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.

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For the year Jan. 1-De	ec. 31, 2017	, or other tax year beginning	1	,	2017, endi	ng		, 20	Se	ee separate instr	uctions.
Your first name and	l initial		Last name						Yo	our social security	number
Varun Kuma	ar Rec	ldy	Tatipa	arthi					6	56-35-8167	
If a joint return, spo	use's first	name and initial	Last name						Sp	ouse's social secur	ity number
		street). If you have a P.O.	box, see instru	uctions.				Apt. no	). 	Make sure the SS and on line 6c a	
56 Burns A		nd ZIP code. If you have a f	oreign address	also complete spaces h	nelow (see i	instruc	tions)			Presidential Election	
Hicksville		•	oroigir address,	allo complete opacco s	30.00	ii ioti ac	rtiorioj.			eck here if you, or your s	
Foreign country nar		11001		Foreign province/s	state/coun	ntv		Foreign postal co	join	tly, want \$3 to go to this	fund. Checking
, ,						,		J 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\ \ \ a bc	ox below will not change and.	
	1	X Single				4	Head o	f household (with a	ualifying	person). (See instru	
Filing Status	2		v (even if onl	y one had income)		. –		, ,		ut not your depende	,
Check only one	3	_		spouse's SSN abo				name here.			,
box.		and full name here	•			5	Qualify	ring widow(er) (se	e instru	ctions)	
Everntions	6a	X Yourself. If som	eone can cla	im you as a depen	dent, <b>do</b>	not	check b	ox 6a		Boxes checked	
Exemptions	b	Spouse					,			on 6a and 6b No. of children	
	С	Dependents:		(2) Dependent's	(3) Dep			4) ✓ if child under agualifying for child tax of		on 6c who:	
	(1) First	name Last nar	ne so	ocial security number	relations	ship to	you	(see instructions)	Jeuit	<ul> <li>lived with you</li> <li>did not live with</li> </ul>	th
										you due to divo or separation	
If more than four dependents, see										(see instruction	
instructions and										Dependents on not entered abo	
check here ▶										Add numbers	on 1
	d	Total number of exe	mptions clair	med						lines above >	
Income	7	Wages, salaries, tips	•		4 .				7	1	1,250.
	8a	Taxable interest. At		•	·	•			8a		
Attach Form(s)	b	Tax-exempt interes			· L	8b	$\overline{}$				
W-2 here. Also	9a	Ordinary dividends.	Attach Sched	dule B if required					9a		
attach Forms	b	Qualified dividends				9b			10		
W-2G and 1099-R if tax	10	Taxable refunds, cre	dits, or offse	ets of state and loca	al income	e taxe	es .		10		
was withheld.	11	Alimony received .		Cabadula Car C					11		
	12 13	Business income or Capital gain or (loss)	,						12		
If you did not	14	Other gains or (loss)			. II HOLTE	quire	a, chec	Killere 🕨 🔲	14		
get a W-2,	15a	IRA distributions .	15a	JIII 4757	   h	Tav	· · · able amo		15b		
see instructions.	16a	Pensions and annuitie					able amo		16b		
	17	Rental real estate, ro		nerships. S corpora					17		
	18	Farm income or (los			•	-			18		
	19	Unemployment com							19		
	20a	Social security benefit	ts <b>20a</b>		b	Taxa	able amo	unt	20b		
	21	Other income. List ty	pe and amo	unt					21		
	22	Combine the amounts	in the far right	t column for lines 7 th	nrough 21	. This	is your <b>t</b>	otal income ▶	22	1.	1,250.
A divote d	23	Educator expenses				23					
Adjusted	24	Certain business exper			1						
Gross		fee-basis government	officials. Attach	Form 2106 or 2106-	·EZ	24					
Income	25	Health savings acco	unt deductio	n. Attach Form 888	89 .	25					
	26	Moving expenses. A			_	26		4,500.	_		
	27	Deductible part of self-				27					
	28	Self-employed SEP,				28			_		
	29	Self-employed healt				29					
	30	Penalty on early with		-		30					
	31a	Alimony paid <b>b</b> Red				31a					
	32	IRA deduction				32					
	33 34	Student loan interes Reserved for future				33					
	35	Domestic production			_	35					
	36	Add lines 23 through			_	55			36		4,500.
	37	Subtract line 36 from				com	 е .		37		6,750.
				-	-				1	i '	

