

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 YUGUNDHAR R MOJARLA	Social security number 170-86-7365
Spouse's name SINDHU PRIYA KANNA	Spouse's social security number 661-50-5140

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	72,000.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	4,559.
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	9,562.
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	5,003.
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

6	7	3	6	5
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

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

0	5	1	4	0
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 as my signature on my tax year 2017 electronically filed income tax return. 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

See separate instructions.

Your first name and initial YUGUNDHAR R	Last name MOJARLA	Your social security number 170-86-7365
If a joint return, spouse's first name and initial SINDHU PRIYA	Last name KANNA	Spouse's social security number 661-50-5140
Home address (number and street). If you have a P.O. box, see instructions. 2401 SW ILLINI AVE		Apt. no. 26
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Bentonville AR 72712		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
DEETHYA	MOJARLA	505-87-3717	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 1
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above 3

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	72,000.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	72,000.

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	72,000.

38	Amount from line 37 (adjusted gross income)	38	72,000.
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	16,558.
41	Subtract line 40 from line 38	41	55,442.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	43,292.
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	5,559.
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	5,559.
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	1,000.
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	1,000.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	4,559.
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	4,559.
64	Federal income tax withheld from Forms W-2 and 1099	64	9,562.
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	9,562.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,003.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	5,003.
b	Routing number 031202084 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 383001118760		
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	

Tax and Credits

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

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	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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/31/2018		P02090332
Firm's name ▶	Firm's EIN ▶		Phone no.	
GLOBAL TAXES LLC	30-1017196		(678)965-9729	
Firm's address ▶	2530 Pebble Creek Ln Cumming GA 30041			

**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

YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA

170-86-7365

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		3,478.
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	3,478.

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	14,520.
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	14,520.
25	Enter amount from Form 1040, line 38 25 72,000.		
26	Multiply line 25 by 2% (0.02)	26	1,440.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	13,080.

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.		16,558.
	<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		

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

2017

Department of the Treasury
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA	Taxpayer identification number 170-86-7365
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part IV.)

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Have you determined that the taxpayer has not released the claim to another person?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part V Credit Eligibility Certification

- **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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.**

Your name YUGUNDHAR R MOJARLA	Occupation in which you incurred expenses SYSTEMS ENGINEER	Social security number 170-86-7365
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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	
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	10,800.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,320.
5 Meals and entertainment expenses: \$ <u>4,800.</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	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	14,520.

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

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

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					72,000.
Adjustments to income					
Adjusted gross income					72,000.
Tax expense					3,478.
Interest expense . . .					
Contributions					
Miscellaneous deductions					13,080.
Other Itemized Deductions					
Total itemized/standard deduction . .					16,558.
Exemption amount . .					12,150.
Taxable income					43,292.
Tax					5,559.
Alternative min tax . .					
Total credits					1,000.
Other taxes					
Payments					9,562.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					5,003.
Effective tax rate % . .					6.33
**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 (YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA) and Social Security Number (170-86-7365)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 67365 Spouse's PIN (5 numbers) 05140 Date 03/07/2018

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 MOJARLA
 First name YUGUNDHAR
 Middle initial R Suffix _____
 Social security no. 170-86-7365
 Occupation SYSTEMS ENGINEER
 Date of birth 02/11/1988 (mm/dd/yyyy)
 Age as of 1-1-2018 29
 Date of death _____
 Legally blind
 E-mail address yugundharreddy@gmail.com
 Work phone _____ Ext _____
 Cell phone (717) 552-8256
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) KANNA
 First name SINDHU PRIYA
 Middle initial _____ Suffix _____
 Social security no. 661-50-5140
 Occupation HOME MAKER
 Date of birth 12/27/1993 (mm/dd/yyyy)
 Age as of 1-1-2018 24
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone (401) 229-2290
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (717) 552-8256
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 2401 SW ILLINI AVE Apt no. 26
 City Bentonville State AR ZIP code 72712

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 Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
DEETHYA MOJARLA		505-87-3717 Daughter	02/10/2017	0	9		L	

* **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

Part-Year Resident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA	Social Security Number 170-86-7365
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	72,000.	<u>AR</u>	<u>AR</u>	30,000.
		<u>IL</u>	<u>IL</u>	42,000.
		—	—	
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T			See Sch E Income Allocation Smart Worksheet				
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	72,000.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
31 Total adjustments T						
32 Adjusted gross income T						72,000.

