
	<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 6 Smart Worksheet</b>	
<b>A</b> Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year . . . . .	0.
<b>B</b> Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4) . . . . .	0.
<b>C</b> Portion of Line B amount to be carried to Line 6 of spouse's form . . . . . <b>QuickZoom</b> to Form 8889S . . . . . ▶	0.
<b>D</b> Remainder to be carried to Line 6 (Line 5 minus Line C).. . . . .	6,750.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 9 Employer Contribution Smart Worksheet</b>	
<b>A</b> Enter the employer contributions reported in Box 12 of Form W-2 (code W)	1,000.
<b>B</b> Enter employer contributions made in 2017 for the tax year 2016 . . . . .	
<b>C</b> Subtract line B from line A . . . . .	1,000.
<b>D</b> Enter employer contributions made in 2018 for the tax year 2017 . . . . .	
<b>E</b> Other employer contributions for 2017 not reported above . . . . .	
<b>F</b> Employer contributions for 2017. Add lines C, D and E. Enter on line 9 . . . . .	1,000.



SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 18 Smart Worksheet**

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

**A** 1 Total HSA contribution in 2016 . . . . . \_\_\_\_\_  
 2 Excess contribution in 2016 . . . . . \_\_\_\_\_  
 3 Net HSA contribution in 2016 . . . . . \_\_\_\_\_ 0.

**B** Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
2	February . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
3	March . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
4	April . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
5	May . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
6	June . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
7	July . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
8	August . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
9	September . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
10	October . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
11	November . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
12	December . . . . . ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____

**C** 1 Total maximum allowable contribution for 2016 . . . . . \_\_\_\_\_  
 2 Amount allocated to spouse in 2016 . . . . . \_\_\_\_\_  
 3 Net maximum allowable contribution for 2016 . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

**General Information Smart Worksheet**

**A** Enter the new principal place of work for this move . . . \_\_\_\_\_

**B** Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form . . . . . \_\_\_\_\_

**C** Other allowance or reimbursements not on Form W-2 . . . . . \_\_\_\_\_

**D** Enter the number of miles from your **old home** to your **new workplace** . . . . . 700 miles

**E** Enter the number of miles from your **old home** to your **old workplace** . . . . . 40 miles

**F** Subtract line E from line D. If zero or less, enter -0- . . . . . 660 miles

**Is line F at least 50 miles?**  
**Yes** ▶ You meet this test.  
**No** ▶ You do not meet this test. You **cannot** deduct your moving expenses.  
**Do Not** complete Form 3903.

**G** For **foreign** moves check here **only** if **all** the following apply . . . . .

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States  
 Enter storage fees applicable to foreign move . . . . . \_\_\_\_\_
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

<b>Travel Expenses Smart Worksheet</b>	
Enter your travel expenses:	
<b>A</b> Travel and lodging expenses for this move (excluding auto expenses) . . . . .	<u>500.</u>
<b>B</b> Parking fees and tolls . . . . .	<u>          </u>
<b>C</b> Gasoline and oil . . . . .	<u>          </u>
<b>D</b> Miles driven traveling to new home . . . . .	<u>          </u>



**2017 Form M1, Individual Income Tax**

Leave unused boxes blank. Do not use staples on anything you submit.

<b>Your First Name and Initial</b> KALLOL	<b>Last Name</b> ROY CHOWDHURY	<b>Your Social Security Number</b> 862778760	
<b>If a Joint Return, Spouse's First Name and Initial</b> PAPRI	<b>Spouse's Last Name</b> ROY	<b>Spouse's Social Security Number</b> 943921902	
<b>Current Home Address</b> 1800 W 76TH ST APT 2H	<b>Check if:</b> <input type="checkbox"/> <b>New Address</b> <input type="checkbox"/> <b>Foreign Address</b>	<b>Your Date of Birth</b> 05251988	
<b>City</b> MINNEAPOLIS	<b>State</b> MN	<b>Zip Code</b> 55423	<b>Spouse's Date of Birth</b> 12251989

**2017 Federal Filing Status**  (1) Single  (2) Married filing jointly  (3) Married filing separately:  
 (place an X in one box):  (4) Head of household  (5) Qualifying widow(er)  
 Enter spouse name and Social Security number \_\_\_\_\_

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

<b>Political party and code number:</b>		<b>Your code</b> _____
Republican . . . . . 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now . . . . . 17
Democratic/Farmer-Labor . 12	Green . . . . . 15	General Campaign
Independence . . . . . 13	Libertarian . . . . . 16	Fund . . . . . 99