Form 1040 (2017	)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	6,750.
Tay and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Tax and		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b	1	
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350.
Deduction	41	Subtract line 40 from line 38	41	400.
for—	42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
<ul> <li>People who check any</li> </ul>	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	0.
box on line 39a or 39b <b>or</b>	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	0.
who can be		Alternative minimum tax (see instructions). Attach Form 6251	45	0.
claimed as a dependent,	45	,		
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	<b>A</b> 0
All others:	47	Add lines 44, 45, and 46	47	0.
Single or	48	Foreign tax credit. Attach Form 1116 if required 48	-	
Married filing separately.	49	Credit for child and dependent care expenses. Attach Form 2441	-	
separately, \$6,350	50	Education credits from Form 8863, line 19	-	
Married filing jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52	4	
widow(er), \$12,700	53	Residential energy credit. Attach Form 5695		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household, \$9,350	55	Add lines 48 through 54. These are your <b>total credits</b>	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
raxes	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 X	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	0.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 1,331.		
Taymonto	65	2017 estimated tax payments and amount applied from 2016 return 65		
If you have a	66a	Earned income credit (EIC) 66a	-	
qualifying	b	Nontaxable combat pay election 66b		
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67	4	
Corloddio Ero.	68	American opportunity credit from Form 8863, line 8 68	-	
	69	Net premium tax credit. Attach Form 8962	-	
			-	
	70 71	Amount paid with request for extension to file	-	
	72	Credit for federal tax on fuels. Attach Form 4136	-	
			-	
	73		-	1 221
Defined	74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	+	1,331.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	1,331.
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here .	76a	1,331.
Direct deposit? See	▶ b	Routing number X X X X X X X X X D c Type: Checking Savings		
instructions.	► d	Account number X X X X X X X X X X X X X X X X X X X		
	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
You Owe	79	Estimated tax penalty (see instructions)		
Third Party				ete below. X No
Designee		signee's Phone Personal ider no. ► number (PIN)		
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle		ief, they are true, correct, and
Here		ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor	rmation of wl	hich preparer has any knowledge
Joint return? See	You	ur signature Date Your occupation	Daytime	phone number
instructions.		Employed	(408	3)613-5665
Keep a copy for	Spe	ouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation	If the IRS PIN, enter	sent you an Identity Protection
your records.	,		here (see	
Paid	Pri	nt/Type preparer's name Preparer's signature Date	Check	PTIN PTIN
Preparer	Uma	a D Pishati	self-em	ployed P01520074
-		m's name ▶ BESTTAXFILER, LLC.	Firm's E	in ▶ 45-3785334
Use Only		m's address ► 29301 MORNINGVIEW FARMINGTON HILLS MI 48334	Phone n	

**Moving Expenses** 

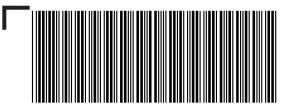
► Go to www.irs.gov/Form3903 for the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment Sequence No. **170** ► Attach to Form 1040 or Form 1040NR. Your social security number 656-35-8167

Var	un Kumar	Reddy Tatiparthi	656-35-8167
Befo	re you be		n deduct your moving
		expenses.	
		✓ See Members of the Armed Forces in the instructions, if applicable.	
1	Transport	ation and storage of household goods and personal effects (see instructions)	1
2		cluding lodging) from your old home to your new home (see instructions). <b>Do not</b> e cost of meals	2 4,500.
3	Add lines	1 and 2	3 4,500.
4	not includ	total amount your employer paid you for the expenses listed on lines 1 and 2 that is led in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your	4
5		with code P	
	☐ No.	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.	
	X Yes.	Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b>	<b>5</b> 4,500.
For P	aperwork	Reduction Act Notice, see your tax return instructions. BAA REV 11/13/17 PRO	Form <b>3903</b> (2017)



## 

#### 2017 Form 1-NR/PY

MA17006011555 Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1-December 31, 2017 or other taxable Year beginning

VARUN KUMAR REDD TATIPARTHI 656-35-8167

56 BURNS AVENUE

HICKSVILLE

11801

Fill in if: X Original returr	Amended return	Amended return	due to federal change	Apt. r	10.		
State Election Campaign Fund:				\$1 You	\$1 Spouse	TOTAL	0
Fill in if veteran of U.S. armed force	es who served in Operation	Enduring Freedom,	Iraqi Freedom or Noble Eagle	You	Spouse		
Taxpayer deceased				You	Spouse		
Fill in if under age 18				You	Spouse		
Check one: Nonresident	Filing as bo	th nonresident and p	part-year resident	Name/add	dress changed sind	ce 2016	
X Part-year reside	nt Nonresiden	t composite		Fill in if no	ncustodial parent		
a. Total federal income		11250					
b. Federal adjusted gross incon	ne	6750					
1. Filing status (select one	only): X Single			Fill in if fili	ng Schedule TDS		
	Married filir	g jointly					
	Married filin	g separate return					