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return <u>YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA</u>	Social Security Number <u>170-86-7365</u>
--	--

Driver's License or State Id Information

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

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

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

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

- Taxpayer **Note:** Alabama does not allow this option
 Spouse

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

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

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

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

Driver's License Detail

Taxpayer:

Issuing state IL
 License number M264-9768-8042
 Issue date 01/29/2016
 Expiration date 02/11/2020
 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

Keep for your records

Name(s) Shown on Return

YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA

Social Security Number

170-86-7365

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

Date Form 1040-V was given to client ▶ _____

Electronic Return Originator Information

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

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

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Table with 2 columns: checkbox, State/City *. Rows include New York, Vermont, and blank rows.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return
YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA

Social Security Number
170-86-7365

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SERVER MANAGEMENT SERVICES LLC		72,000.	9,562.	72,000.	3,478.
Totals		72,000.	9,562.	72,000.	3,478.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	72,000.		72,000.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	9,562.		9,562.
3 & 7	Total social security wages/tips	72,000.		72,000.
4	Total social security tax withheld	4,464.		4,464.
5	Total Medicare wages and tips	72,000.		72,000.
6	Total Medicare tax withheld	1,044.		1,044.
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			
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			
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	72,000.		72,000.
17	Total state tax withheld	3,478.		3,478.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return YUGUNDHAR R MOJARLA	Social Security Number 170-86-7365
--	---------------------------------------

Employer EIN 27-4285643
Employer Name SERVER MANAGEMENT SERVICES LLC
 Name (cont.) _____
Street Address or P. O. Box 5525 N MACARTHUR BLVD STE 655
City IRVING **State** TX **ZIP** 75038
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	72,000.	2 Federal tax withheld	9,562.
3 Social security wages	72,000.	4 Social sec tax withheld	4,464.
5 Medicare wages and tips	72,000.	6 Medicare tax withheld	1,044.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <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
AR	70863512-WHW	30,000.	1,615.
IL	27-4285643	42,000.	1,863.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

Keep for your records

<u>YUGUNDHAR R MOJARLA</u>	<u>170-86-7365</u> Page 2
Employer Name <u>SERVER MANAGEMENT SERVICES LLC</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 <i>If deducting expenses, double click to link to Schedule C</i>		

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. 170-86-7365

First name YUGUNDHAR M.I. R Last name MOJARLA Suff. _____

Address 2401 SW ILLINI AVE, Apt. 26 City Bentonville St AR ZIP code 72712

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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. ▶ _____

Name as Shown on Return YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA	Social Security No. 170-86-7365
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Note:

- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
- If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children: <u>1</u> X \$1,000. Enter the result	1	1,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	72,000.
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total	4	72,000.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	1,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	5,559.
10	Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result.	12	5,559.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	1,000.

Enter this amount on Form 1040, line 52, or Form 1040A, line 35.

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
- Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Caution: Use this worksheet only if you answered 'Yes' on line 11 of the *Child Tax Credit Worksheet* above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above.	1	
2	Enter earned income from the Earned Income Worksheet that applies to you	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	5,508.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Enter the larger of line 4 or line 10	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
13	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 Then, go to line 13. Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet	14	
15	Add lines 13 and 14. Enter the total	15	

Enter this amount on line 11 of the Child Tax Credit Worksheet.

Note: Railroad Employees

Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA	Social Security Number 170-86-7365
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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 . . .								

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	9,562.	3,478.	
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	9,562.	3,478.	
20 Total Tax Payments for 2017	9,562.	3,478.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA	Social Security Number 170-86-7365
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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	72,000 .	_____	72,000 .
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	72,000 .	_____	72,000 .
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	72,000 .	_____	72,000 .
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	72,000 .	_____	72,000 .

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	72,000 .	_____	72,000 .
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.	72,000 .	_____	72,000 .

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	72,000 .	_____	72,000 .
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	72,000 .	_____	72,000 .

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA	Social Security Number 170-86-7365
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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		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		16,558.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		72,000.
6	Tax liability for Form 2210 or Form 2210-F		4,559.
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
 YUGUNDHAR R MOJARLA & SINDHU PRIYA KANNA

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	72,000.
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	72,000.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 72,000.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,478.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	13,080.
Phaseout of itemized deductions	_____
Total Itemized Deductions	16,558.
Standard deduction	_____
Exemption amount	12,150.

Taxable Income 43,292.

Income tax	5,559.
Alternative minimum tax	_____
Total Taxes before Credits	5,559.
Nonbusiness credits	1,000.
Business credits	_____
Total Credits	1,000.
Self-employment tax	_____
Other taxes	_____

Total Tax 4,559.

Withholding	9,562.
Estimated tax payments	_____
Other payments	_____
Total Payments	9,562.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 5,003.

Refund 5,003.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	6.33 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>5,559.</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>5,559.</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 72,000.
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 72,000.
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
IL	01/01/17	04/06/17	6.2500	6.2500	0.0000	864.	0.	227.
AR	04/07/17	12/31/17	6.5000	6.5000	0.0000	1,073.	0.	791.
Total general sales taxes from table						1,018.		

