

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 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SWETHA TURLAPATI	Social security number 339-91-8673
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	47,141.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	4,060.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	7,107.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,047.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

1	8	6	7	3
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8					
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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

Your first name and initial: **SWETHA** Last name: **TURLAPATI** Your social security number: **339-91-8673**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **8225 B BERRYWINE CT** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **HENRICO VA 23294**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

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

Boxes checked on 6a and 6b **1**

c Dependents:

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

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

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

Dependents on 6c not entered above _____

Add numbers on lines above **1**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	47,141.
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	47,141.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	47,141.

38	Amount from line 37 (adjusted gross income)	38	47,141.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,934.
41	Subtract line 40 from line 38	41	34,207.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	30,157.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	4,060.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	4,060.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	4,060.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	4,060.
64	Federal income tax withheld from Forms W-2 and 1099	64	7,107.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,107.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,047.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	3,047.
b	Routing number 0 5 1 0 0 0 0 1 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 3 5 0 3 6 1 0 3 6 2 7		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

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

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

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

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

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/02/2018	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	

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

SWETHA TURLAPATI

339-91-8673

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38 2		
3	Multiply line 2 by 7.5% (0.075).	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		2,380.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	2,380.

Interest You Paid

Note:
Your mortgage interest deduction may be limited (see instructions).

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	

Casualty and Theft Losses

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	11,497.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	11,497.
25	Enter amount from Form 1040, line 38 25 47,141.		
26	Multiply line 25 by 2% (0.02)	26	943.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	10,554.

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		12,934.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR: **SWETHA TURLAPATI**
 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶: **339-91-8673**

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.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	3,400.
4	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	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,400.
6	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	6	3,400.
7	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)	7	0.
8	Add lines 6 and 7	8	3,400.
9	Employer contributions made to your HSAs for 2017	9	750.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	750.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,650.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.
Caution: 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.

14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	
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)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (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	17b	

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.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. 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	20	
21	Additional tax. 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	21	

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **129A**

Your name SWETHA TURLAPATI	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 339-91-8673
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You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	3,617.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	5,600.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	680.
5 Meals and entertainment expenses: \$ <u>3,200.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	1,600.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	11,497.

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

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017
- 8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a Business 6,760 b Commuting (see instructions) _____ c Other 1,240
- 9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a Do you have evidence to support your deduction? **Yes** **No**
- b If "Yes," is the evidence written? **Yes** **No**

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return
SWETHA TURLAPATI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					47,141.
Adjustments to income					
Adjusted gross income					47,141.
Tax expense					2,380.
Interest expense . . .					
Contributions					
Miscellaneous deductions					10,554.
Other Itemized Deductions					
Total itemized/standard deduction . .					12,934.
Exemption amount . .					4,050.
Taxable income					30,157.
Tax					4,060.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					7,107.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,047.
Effective tax rate % . .					8.61
**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 (SWETHA TURLAPATI) and Social Security Number (339-91-8673)

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, etc.) and checkboxes (one checked 'X')

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

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

ERO's PIN (EFIN followed by any 5 numbers) EFIN587278 Self-Select PIN _____

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 18673 Spouse's PIN (5 numbers) Date 03/17/2018

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 TURLAPATI
 First name SWETHA
 Middle initial _____ Suffix _____
 Social security no. 339-91-8673
 Occupation SOFTWARE ENGINEER
 Date of birth 02/25/1990 (mm/dd/yyyy)
 Age as of 1-1-2018 27
 Date of death _____
 Legally blind
 E-mail address SWETHA_TURLAPATI25@YAHOO.IN
 Work phone _____ Ext _____
 Cell phone (804) 528-6239
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (804) 528-6239
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 8225 B BERRYWINE CT Apt no. _____
 City HENRICO State VA ZIP code 23294

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return <u>SWETHA TURLAPATI</u>	Social Security Number <u>339-91-8673</u>
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Driver's License or State Id Information

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

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

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

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

 Taxpayer
 Spouse

Note: Alabama does not allow this option

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

 Taxpayer
 Spouse

Note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state VA
 License number A64299553
 Issue date 12/20/2017
 Expiration date 12/30/2020
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

 New client
 Returning client to same preparer and firm
 Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2017

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Name(s) Shown on Return: SWETHA TURLAPATI; Social Security Number: 339-91-8673

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

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

Paid Preparer Information

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

Non Paid Preparer Information

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

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City selection and list of states: New York, Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative <input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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Name(s) Shown on Return
SWETHA TURLAPATI

Social Security Number
339-91-8673

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
IBM INDIA PRIVATE LIMITED		47,141.	7,107.	47,141.	2,380.
Totals		47,141.	7,107.	47,141.	2,380.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	47,141.		47,141.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	7,107.		7,107.
3 & 7	Total social security wages/tips	47,141.		47,141.
4	Total social security tax withheld	2,923.		2,923.
5	Total Medicare wages and tips	47,141.		47,141.
6	Total Medicare tax withheld	684.		684.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	2,826.		2,826.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	2,826.		2,826.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	47,141.		47,141.
17	Total state tax withheld	2,380.		2,380.
19	Total local tax withheld.			