Married filing separate retu

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident; From 08/16/17 To 12/15/17

122  $\div 365 = .33423$ 3. Total days as Massachusetts resident

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete. Your signature Date Spouse's signature Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



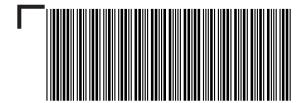
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# **2017 Form 1-NR/PY, pg. 2** MA17006021555

MA17006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
656-35-8167

4.	Exemptions:					
	a. Personal exemptions				4a	4400
	b. Number of dependents. (Do not	include yourse	elf or your spouse.) Enter r	number	$\times$ \$1,000 = <b>4b</b>	0
	c. Age 65 or over before 2018	You +	Spouse =		$\times$ \$700 = 4c	0
	d. Blindness	You +	Spouse =		$\times$ \$2,200 = <b>4d</b>	0
	e. Medical/dental				4e	0
	f. Adoption				4f	0
	g. Total exemptions. Add items 4a	through 4f. En	ter here and on line 22a		4g	4400
5.	Wages, salaries, tips				5	4165
6.	Taxable pensions and annuities				6	0
7.	Mass. bank interest: a.		0 – b. exemption	0	= 7	0
8.	Business/profession income/loss a	a.	0 +b.	Farming income/loss	0	
					= 8	0
9.	Rental, royalty and REMIC, partne	rship, S corp., t	trust income/loss		9	0
10a.	Unemployment				10a	0
10b.	Mass. lottery winnings				10b	0
11.	Other income				11	0
12.	TOTAL 5.1% INCOME				12	4165
13.	NONRESIDENT APPORTIONMEN	NT WORKSHE	ET. You cannot apportion	Mass. wages as shown on For	m W-2. Do <b>not</b> use this	worksheet if you know the
	exact amount of your Mass. source	e income. Only	use when income from er	nployment/business is earned b	ooth inside and outside M	Mass. and the exact Mass.
	amount is not known. Basis:	working day	rs miles sales	other:		
	Working days (or other basis) outs	ide Massachus	etts		13a	0
	Working days (or other basis) insid	le Massachuse	tts		13b	0
	Total working days				13c	0
	Nonworking days (holidays, weeke	ends, etc.)			13d	0
	Massachusetts ratio				13e	.0000
	Total income being apportioned. Ye	ou <b>cannot</b> app	ortion Massachusetts wag	es as shown on Form W-2	13f	0
	Massachusetts income				13g	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



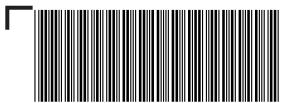
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**2017 Form 1-NR/PY, pg. 3** MA17006031555

MA17006031555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return

V	ARUN KUMAR	REDD	TATIPARTHI	656-35-8167		
14.	a. Total 5.1% incom		ID EXEMPTION RATIO		14a	0
	<ul><li>b. Interest income</li><li>c. Total capital gain</li></ul>	incomo			14b	0
	d. Total income this				14d	0
			ome. Not less than "0"		14e	0
	f. Total income				14f	0
	g. Deduction and ex	emption ratio			14g	0.0000
15a.	Amount paid to Soc	. Sec. Medica	e, R.R., U.S. or Mass. Re	etirement	15a	318
15b.		•	Sec., Medicare, R.R., U.S		15b	0
16.			ependent/spouse care exp		16	0
17.	•		•	2, or dependents age 65 or over (not you or you	r	
	spouse) as of 12/31					
	Not more than two			Part-year residents multiply line 17b by line 3;		0
	nonresidents multiple		•		17	1.600
18.		· ·	200		÷ 2 = 18	1600
				any other dwelling outside Massachusetts to which		
40	,		o return in the future?	Yes No. If "Yes," you do <b>not</b> qualify fo		4500
19.	Other deductions fro				19	6418
20. 21.	Total deductions.			m line 12. Not less than "0"	20 21	0418
			4400	mine 12. Not less than "U"	=-	1470
22. 23.	Exemption amount.			m line 21. Not less than "0"	22 23	1470
23. 24.	INTEREST AND DI			n line zw. Not less than 0	23 24	0
24. 25.	_		. Add lines 23 and 24		24 25	0
26.	_			5% tax rate, fill in and multiply line 25 and the	20	U
20.	amount in Schedule			5 /o tax rate, iiii iii and multipiy iiile 25 and tile	26	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

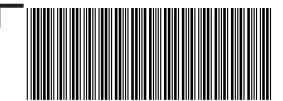


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# **2017 Form 1-NR/PY, pg. 4** MA17006041555