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

Paid Preparer Smart Worksheet

If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

A Enter paid preparer code from Firm/Preparer Info. 1

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>4,464.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,044.</u>
C	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) <u>0.</u>
D	Add line A, B, and C <u>5,508.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>5,508.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J _____
O	Add line L, M, and N _____
Line 6 Amount	
P	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>5,508.</u>



ARKANSAS INDIVIDUAL INCOME TAX RETURN

Nonresident and Part Year Resident

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____, 20____

Dept. Use Only

Software ID

PROSERIES

Primary First Name, MI, Last Name, Primary Social Security Number, Spouse First Name, MI, Last Name, Spouse's Social Security Number, Mailing Address, City, State or Province, Zip, Foreign Country

ATTACH A COPY OF YOUR COMPLETE FEDERAL RETURN NONRESIDENT: PART YEAR RESIDENT: (List State of residence) (Dates Lived in AR)

FILING STATUS Check Only One Box 1. Single (Or widowed before 2017 or divorced at end of 2017) 2. Married Filing Joint (Even if only one had income) 3. Head of Household (See Instructions) 4. Married Filing Separately on the Same Return 5. Married Filing Separately on Different Returns 6. Qualifying Widow(er) with dependent child

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

7A. Yourself Spouse 65 or Over 65 Special Blind Deaf Head of Household/Qualifying Widow(er) (Filing Status 3 Only) (Filing Status 6 Only)

Multiply number of boxes checked 7A 2 X \$26 = 52.00 Dependents (Do not list yourself or spouse)

Table with 4 columns: First Name, Last Name, Dependent's Social Security Number, Dependent's relationship to you. Row 1: DEETHYA MOJARLA, 505-87-3717, DAUGHTER

7B. Multiply number of DEPENDENTS from above 7B 1 X \$26 = 26.00

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) Multiply number of individuals from 7C 7C X \$500 = 00

7D. TOTAL PERSONAL TAX CREDITS: (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32) 7D 78.00

Table with 3 columns: (A) Primary/Joint Income, (B) Spouse's Income Status 4 Only, (C) Arkansas Income Only. Rows 8-23 including Wages, interest, dividends, and Total Income/Adjusted Gross Income.



Primary SSN 170-86-7365

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B).....24	72,000.00	24 00	
	25. Select tax table: (Check the appropriate box) <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter } <input checked="" type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and attach AR3) the larger } OR If your spouse itemizes on a separate return, check here <input type="checkbox"/> of your: } <input type="checkbox"/> Standard Deduction (See Instructions, Line 25).....25		25 00	
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24).....26	58,920.00	26 00	
	27. TAX: (Enter tax from tax table).....27	2,777.00	27 00	
	28. Combined tax: (Add amounts from Line 27, Columns A and B).....28		2,777.00	
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD).....29		00	
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required).....30		00	
	31. TOTAL TAX: (Add Lines 28 through 30).....31		2,777.00	
	TAX CREDITS			
	32. Personal Tax Credit(s): (Enter total from Line 7D).....32	78.00	32 00	
	33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441).....33		00	
34. Other Credits: (Attach AR1000TC).....34		00		
35. TOTAL CREDITS: (Add Lines 32 through 34).....35		78.00		
36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0).....36		2,699.00		
PRORATION				
36A. Enter the amount from Line 23, Column C:.....36A	30,000.00	36A 00		
36B. Enter the total amount from Line 23, Columns A and B:.....36B	72,000.00	36B 00		
36C. Divide Line 36A by 36B: (See Instructions).....36C		0.416667		
36D. APPORTIONED TAX LIABILITY: (Multiply Line 36 by Line 36C).....36D		1,125.00		
PAYMENTS				
37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)].....37	1,615.00	37 00		
38. Estimated tax paid or credit brought forward from 2016:.....38		00		
39. Payment made with extension: (See Instructions).....39		00		
40. AMENDED RETURNS ONLY - Previous payments: (See instructions).....40		00		
41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC).....41		00		
42. TOTAL PAYMENTS: (Add Lines 37 through 41).....42		1,615.00		
43. AMENDED RETURNS ONLY - Previous refund: (See instructions).....43		00		
44. Adjusted Total Payments: (Subtract Line 43 from Line 42).....44		1,615.00		
REFUND OR TAX DUE				
45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36D, enter difference).....45		490.00		
46. Amount to be applied to 2018 estimated tax:.....46		00		
47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO).....47		00		
48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45).....REFUND 48		490.00		
DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/>				
Routing Number		Account Number		
0 3 1 2 0 2 0 8 4		3 8 3 0 0 1 1 1 8 7 6 0		
		<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings		
49. AMOUNT DUE: (If Line 44 is less than Line 36D, enter difference; If over \$1,000, continue to 50A).....TAX DUE 49			00	
50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A <input type="checkbox"/> Penalty 50B <input type="checkbox"/>			00	
50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions.....TOTAL DUE 50C			00	
ID				
DL# / State ID M264-9768-8042	Your state IL	Issue Date (mm/dd/yyyy) 01/29/2016	Expiration Date (mm/dd/yyyy) 02/11/2020	
DL# / State ID _____	Spouse state _____	Issue Date (mm/dd/yyyy) _____	Expiration Date (mm/dd/yyyy) _____	
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS				
PLEASE 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Primary Signature		Date	Telephone	
Spouse's Signature		Date	Telephone	
		May the Arkansas Revenue Agency discuss this return with the preparer of the return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Paid Preparer's Signature		ID Number/Social Security Number		
APPANA RUPA VENKATA SATYA SAI MANI KUMAR 05/31/2018		301017196		
Preparer's Name GLOBAL TAXES LLC		City/State/Zip		
E-mail KUMAR@GTAXFILE.COM		CUMMING GA 30041		
		For Department Use Only		
A		•		
		Telephone (678)965-9729		