**Spouse code** \_\_\_\_\_

<b>From Your Federal Return</b> (see instructions)	<b>A</b> Wages, salaries, tips, etc. 72570	<b>B</b> IRA, pensions, and annuities 0	<b>C</b> Unemployment 0	<b>D</b> Federal adjusted gross income <input type="checkbox"/> 70570
---	---	--	----------------------------	--

▲ Place an X in box if a negative number

<b>1</b> Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) . . . . .	<b>1</b> <input type="checkbox"/> 49770
<b>2</b> State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions . . . . .	<b>2</b> _____ 0
<b>3</b> Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) . . . . .	<b>3</b> _____
<b>4</b> Add lines 1 through 3 (if a negative number, place an X in the box). . . . .	<b>4</b> <input type="checkbox"/> 49770
<b>5</b> State income tax refund from line 10 of federal Form 1040 . . . . .	<b>5</b> _____
<b>6</b> Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) . . . . .	<b>6</b> _____
<b>7</b> Total subtractions. Add lines 5 and 6 . . . . .	<b>7</b> _____
<b>8</b> Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. . . . .	<b>8</b> _____ 49770
<b>9</b> Tax from the table in the M1 instructions . . . . .	<b>9</b> _____ 2877
<b>10</b> Alternative minimum tax (enclose Schedule M1MT) . . . . .	<b>10</b> _____
<b>11</b> Add lines 9 and 10 . . . . .	<b>11</b> _____ 2877
<b>12</b> Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . . .	<b>12</b> _____ 2877
<b>a</b> _____ 0 <b>b</b> <input type="checkbox"/> _____ 0 (Place an X in box if a negative number)	
<b>13</b> Tax on lump-sum distribution (enclose Schedule M1LS) . . . . .	<b>13</b> _____





14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) ..... 14 \_\_\_\_\_

15 Tax before credits. Add lines 12, 13, and 14 ..... 15 2877


16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) ..... 16 ■ \_\_\_\_\_

17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) ..... 17 ■ \_\_\_\_\_

18 Other nonrefundable credits (enclose Schedule M1C) ..... 18 ■ \_\_\_\_\_

19 Total nonrefundable credits. Add lines 16, 17, and 18 ..... 19 \_\_\_\_\_

20 Subtract line 19 from line 15 (if result is zero or less, leave blank) ..... 20 2877

21 Nongame Wildlife Fund contribution (see instructions) ..... 21 ■ \_\_\_\_\_  
 This will reduce your refund or increase the amount you owe 

22 Add lines 20 and 21 ..... 22 2877

23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099, and W-2G forms (do not send) ..... 23 ■ 4487

24 Minnesota estimated tax and extension payments made for 2017 ..... 24 ■ \_\_\_\_\_

25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. .... 25 ■ \_\_\_\_\_

26 Business and investment credits (enclose Schedule M1B) ..... 26 ■ \_\_\_\_\_

27 Total payments. Add lines 23 through 26 ..... 27 4487

28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions). For direct deposit, complete line 29 ..... 28 ■ 1610

29 Direct deposit of your refund (you must use an account not associated with a foreign bank):

<b>Account Type</b>	<b>Routing Number</b>	<b>Account Number</b>
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<u>091000022</u>	<u>104781684816</u>

30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract line 27 from line 22 (see instructions) ..... 30 ■ \_\_\_\_\_

31 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15) ..... 31 ■ \_\_\_\_\_

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.

32 Amount from line 28 you want sent to you ..... 32 ■ \_\_\_\_\_

33 Amount from line 28 you want applied to your 2018 estimated tax ..... 33 ■ \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
_____	_____	APPANA RUPA VENKA	05222018
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
_____	9525640173	6789659729	P02090332
Your email address	Preparer's email address		
Kallolroychowdhury@yahoo.co.in	kumar@gtaxfile.com		

**Include a copy of your 2017 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
 St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



# 2017 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<b>Your First Name and Initial</b> KALLOL	<b>Last Name</b> ROY CHOWDHURY	<b>Your Social Security Number</b> 862778760
<b>If a Joint Return, Spouse's First Name and Initial</b> PAPRI	<b>Spouse's Last Name</b> ROY	<b>Spouse's Social Security Number</b> 943921902

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

<b>A</b> If the W-2 is for: • you, enter 1 • spouse, enter 2	<b>B—Box 13</b> If Retirement Plan box is checked mark an X below.	<b>C—Box 15</b> Employer's 7-digit Minnesota state tax ID number	<b>D—Box 16</b> State wages, tips, etc. (round to nearest whole dollar)	<b>E—Box 17</b> Minnesota tax withheld (round to nearest whole dollar)
<u>1</u>	<input type="checkbox"/>	MN <u>2684759</u>	<u>72570</u>	<u>4487</u>
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
Subtotal for additional W-2s (from line 5 on the back) .....				_____
<b>Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) .....</b>				<b>1</b> <u>4487</u>