MA17006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
656-35-8167

27.	12% INCOME. Not less than "0." a.	× .12 = <b>27</b>	0
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	28	0
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		
29.	Credit recapture amount (from Credit Recapture Schedule)	29	0
30.	Additional tax on installment sale	30	0
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32		
32.	TOTAL INCOME TAX. Add lines 26 through 30	32	0
33.	Limited Income Credit	33	0
34.	Income tax due to another state or jurisdiction	34	0
35.	Other credits (from Credit Manager Schedule)	35	0
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	0
37.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	37a	0
	b. Organ Transplant Fund	37b	0
	c. Massachusetts AIDS Fund	37c	0
	d. Massachusetts U.S. Olympic Fund	37d	0
	e. Massachusetts Military Family Relief Fund	37e	0
	f. Homeless Animal Prevention and Care	37f	0
	Total. Add lines 37a through 37f	37	0
38.	Use tax due on Internet, mail order and other out-of-state purchases	38	0
39.	Health care penalty a. You 0 + b. Spouse 0 - c. Fed. health care penalty	O <b>39</b>	0
40.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 39	40	0



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## **2017 Form 1-NR/PY, pg. 5** MA17006051555

MA17006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
656-35-8167

41. 42. 43. 44. 45. 46.	Massachusetts income tax withheld 2016 overpayment applied to your 2017 estimated tax 2017 Massachusetts estimated tax payments Payments made with extension Payments made with original return Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return Part-year residents, multiply line 46c by line 3 Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unlefor an exception (see instructions). Fill in if you qualify for this exception	41 42 43 44 45 0 × .23 = c. (46 ess you qualify	173 0 0 0 0 0
47.		47	0
48.	Other Refundable Credits	48	0
49.	TOTAL. Add lines 41 through 48	49	173
50.	Overpayment. Subtract line 40 from line 49	50	173
51.	Amount of overpayment you want applied to your 2018 estimated tax	51	0
52.	Refund. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 0220	4 52	173
F	Direct deposit of refund. Type of account checking savings  RTN # account #		
53.	, , , , , , , , , , , , , , , , , , , ,	, MA 02204 <b>53</b> O	0 EX enclose Form M-2210
May t	the Department of Revenue discuss this return with the preparer shown here?  Yes		
I do n Print UMZ	not want preparer to file my return electronically paid preparer's name  A D PISHATI preparer's signature  Paid preparer'	Check if self-emple	Paid preparer's  oyed SSN/PTIN  P01520074  Paid preparer's EIN 45-3785334

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1





### 2017 Form M1, Individual Income Tax

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

Your	First Name and Initial	Last Name				Your Social Sec	curity Number
VAI	RUN KUMAR REDDY	TATIPARTHI					656358167
If a Jo	oint Return, Spouse's First Name and Initial	Spouse's Last Name				Spouse's Socia	Security Number
	ent Home Address		Check if:	New Address	Foreign Address	Your Date of B	
	BURNS AVENUE						04251994
City			State	Zip Code		Spouse's Date	of Birth
HI	CKSVILLE		NΥ	11801			
	7 Federal						
	g Status 🔀 (1) Single	(2) Married filing jointly	'		rried filing separate		
	ce an X ne box): (4) Head of household	(5) Qualifying widow(er	٠١	Ent	ter spouse name and	d Social Security	number
in or	ne box): (4) Head of household	(5) Qualifying widow(er	,	_			
	Elections Campaign Fund						
	want \$5 to go to help candidates for state s pay campaign expenses, enter the code			zalize Cannahis 14	Legal Marijuana Now	17	
numb	er for the party of your choice. This will	Democratic/Farmer-Labor . 12 G	Green		General Campaign		Your code
not in	crease your tax or reduce your refund.	Independence 13 L	ibertarian	16	5 Fund	99	Spouse code
From	Your Federal Return A Wages, s	alaries, tips, etc. <b>B</b> IRA, pens	sions, and ar	nuities <b>C</b> L	Jnemployment	<b>D</b> Federal adius	ted gross income
	nstructions)	11250	, , , , , ,	40	0		6 7 5 0
		11230				A Place an X in b	ox if a negative number
1	Federal taxable income (from line 43	R of federal Form 1040					-
•	line 27 of Form 1040A, or line 6 of Fo		mher place	an X in the ho	(אר	<b>1</b> ■⊠	3650
2	State income tax or sales tax addition			divinitie be	,,,		
_	on federal Form 1040, complete the					2■	0
3	Other additions to income, including						
	bond interest, and domestic product					3■	
	•				•		
4	Add lines 1 through 3 (if a negative n	umber, place an X in the box)				4 🗵	3650
5	State income tax refund from line 10	of federal Form 1040				5■	
6	Other subtractions, such as net inter	est or mutual fund dividends	from U.S. I	onds, Title 10	) military		
	retirement pay, or K-12 education ex	penses (see instructions; encl	ose Schedu	ıle M1M)		6■	
7	Total subtractions. Add lines 5 and 6					7	
_							
8	Minnesota taxable income. Subtract	line 7 from line 4. If zero or les	s, leave blai	1k		8	
•	Tau forms the habita in the N44 in the					0	
9	Tax from the table in the M1 instruct	nons				9	
10	Alternative minimum tax (enclose Sc	hedule M1MT)				. 10■	
-0	race matric minimum tax jenerose se	Treduct William)					
11	Add lines 9 and 10					. 11 _	
12	Full-year residents: Enter the amount fro						
	Part-year residents and nonresidents: Fro	•		ne 27 on			
	line 12, from line 23 on line 12a, and from					. 12	0
	a ■	11250 <sub>(F</sub>	Place an X in b	ox if a negative n	umber)		
13	Tax on lump-sum distribution (enclos					. 13■	