**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS**

Primary Name Y R MOJARLA & S KANNA		Primary Social Security Number 170-86-7365	
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions)			
1. Medical and dental expenses:.....	1	0.	00
2. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):	2	72,000.	00
3. Multiply line 2 by 10% (.10), otherwise enter 0:.....	3	7,200.	00
4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0).....	4	0.00	
TAXES: (See Instructions)			
5. Real estate tax:	5	00	
6. Personal property tax or other taxes: (List type and amount)	6	00	
7. TOTAL TAXES: (Add lines 5 and 6).....	7	00	
INTEREST EXPENSES: (See Instructions)			
8. Home mortgage interest paid to financial institutions:.....	8	00	
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	00	
10. Deductible points:.....	10	00	
11. Investment interest: (Attach federal Form 4952)	11	00	
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)	12	00	
CONTRIBUTIONS: (See Instructions)			
13. Cash contributions:.....	13	00	
14. Art and literary contributions:.....	14	00	
15. Other:	15	00	
16. Carryover contributions: (List type and amount)	16	00	
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)	17	00	
CASUALTY AND THEFT LOSSES: (See Instructions)			
18. TOTAL CASUALTY AND THEFT LOSSES: (Attach federal Form 4684)	18	00	
POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See Instructions)			
19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]	19	00	
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)			
20. Unreimbursed employee business expenses: (Attach federal Form 2106).....	20	14,520.	00
21. Other expenses: (List type and amount)	21	00	
22. Add the amounts on lines 20 and 21. Enter the total:	22	14,520.	00
23. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):	23	72,000.	00
24. Multiply line 23 above by 2% (.02):	24	1,440.	00
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0)	25	13,080.00	
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)			
26. Volunteer firefighter expenses:.....	26	00	
27. Other miscellaneous deductions: (List type and amount)	27	00	
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 and 27)	28	00	
TOTAL ITEMIZED DEDUCTIONS:			
29. Add amounts on Lines 4, 7, 12, 17, 18, 19, 25, and 28 and enter the total here:.....	29	13,080.00	
Complete lines 30 - 34 ONLY if Filing Status 4 or 5.			
		PRIMARY	SPOUSE'S
		Adjusted Gross Income	Adjusted Gross Income
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 24, Columns (A) and (B) here:.....	30A	00	30B
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above)	31	00	
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:.....	32	%	
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 25, Col. (A): (Primary)	33	00	
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 25, Column (B). If you and your spouse are using Filing Status 5, enter on line 25, Col. (A) of your spouse's return:	(Spouse) 34	00	



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary First Name and Middle Initial: YUGUNDHAR R, Last Name: MOJARLA, Primary Social Security Number: 170-86-7365, Spouse's First Name and Middle Initial: SINDHU PRIYA, Last Name: KANNA, Spouse's Social Security Number: 661-50-5140, Mailing Address: 2401 SW ILLINI AVE, APT. 26, City: BENTONVILLE, State: AR, ZIP: 72712

Table with 5 rows and 3 columns: Line number, Description, Amount. Row 1: Total Income 72,000.00; Row 2: Net Tax 1,125.00; Row 3: State Income Tax Withheld 1,615.00; Row 4: Refund 490.00; Row 5: Tax Due 00.