Name as shown on return SWETHA TURLAPATI	Social Security Number 339-91-8673
---	---------------------------------------

Employer EIN 52-2061430
Employer Name IBM INDIA PRIVATE LIMITED
 Name (cont.) _____
Street Address or P. O. Box 3039 CORNWALLIS RD
City RESEARCH TRIANGLE PARK **State** NC **ZIP** 27709
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	47,141.	2 Federal tax withheld	7,107.
3 Social security wages	47,141.	4 Social sec tax withheld	2,923.
5 Medicare wages and tips	47,141.	6 Medicare tax withheld	684.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	5.	A: Enter amount attributable to RRTA Tier 2 tax
W	750.	M: Enter amount attributable to RRTA Tier 2 tax
DD	2,071.	P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
VA	30522061430F001	47,141.	2,380.

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

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

9 Verification Code		9 f5e6-b428-ca4a-9da8
10 Dependent care benefits (Check if employer furnished care at work)	<input type="checkbox"/>	10 _____
Dependent care benefits - Amount forfeited from flexible spending account		10 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11 _____

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

Keep for your records

<u>SWETHA TURLAPATI</u>	<u>339-91-8673</u> Page 2
Employer Name <u>IBM INDIA PRIVATE LIMITED</u>	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer	H1		
2 Tips less than \$20 in a month which were not required to be reported		H2	
3 Value of non-cash tips, such as tickets or passes, not reported		H3	
4 Actual amount of allocated tips if different than the amount in box 8		H4	
5 Tips paid out through a tip-sharing arrangement		H5	
6 <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. 339-91-8673

First name SWETHA M.I. Last name TURLAPATI Suff. _____

Address 8225 B BERRYWINE CT City HENRICO St VA ZIP code 23294

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

Healthcare Entry Sheet

2017

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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 SWETHA TURLAPATI	Social Security Number 339-91-8673
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	7,107.	2,380.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	7,107.	2,380.	
20 Total Tax Payments for 2017	7,107.	2,380.	

	State	ID	Local	ID
Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)				
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

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Name(s) Shown on Return SWETHA TURLAPATI	Social Security Number 339-91-8673
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	47,141 .	_____	47,141 .
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	47,141 .	_____	47,141 .
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	47,141 .	_____	47,141 .
11 Scholarship or fellowship income not on W-2	_____	_____	_____
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	47,141 .	_____	47,141 .

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	47,141 .	_____	47,141 .
17 Net self-employment loss	_____	_____	_____
18 Alimony received	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2.	47,141 .	_____	47,141 .

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	47,141 .	_____	47,141 .
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	47,141 .	_____	47,141 .

Federal Carryover Worksheet

2017

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Name(s) Shown on Return SWETHA TURLAPATI	Social Security Number 339-91-8673
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2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		12,934.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		47,141.
6	Tax liability for Form 2210 or Form 2210-F		4,060.
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
 SWETHA TURLAPATI

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	47,141.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	47,141.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 47,141.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	2,380.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	10,554.
Phaseout of itemized deductions	_____
Total Itemized Deductions	12,934.
Standard deduction	_____
Exemption amount	4,050.

Taxable Income 30,157.

Income tax	4,060.
Alternative minimum tax	_____
Total Taxes before Credits	4,060.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 4,060.

Withholding	7,107.
Estimated tax payments	_____
Other payments	_____
Total Payments	7,107.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,047.

Refund 3,047.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	8.61 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>4,060.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
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	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>4,060.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

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

- A Income from Form 1040, line 38 47,141.
- B Nontaxable income entered elsewhere on return
- C Available income: 2016 refundable credits in excess of tax 0.
- D **Enter** any additional nontaxable income
- E Total available income for sales taxes 47,141.
- F Sales tax table information:

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

QuickZoom to Misc Global Options to enter default locality ►

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

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
VA	01/01/17	12/31/17	4.3000	4.3000	0.0000	426.	0.	426.

- Total general sales taxes from table 426.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 426.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 2,380.