### 2017 M1, page 2



14	Tax on non-qualified first-time homebuyer with	ndrawals (enclose Schedule I	М1НОМЕ)	14	
15	Tax before credits. Add lines 12, 13, and 14			15	
16	Marriage Credit for joint return when both spot				
-0	or taxable retirement income (enclose Schedule			16 ■	
		, <u>-</u> y		7	
17	Credit for taxes paid to another state (enclose S	Schedule(s) M1CR and M1R(	CR)	17	
			,		
18	Other nonrefundable credits (enclose Schedule	M1C)		18 ■	
		/			
19	Total nonrefundable credits. Add lines 16, 17, a	nd 18		19	
	, , ,				
20	Subtract line 19 from line 15 (if result is zero or	less. leave blank)		20	
21	Nongame Wildlife Fund contribution (see instru				
	This will reduce your refund or increase the am			21 ■	
	,	, , , , , , , , , , , , , , , , , , , ,			
22	Add lines 20 and 21			22	
23	Minnesota income tax withheld. Complete and				
	Minnesota withholding from W-2, 1099, and W-2			23 ■	338
	ivilinesota withholding from w-2, 1055, and w-2	ed forms (do not sena)			
24	Minnesota estimated tax and extension payme	nts made for 2017		24 ■	
25	Refundable credits (enclose Schedule M1REF): 0				
23	K-12 Education Credit, Credit for Parents of Still	The second secon		25 ■	
	K-12 Education Credit, Credit for Farents of Still	iborn Crimaren, and Credit it	or tax raid to wisconsin		
26	Business and investment credits (enclose Sche	dule M1R)		26 ■	
20	business and investment credits (enclose sche	dule WIID)		20 =	
27	Total payments. Add lines 23 through 26			27	338
2 <i>1</i> 28	<b>REFUND.</b> If line 27 is more than line 22, subtract			2/	
20				28 ■	338
	For direct deposit, complete line 29			28 ■	330
29	Direct deposit of your refund (you must use an				
	Account Type Routing Num		ccount Number		
	Checking Savings		_		
30	AMOUNT YOU OWE. If line 22 is more than line				
	line 27 from line 22 (see instructions)		• • • • • • • • • • • • • • • • • • • •	30 ■	
31	Penalty amount from Schedule M15 (see instru			_	
	this amount from line 28 or add it to line 30 (er	nclose Schedule M15) · · · ·		31 ■	
	U PAY ESTIMATED TAX and want part of your refund credit				
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 🔳	
	re that this return is correct and complete to the best of my k		Paid preparer: You must sign below.	D-+-	
tour s	ignature	Date	Paid preparer's signature	Date	
Snous	e's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	DTIN or \	/ITA/TCE # (required)
-pous	a signature (ii ming joilitiy)		rieparer s daytille pilotte	r i iiv Of V	
Vour e	mail address	4086135665	Dranavar's amail addrass		P01520074
			Preparer's email address		
	arun25557@gmail.com				
Inclu	de a copy of your 2017 federal return and sche	dules.	٦	_	$\neg$
Mail	to: Minnesota Individual Income Tax		I authorize the Minnesota Department of Rever	nue to	I do not want my paid
	St. Paul, MN 55145-0010		discuss this return with my paid preparer or the	9	preparer to file my
To ch	eck on the status of your refund, visit <b>www.revenue.s</b> t	tate.mn.us	third-party designee indicated on my federal ref	turn.	return electronically.

REV 11/13/17 PRO 1031