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2017 Arkansas income tax return. 6b. [] I do not want direct deposit of my refund or I am not receiving a refund. 6c. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT). 6d. [] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2017 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here Primary Signature Date Spouse's Signature Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only ERO'S Signature: GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041, Date: 05/31/2018, Check if paid preparer [], Check if self-employed [], Your SSN or PTIN: 30-1017196

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only Preparer's Signature: APPANA RUPA VENKATA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA 30041, Date: 05/31/2018, Check if self-employed [], Preparer's SSN or PTIN: P02090332, 30-1017196

Arkansas Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name YUGUNDHAR
 Middle Initial R Suffix _____
 Last Name MOJARLA

Social Security No. . . 170-86-7365
 Date of Birth 02/11/1988 (mm/dd/yyyy)
 Date of Death _____ (mm/dd/yyyy)
 Occupation SYSTEMS ENGINEER
 E-mail address _____
 Work Phone _____
 Home phone _____

Spouse:

First Name SINDHU PRIYA
 Middle Initial _____ Suffix _____
 Last Name KANNA

Social Security No. . . 661-50-5140
 Date of Birth 12/27/1993 (mm/dd/yyyy)
 Date of Death _____ (mm/dd/yyyy)
 Occupation HOME MAKER
 E-mail address _____
 Work Phone _____

Street Address . . . 2401 SW ILLINI AVE Apt No. . . 26
 City Bentonville State/Province . . AR
 ZIP Code 72712 Foreign Country _____

Check to confirm address information is correct

Part II – Main Form

- Form AR1000F: Full-Year Resident (Long Form)
- Form AR1000NR: Nonresident Form
- Form AR1000NR: Part-year resident

QuickZoom to enter Nonresident/Part-year resident income allocations

State of residence _____
 Dates lived in Arkansas in 2017 From 04/07/2017 To 12/31/2017
 (mm/dd/yyyy) (mm/dd/yyyy)

Part III – Filing Status

- 1 Single** (or widowed before 2017 or divorced at end of 2017)
- 2 Married Filing Joint** (even if only one had income)
- 3 Head of Household.** If the qualifying person is your child but not your dependent, enter child's name here ▶ _____
- 4 Married Filing Separately on same return**
- 5 Married Filing Separately on different return.** List spouse's full name and social security number:
 Spouse's Name . . . ▶ _____ Spouse's SSN . . . ▶ _____
- 6 Qualifying Widow(er)** with dependent child (year spouse died _____.)

Exemptions:

Taxpayer	Spouse	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal
<input type="checkbox"/>	<input type="checkbox"/>	65 or Over
<input type="checkbox"/>	<input type="checkbox"/>	65 Special
<input type="checkbox"/>	<input type="checkbox"/>	Blind
<input type="checkbox"/>	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	<input type="checkbox"/>	Head of Household or Qualifying Widow(er)

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				* Check box if totally & permanently disabled	* Select type if developmentally disabled ▼
DEETHYA	MOJARLA	505-87-3717	Daughter	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

State return previously filed:

Yes No

Name Change:

Check if Taxpayer changed name
 Check if Spouse changed name

Standard Deduction/Itemized Deductions:

Itemize even if itemized deductions are less than the standard deduction
 Filing status is married filing separately and spouse itemizes deductions
 Take the standard deduction even if less than itemized deductions

Authorization:

Yes No Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.

QuickZoom to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – Electronic Filing Information

New! State e-file disclosure consent

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

[X] File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Driver's License

Taxpayer Spouse
State Issued Driver's License Illinois
Driver's License Number M26497688042
Date Driver's License Issued 01/29/2016
Date Driver's License Expires 02/11/2020

State ID

Taxpayer Spouse
Issuing State
State Identification number
State ID Issue Date
State ID Expiration Date

Date return was EFiled
Date return was accepted by the state
Enter the date Form AR1000-V was given to client
Date Form AR8453 mailed to the state (IF NEEDED)
QuickZoom to Form AR8453 Additional Information SmartWorksheet

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA
Check the appropriate box:
Checking [X] Routing number 031202084
Savings [] Account number 383001118760

Enter payment date to withdraw from the account above
State balance-due amount from this return

International ACH Transactions

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

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

Yes No
[] [] Has the tax return due date been extended by filing IRS Form 4868?
[] [] Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?
Extended due date _____

Income Allocation Worksheet

2017

▶ Keep for your records

Name as Shown on Return
Y R MOJARLA & S KANNA

Social Security Number
170-86-7365

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR1000NR)
1 a Taxpayer wages, salaries, tips, etc.	72,000.			30,000.
b Spouse wages, salaries, tips, etc.				
Line 1 total.			72,000.	
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total.				
3 Interest income.				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 Employer-sponsored pension plan and qualified IRA distributions	Taxpayer			
	Spouse			
Line 10 total.				
11 Rents, royalties, partnerships, trusts, etc				
12 Farm income				
13 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E				
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Form 2106				
i Sale of properties/assets				
Line 13 total.				
14 Other income:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings.				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Other income not listed above				
m Rural physician incentives				
Line 14 total.				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses				
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

Part-Year Resident/Nonresident Allocation Worksheet

2017

▶ Keep for your records

Name(s) as Shown on Return Y R MOJARLA & S KANNA	Your Social Security No. 170-86-7365
--	--

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from AR sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	72,000.	30,000.	42,000.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	72,000.	30,000.	42,000.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse →		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from AR sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T				
	S				
37	Adjusted gross income T	72,000.	30,000.	42,000.	0.
	S				