**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

<b>A</b> If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	<b>B</b> Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	<b>C</b> Income amount (see the table on the back for amounts to include)	<b>D</b> Minnesota tax withheld (round to nearest whole dollar)
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
Subtotal for additional 1099 and W-2G forms (from line 6 on the back) .....			_____
<b>Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) .....</b>			<b>2</b> _____

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries**

(from line 7 on the back) ..... **3** \_\_\_\_\_

**4 Total.** Add the Minnesota tax withheld on lines 1, 2 and 3.

Enter the total here and on line 23 of Form M1 ..... **4** 4487

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and/or KF.**



Minnesota Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . KALLOL
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . ROY CHOWDHURY
Social Security No. . . . . 862-77-8760
Date of Birth . . . . . 05/25/1988
Age as of 1-1-2018. . . . . 29
Date of Death . . . . .
Daytime Phone . . . . . (952)564-0173 \*
Extension . . . . .
Home Phone . . . . . \*
Street Address . . . . . 1800 W 76TH ST Apartment . . . . . 2H
City . . . . . MINNEAPOLIS State . . . . . MN ZIP Code . . . . . 55423
County . . . . . Check box if foreign address . . . . .

Spouse:

First Name . . . . . PAPRI
Middle Initial . . . . . Suffix . . . . .
Last Name (if different) . . . . . ROY
Social Security No. . . . . 943-92-1902
Date of Birth . . . . . 12/25/1989
Age as of 1-1-2018. . . . . 28
Date of Death . . . . .
Daytime Phone . . . . . (952)564-0173 \*
Extension . . . . .
Check box if foreign address . . . . .

\* Check one of these boxes to print optional daytime phone number

Part II - Main Form

[X] Full-year resident filing Form M1
[ ] Part-year resident filing Form M1
Taxpayer . . . . . From: . . . . . To: . . . . . Resident 12/31/2017 of . . . . .
Spouse . . . . . From: . . . . . To: . . . . . Resident 12/31/2017 of . . . . .
[ ] Nonresident filing Form M1
Nonresidents and part-year residents also must complete Schedule M1NR.

Part III - Filing Status

[ ] Single
[X] Married filing joint
[ ] Married filing separate
[ ] Head of household
[ ] Qualifying widow(er)
[ ] Taxpayer eligible to claim spouse's exemption
[ ] Taxpayer did not live with spouse at any time during the year

Part IV - Other Information

New! State Driver's License and ID Card

Minnesota does not require state driver's license or state ID card information.

Taxpayer Information:

Taxpayer Spouse
[ ] [ ] Age 65 or over?
[ ] [ ] Blind?
[ ] [ ] Disabled?
[ ] [ ] Paid premiums in 2017 for a qualified long-term care insurance policy? (See Tax Help)

Decedent Information:

[ ] You are filing a joint return with your deceased spouse and a personal representative has not been appointed

Stillborn Children Information:

[ ] You experienced the birth of a stillborn child in 2017.

First-Time Homebuyer Information:

[ ] You opened a qualified first-time homebuyer savings account in 2017.

Farmer Information:

[ ] At least two-thirds of gross income was derived from farming or commercial fishing

American Indian Information:

If you are an enrolled member of an American Indian Tribe, enter income earned on the reservation while living on the reservation . . . . .

Active Duty Military:

Resident of a state other than Minnesota and on federal active duty

**Credit for Past Military Service:**

Check the boxes below only if you have been separated from military service and meet the conditions below:

- Taxpayer was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years, or has 100% total/permanent service-related disability
- Spouse was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years or has 100% total/permanent service-related disability

**Part V – Preparer Information**

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

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

- self-prepared or
- prepared by a non-paid preparer

**Yes No**

- Is the Minnesota Department of Revenue authorized to discuss this return with the preparer or the third-party designee indicated on the federal return?

Self prepared and Non-paid prepared returns to be e-filed **must** have the following info for the submitter:

Preparer Name . . . . . \_\_\_\_\_  
 Preparer PTIN . . . . . \_\_\_\_\_

**Part VI – Direct Deposit or Electronic Funds Withdrawal Information**

**Yes No**

- Do you want to elect direct deposit of state tax refund?  
\* See Tax Help for refund expectation
- Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

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

Name of financial institution (optional) . . . . . US BANK  
 Routing number . . . . . 091000022  
 Account number . . . . . 104781684816  
 Type of account . . . . . Checking  Savings   
 Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
 State balance-due amount from this return . . . . . \_\_\_\_\_  
 Enter an amount to debit 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 VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Minnesota Department of Revenue, as applicable by 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 M60 was given to client . . . . . \_\_\_\_\_

**Part VIII – Extension Status**

**Yes No**

- Tax return due date extended?