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

Line 3 Smart Worksheet						
A If you had the same coverage every month of the 2017, select the type of coverage here ▶ <input type="checkbox"/> None <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family						
Or, 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 checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
2	February ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
3	March ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
4	April ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
5	May ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
6	June ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
7	July ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
8	August ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
9	September ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
10	October ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
11	November ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
12	December ▶	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family	3,400.	
B Maximum allowable contribution.					3,400.	
<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)

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	750.
B Enter employer contributions made in 2017 for the tax year 2016	
C Subtract line B from line A	750.
D Enter employer contributions made in 2018 for the tax year 2017	
E Other employer contributions for 2017 not reported above	
F Employer contributions for 2017. Add lines C, D and E. Enter on line 9	750.

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 _____



SWETHA TURLAPATI
 8225 B BERRYWINE CT
 HENRICO VA 23294

SSN - You TURL 339918673 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	47141	Withholding (VA) - You	20A.	2380
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	47141	Estimated Payments	21.	
Age Deduction - You	4A.		2016 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Reserved for Future Use	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	47141	Total Payments / Credits	28.	2380
Fed Itemized Deductions	10.	12934	Tax You Owe	29.	
State / Local Income Tax	11.	2380	Tax Overpayment	30.	587
Standard / Itemized Deductions	12.	10554	Overpayment Credited to Next Year	31.	
Exemptions	13.	930	VAC - College Savings / ABLEnow	32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	11484	Addition to Tax, Penalty & Interest	34.	
VA Taxable Income	16.	35657	Sales and Use Tax	35.	
Amount of Tax	17.	1793	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card	N	
VAGI - Spouse	18A.		Your Refund		587
Net Amount of Tax	19.	1793	Bank Routing #	C	051000017
			Bank Account #		435036103627



Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 02251990
 VA Driver's License ID - You A64299553
 VA Driver's License - Iss. Date - You 12202017
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 087
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 NOL
 Overseas on Due Date
 Federal EIC & Amount

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Refund - Direct Bank Deposit X
 Refund - Check
 Obtain Electronic 1099G
 Office Use Only

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer APPANA RUPA VENKATA SATYA SAI MANI KUMAR Date 060218

Phone - Preparer 6789659729

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02090332
GLOBAL TAXES LLC

File by May 1, 2018
Include Page 1, Page 2 and all supporting 760CG documents.

2530 PEBBLE CREEK LN
CUMMING

GA 30041 Page 2 of 2

2017 Schedule INC/CG

339918673

Report all W-2s, 1099s & VK-1s with VA Withholding



SWETHA

TURLAPATI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
339918673	W	2380.	522061430	30522061430F001	47141.

Total VA Withholding	SSN	VA Withholding
You	339918673	2380.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

To avoid delays - be sure to enter all information, including the Employer's FEIN.

Part IV – Other Information (continued)

Farmers and Fishermen

- You are self-employed in farming/fishing or a merchant seaman
Return will be filed and tax due will be paid by March 1, 2018

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2017 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased.
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Date return was EFiled
Date return was accepted by the state
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important If you answered No to direct deposit, your state refund will be issued on a paper check.
The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Note: Electronic funds withdrawal occurs upon acceptance date
Do you want to pay the amount you owe by credit/debit card?
Note: Payment occurs upon acceptance date

International ACH Transactions:

Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA

Check the appropriate box:

- Checking Routing number 051000017
Savings Account number 435036103627

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return.

Part VII – Paid Preparer Information

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

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date

QuickZoom to Form 760-IP Automatic Extension Payment

Part IX – Amended Return

- You are filing a Virginia amended return
- You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

-
- QuickZoom** to Form 760 ▶
 - QuickZoom** to Form 760PY ▶
 - QuickZoom** to Form 763 ▶
 - QuickZoom** to Form 763S (Taxpayer) ▶
 - QuickZoom** to Form 763S (Spouse) ▶

Tax Payments Worksheet

2017

▶ Keep for your records

Name SWETHA TURLAPATI	Social Security Number 339-91-8673
--------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to 2017		
7 Amount paid with current year extension		
8 Total tax payments. Add lines 1 through 7		

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2		2,380.
10 State withholding on Forms W-2G		
11 State withholding on Forms 1099-R		
12 a State withholding on Forms 1099-MISC		
b State withholding on Forms 1099-G		
c State withholding on Forms 1099-INT		
d State withholding on Forms 1099-K		
13 a Withholding from Schedule VK-1		
b Other state tax withholding		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶		
14 Total income tax withheld.		2,380.
15 Date return will be filed and balance paid		