Tax Payments Worksheet

2017

▶ Keep for your records

Name Y R MOJARLA & S KANNA	Social Security Number 170-86-7365
-------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

		Spouse		Taxpayer
9	State withholding on Forms W-2			1,615.
10	State withholding on Forms W-2G Less withholding from electronic games of skill			
11	State withholding on Forms 1099-R			
12 a	State withholding on Forms 1099-MISC			
	b State withholding on Forms 1099-G			
	c State withholding on Forms 1099-K			
13	Other state tax withholding			
14	Total income tax withheld			1,615.
15	Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Arkansas Tax Return

SMART WORKSHEET FOR: Form AR3: Itemized Deductions

Line 18 Casualty and theft losses smart worksheet		
A. Casualty or theft loss from each copy of Federal Form 4684 line 10	B. Smaller of Col. A or \$100.	C. Subtract Col. B from Col. A

<p>1 Add the total amounts on Col. C above</p> <p>2 Add the amounts on line 4 of all Federal Forms 4684</p> <p>3 • If line 2 is more than line 1, enter the difference here. Do not complete the rest of this section. • If line 2 is less than line 1, enter -0- here and go to line 4 • If line 2 is equal to line 1, enter -0- here. Do not complete the rest of this section.</p> <p>4 If line 2 is less than line 1, enter the difference</p> <p>5 Enter 10% of your adjusted gross income from Form AR1000F/AR1000NR, line 24(A) and 24(B)</p> <p>6 Subtract line 5 from line 4. If zero or less, enter -0-. Also enter the result on line 18 below.</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>	<p>_____</p> <p>_____</p> <p style="text-align: right;">0.</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---	---

SMART WORKSHEET FOR: Form AR3: Itemized Deductions

Total Itemized Deductions (Filing Status 5 only)	
<p>If your Arkansas filing status is Married Filing Separately on Different Return (Filing Status 5) and your federal filing status is Married Filing Separately, enter spouse's total itemized deductions amount below. The total of taxpayer and spouse amounts will be used to calculate lines 33 and 34.</p>	
Taxpayer total itemized deductions	_____
Spouse total itemized deductions	_____
Taxpayer and spouse total itemized deductions	13,080.

SMART WORKSHEET FOR: Declaration for electronic filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed. ▶ _____
B	Date return was accepted by the state ▶ _____
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: Form W-2 (Copy 2) _____ _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____
F	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax		
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A	0.	0.
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years		
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C	0.	0.
E Amount available towards current year contribution	5,000.	5,000.
F Enter any current year contributions to Arkansas Tuition Savings Program		
G Amount applied towards current year Arkansas Tuition Savings Program contributions (Smaller of Line E or Line F)	0.	0.
H Total deduction for Tuition Savings Program (Line B+Line D+Line G)	0.	0.
I Arkansas tuition contribution carryforward to next year	0.	0.



Illinois Department of Revenue
2017 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

170-86-7365 661-50-5140
 YUGUNDHAR R MOJARLA
 SINDHU PRIYA KANNA
 2401 SW ILLINI AVE 26
 Bentonville AR 72712



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

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

Step 2: Income
1 Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4 (Whole dollars only) **1** 72,000.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ **2** .00
3 Other additions. **Attach** Schedule M. **3** .00
4 Total income. Add Lines 1 through 3. **4** 72,000.00

Step 3: Base Income
5 Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5** .00
6 Illinois Income Tax overpayment included in federal Form 1040, Line 10 **6** .00
7 Other subtractions. **Attach** Schedule M. **7** .00
 Check if Line 7 includes any amount from Schedule 1299-C.
8 Add Lines 5, 6, and 7. This is the total of your subtractions. **8** .00
9 Illinois base income. Subtract Line 8 from Line 4. **9** 72,000.00

Step 4: Exemptions See instructions before completing Step 4.
10 a Number of exemptions from your federal return 3 **X** \$2,175 **a** 6,525.00
b If someone can claim you as a dependent, see instructions. **X** \$2,175 **b** .00
c Check if 65 or older: You + Spouse = **X** \$1,000 **c** .00
d Check if legally blind: You + Spouse = **X** \$1,000 **d** .00
Exemption allowance. Add Lines a through d. **10** 6,525.00

Step 5: Net Income
11 Residents: Net income. Subtract Line 10 from Line 9. *Skip* Line 12. **11** .00
12 Nonresidents and part-year residents: Check the box that applies to you during 2017 Nonresident Part-year resident, and enter the **Illinois base income** from Schedule NR. **Attach** Schedule NR. **12** 42,000.00

Step 6: Tax
13 Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero.
Nonresidents and part-year residents: Enter the tax from Schedule NR.
 Check if you completed Schedule SA to calculate your income tax. **Attach** Schedule SA. **13** 1,663.00
14 Recapture of investment tax credits. **Attach** Schedule 4255. **14** .00
15 Income tax. Add Lines 13 and 14. Cannot be less than zero. **15** 1,663.00