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form M13, Income Tax Extension Payment . . . . . ▶ \_\_\_\_\_

---

**QuickZoom** to Form M1, Individual Income Tax Return (Main Form) . . . . . ▶ \_\_\_\_\_

---



# Tax Payments Worksheet

**2017**

► Keep for your records

Name KALLOL ROY CHOWDHURY & PAPRI ROY	Social Security Number 862-77-8760
--	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	4,487.
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	<b>Total income tax withheld</b> . . . . .	14	4,487.
15	Date return will be filed and balance paid . . . . .	15	

**Additional Nontaxable Income,  
Losses, and Deductions Worksheet**

**2017**

► Keep for your records

Name as Shown on Return KALLOL ROY CHOWDHURY & PAPRI ROY	Social Security Number 862-77-8760
---	---------------------------------------

**Additional Nontaxable Income**

1	Payment received under the state Medicaid Home & Community - Based Services Waiver (Medicaid Waiver) . . . . .	1	_____
2	Workers' compensation benefits . . . . .	2	_____
3	Your contributions to an employee elective deferral plan, such as a 401(k), 403(b), 457 deferred compensation or SIMPLE/SEP plan . . . . .	3	6,190.
4	Contributions to dependent care accounts . . . . .	4	_____
5	Contributions to medical expense accounts . . . . .	5	_____
6	Nontaxable employee transit and parking expenses . . . . .	6	_____
7	Veterans' benefits . . . . .	7	_____
8	Nontaxable scholarships, fellowships, grants for education, including those from foreign sources, and tuition waivers or reductions . . . . .	8	_____
9	Nontaxable pension and annuity payments, including disability payments . . . . .	9	_____
10	Income excluded by a tax treaty . . . . .	10	_____
11	Lump-sum distribution reported on line 1 of Schedule M1LS . . . . .	11	_____
12	Federally nontaxed interest and mutual fund dividends . . . . .	12	_____
13	Reduction in your rent for caretaking responsibilities equal to the difference between your actual rent and the amount your rent would have been if you had not been the caretaker . . . . .	13	_____
14	Housing allowance for military . . . . .	14	_____
15	Housing allowance for clergy . . . . .	15	_____
16	Nontaxable military earned income, such as combat pay . . . . .	16	_____
17	Strike benefits . . . . .	17	_____
18	Employer paid education expenses . . . . .	18	_____
19	Employer paid adoption expenses . . . . .	19	_____
20	Gain on the sale of your home excluded from federal income . . . . .	20	_____
21	Other additional nontaxable income. Enter the type(s) of income below: _____ . . . . .	21	_____

**Losses and Deductions**

1	Capital loss carryforward . . . . .	1	_____
2	Net operating loss carryforward/carryback . . . . .	2	_____
3	Passive activity loss that is not disallowed as a result of section 469, paragraph (i) of the Internal Revenue Code and the amount of passive activity loss carryover allowed under section 469(b) of the Internal Revenue Code . . . . .	3	_____
4	Prior year passive activity loss carryforward claimed in current year for federal purposes . . . . .	4	_____
5	Health savings account deduction . . . . .	5	_____
6	Archer MSA deduction . . . . .	6	_____
7	Domestic production activities deduction . . . . .	7	_____
8	Educator expenses deduction . . . . .	8	_____
Total additional nontaxable income, losses, and deductions . . . . .			6,190.

# Smart Worksheets from your 2017 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

<b>Federal Taxable Income Smart Worksheet</b>	
<b>A</b>	Federal adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or 1040EZ, line 4) . . . . . <u>70570</u>
<b>B</b>	Less: Standard or itemized deductions (Form 1040, line 40a or Form 1040A, line 24a or 1040EZ, line 5) . . . . . <u>12700</u>
<b>C</b>	Less: Exemptions claimed on federal return (Form 1040, line 42 or Form 1040A, line 26) . . . . . <u>8100</u>
<b>D</b>	Federal taxable income (Line A less lines B and C) . . . . . <u>49770</u>

*Note: Line D flows to line 1. If line D is negative, it is displayed on line 1 as a positive number and the line 1 box is checked as required by the Minnesota Department of Revenue.*