Step 7: Tax After Non-refundable Credits
16 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **16** .00
17 Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **17** .00
18 Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **18** .00
19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. **19** 0.00
20 Tax after nonrefundable credits. Subtract Line 19 from Line 15. **20** 1,663.00



	21	Tax after nonrefundable credits from Page 1, Line 20	21	1,663.00
Step 8:	22	Household employment tax. See instructions.	22	.00
Other Taxes	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23	0.00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25	Total Tax. Add Lines 21, 22, 23, and 24.	25	1,663.00
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	1,863.00
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return	27	.00
	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule IL-EIC. Attach Schedule IL-EIC.	29	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	1,863.00
Step 10:	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	200.00
Total	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	.00

Step 11: Underpayment of Estimated Tax Penalty and Donations

Only complete this step for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

33	Late-payment penalty for underpayment of estimated tax	33	.00
	a Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>	
	b Check if you or your spouse are 65 or older and permanently living in a nursing home.	<input type="checkbox"/>	
	c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.	<input type="checkbox"/>	
	d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.	<input type="checkbox"/>	
34	Voluntary charitable donations. Attach Schedule G.	34	.00
35	Total penalty and donations. Add Lines 33 and 34.	35	.00

Step 12: Refund

36	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your overpayment .	36	200.00
37	Amount from Line 36 you want refunded to you . Check one box on Line 38. See instructions.	37	200.00
38	I choose to receive my refund by		
	a <input checked="" type="checkbox"/> direct deposit - Complete the information below if you check this box.		
	Routing number	0 3 1 2 0 2 0 8 4	<input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings
	Account number	3 8 3 0 0 1 1 1 8 7 6 0	
	b <input type="checkbox"/> Illinois Individual Income Tax refund debit card		
	c <input type="checkbox"/> paper check		
39	Amount to be credited forward . Subtract Line 37 from Line 36. See instructions.	39	.00

Step 13: Amount You Owe

40	If you have an amount on Line 32, add Lines 32 and 35. - or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	.00
----	--	----	-----

Step 14: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
	APPANA RUPA VENKATA SA	05/31/2018			
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN
	Firm's name	GLOBAL TAXES LLC	Firm's FEIN		301017196
	Firm's address	2530 Pebble CreekCumming GA 30041	Firm's phone		(678)965-9729
Third Party Designee	Designee's name (please print)	Designee's phone number	<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.		



Illinois Department of Revenue
2017 Schedule NR
 Attach to your Form IL-1040

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

Y R MOJARLA & S KANNA
 Your name as shown on your Form IL-1040

1 7 0 - 8 6 - 7 3 6 5
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2017.
a I lived in **Illinois** from 01 / 01 / 17 to 04 / 06 / 17 I lived in Arkansas from 04 / 07 / 17 to 12 / 31 / 17
Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from 01 / 01 / 17 to 04 / 06 / 17, and Arkansas from 04 / 07 / 17 to 12 / 31 / 17
Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	<u>5</u> 72,000.00	<u>42,000.00</u>
6 Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	<u>6</u> .00	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	<u>7</u> .00	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	<u>8</u> .00	<u>.00</u>
9 Alimony received (federal Form 1040, Line 11)	<u>9</u> .00	<u>.00</u>
10 Business income or loss (federal Form 1040, Line 12)	<u>10</u> .00	<u>.00</u>
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	<u>11</u> .00	<u>.00</u>
12 Other gains or losses (federal Form 1040, Line 14)	<u>12</u> .00	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	<u>13</u> .00	<u>.00</u>
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	<u>14</u> .00	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17)	<u>15</u> .00	<u>.00</u>
16 Farm income or loss (federal Form 1040, Line 18)	<u>16</u> .00	<u>.00</u>
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	<u>17</u> .00	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	<u>18</u> .00	<u>.00</u>
19 Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19</u> .00	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 42,000.00	<u>42,000.00</u>



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	42,000.00
	22 Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23	.00
	24 Health savings account deduction (federal Form 1040, Line 25)	24	.00
	25 Moving expenses (federal Form 1040, Line 26)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040, Line 27)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29	.00
	30 Alimony paid (federal Form 1040, Line 31a)	30	.00
	31 IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31	.00
	32 Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	32	.00
	33 Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33	.00
	34 Domestic production activities deduction (federal Form 1040, Line 35)	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	72,000.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	42,000.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	42,000.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income . Enter this amount on your Form IL-1040, Line 12.	46	42,000.00
	47 Enter the base income from Form IL-1040, Line 9.	47	72,000.00
	48 Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.583
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	6,525.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	3,804.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income.	51	38,196.00
	52 Multiply the amount on Line 51 by 4.3549% (.043549). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 13. If you completed Schedule SA, enter the amount from Line 25 of that schedule here and on your Form IL-1040, Line 13. This is your tax .	52	1,663.00





2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

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

Step 1: Provide taxpayer information

YUGUNDHAR R SINDHU PRIYA KAN MOJARLA 1 7 0 - 8 6 - 7 3 6 5
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
2401 SW ILLINI AVE 26 6 6 1 - 5 0 - 5 1 4 0
Mailing address Spouse's Social Security number
Bentonville AR 72712
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51 1 38,196 | 00
2 Tax from Form IL-1040, Line 13 2 1,663 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 26 only (enter "0" if none) 3 1,863 | 00
4 Overpayment from Form IL-1040, Line 36 4 200 | 00
5 Total amount due from Form IL-1040, Line 40 5 | 00
6 Filing status: ___ Single/head of household [X] Married filing jointly ___ Married filing separately ___ Widowed

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

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

7 Routing no. (RN): 0 3 1 2 0 2 0 8 4
8 Account no. (AN): 3 8 3 0 0 1 1 1 8 7 6 0
9 Type of account: [X] Checking ___ Savings
10 Date the payment is to be electronically withdrawn: ___/___/___
11 Electronic funds withdrawal amount: ___ | 00
12 Name on account: _____

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

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

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

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

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

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

ERO's signature 05/31/2018 Date
GLOBAL TAXES LLC Firm's name or your name if self-employed
2530 Pebble Creek Ln Mailing address
Cumming GA 30041 City State ZIP
Check if paid preparer: [X] (See instructions.)
P 0 2 0 9 0 3 3 2 Your PTIN
3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
(678) 965-9729 Daytime phone number

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

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



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name YUGUNDHAR
Middle Initial R
Last Name MOJARLA
Suffix
Social Security No. . . 170-86-7365
Date of Birth 02/11/1988
Age 65 or Over . . . []
Legally Blind []
Date of Death
Daytime phone * []
Home phone * []

Spouse:

First Name SINDHU PRIYA
Middle Initial
Last Name KANNA
Suffix
Social Security No. . . 661-50-5140
Date of Birth 12/27/1993
Age 65 or Over . . . []
Legally Blind []
Date of Death
Daytime phone * []

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

Street Address 2401 SW ILLINI AVE Apartment Number . 26
City Bentonville State . AR ZIP Code . . . 72712

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

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

Part II - Resident Status

[] Full-Year Resident
[] Nonresident
[X] Part-Year Resident lived in Illinois from 01/01/17 to 04/06/17
also lived in AR from 04/07/17 to 12/31/17

QuickZoom here to Form IL-1040

Part III - Filing Status

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

Part IV - Other Information

Form IL-2210 Information:

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

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1)
Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2)

First Time Filer:

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

Part V – Electronic Filing Information

File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

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

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

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

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

Name of Financial Institution (optional) BANK OF AMERICA
Name on account
Check the appropriate box:
Checking Routing number 031202084
Savings Account number 383001118760
Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, enter remaining balance due

International ACH Transactions

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

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

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

Part IX – Extension Status

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name Y R MOJARLA & S KANNA	Social Security Number 170-86-7365
-------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,863.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,863.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Illinois Tax Return

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

Use Tax Smart Worksheet

Method 1: Use Tax (UT) Worksheet

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

Note: Do not include any

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

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

Method 2: UT Table

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

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

To use UT table calculate Use Tax, check here

Use tax amount based on table above _____

Keep a copy of this smart worksheet with your records.

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

Illinois Self-Employment (ISE) Smart Worksheet	
For use in column B, lines 26, 27, and 28 below.	
A	Self-employment income included in column B, line 20 above _____
B	Total self-employment income (from federal Schedule SE, Section A, line 3 or Section B, lines 3 and 5a) _____
C	Illinois self-employment (ISE) decimal. Line A divided by line B <u>0.000</u>
D	Deductible portion of self-employment tax (column A, line 26 below) _____
E	Illinois portion. Multiply line D by line C. Enter in column B, line 26 below _____
F	Self-employed health insurance deduction (column A, line 28 below) _____
G	Illinois portion. Multiply line F by line C. Enter in column B, line 28 below _____
H	Keogh and self-employed SEP plans (column A, line 27 below) _____
I	Illinois portion. Multiply line H by line C. Enter in column B, line 27 below _____

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

IRA Deduction Smart Worksheet	
For use in column B, line 31 below.	
A	Wages, salaries, tips, and alimony received from Illinois sources (column B, lines 5 and 9 above) <u>42,000.</u>
B	Wages, salaries, tips, and alimony received from all sources (column A, lines 5 and 9 above) <u>72,000.</u>
C	Line A divided by line B <u>0.583</u>
D	Total IRA deduction (column A, line 31 below) _____
E	Illinois IRA deduction. Multiply line D by line C. Enter in column B, line 31 below _____