

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 ADITYA S CHINGALE	Social security number 741-94-0807
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	39,753.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	3,940.
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	4,983.
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	1,043.
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

4	0	8	0	7
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

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

U.S. Nonresident Alien Income Tax Return
Go to www.irs.gov/Form1040NR for instructions and the latest information.

For the year January 1-December 31, 2017, or other tax year

beginning , 2017, and ending , 20

Please print or type

Your first name and initial ADITYA S Last name CHINGALE Identifying number (see instructions) 741-94-0807
Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. 4307 Newington Hills Way
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. CARY NC 27513
Foreign country name Foreign province/state/county Foreign postal code

Filing Status

1 Single resident of Canada or Mexico or single U.S. national 4 Married resident of South Korea
2 Other single nonresident alien 5 Other married nonresident alien
3 Married resident of Canada or Mexico or married U.S. national 6 Qualifying widow(er) (see instructions)
If you checked box 3 or 4 above, enter the information below. Child's name

Check only one box.

(i) Spouse's first name and initial (ii) Spouse's last name (iii) Spouse's identifying number

Exemptions

7a Yourself. If someone can claim you as a dependent, do not check box 7a
7b Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income
c Dependents: (see instructions) (1) First name Last name (2) Dependent's identifying number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instr.)
d Total number of exemptions claimed 1

If more than four dependents, see instructions.

Income Effectively Connected With U.S. Trade/Business

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (39,664), Taxable interest, Ordinary dividends, Taxable refunds, credits, or offsets of state and local income taxes (89), Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e), and Total effectively connected income (39,753).

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Educator expenses, Health savings account deduction, Moving expenses, Deductible part of self-employment tax, Self-employed SEP, SIMPLE, and qualified plans, Self-employed health insurance deduction, Penalty on early withdrawal of savings, Scholarship and fellowship grants excluded, IRA deduction, Student loan interest deduction, Domestic production activities deduction, Add lines 24 through 34, and Subtract line 35 from line 23. Total adjusted gross income is 39,753.

Tax and Credits	37 Amount from line 36 (adjusted gross income)	37	39,753.
	38 Itemized deductions from page 3, Schedule A, line 15 Std Dedn US/India Treaty	38	6,350.
	39 Subtract line 38 from line 37	39	33,403.
	40 Exemptions (see instructions)	40	4,050.
	41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	29,353.
	42 Tax (see inst.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972	42	3,940.
	43 Alternative minimum tax (see instructions). Attach Form 6251	43	
	44 Excess advance premium tax credit repayment. Attach Form 8962	44	
	45 Add lines 42, 43, and 44	45	3,940.
	46 Foreign tax credit. Attach Form 1116 if required	46	
	47 Credit for child and dependent care expenses. Attach Form 2441	47	
	48 Retirement savings contributions credit. Attach Form 8880	48	
	49 Child tax credit. Attach Schedule 8812, if required	49	
	50 Residential energy credit. Attach Form 5695	50	
	51 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	51	
52 Add lines 46 through 51. These are your total credits	52		
53 Subtract line 52 from line 45. If line 52 is more than line 45, enter -0-	53	3,940.	

Other Taxes	54 Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	
	55 Self-employment tax. Attach Schedule SE (Form 1040)	55	
	56 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
	57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
	58 Transportation tax (see instructions)	58	
	59a Household employment taxes from Schedule H (Form 1040)	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s) _____	60	
61 Add lines 53 through 60. This is your total tax	61	3,940.	

Payments	62 Federal income tax withheld from:		
	a Form(s) W-2 and 1099	62a	4,983.
	b Form(s) 8805	62b	
	c Form(s) 8288-A	62c	
	d Form(s) 1042-S	62d	
	63 2017 estimated tax payments and amount applied from 2016 return	63	
	64 Additional child tax credit. Attach Schedule 8812	64	
	65 Net premium tax credit. Attach Form 8962	65	
	66 Amount paid with request for extension to file (see instructions)	66	
	67 Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
	68 Credit for federal tax paid on fuels. Attach Form 4136	68	
	69 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	69	
70 Credit for amount paid with Form 1040-C	70		
71 Add lines 62a through 70. These are your total payments	71	4,983.	

Refund Direct deposit? See instructions.	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	1,043.																
	73a Amount of line 72 you want refunded to you . If Form 8888 is attached, check here . <input type="checkbox"/>	73a	1,043.																
	b Routing number <table border="1" style="display: inline-table;"><tr><td>0</td><td>5</td><td>3</td><td>0</td><td>0</td><td>0</td><td>1</td><td>9</td><td>6</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	5	3	0	0	0	1	9	6									
0	5	3	0	0	0	1	9	6											
d Account number <table border="1" style="display: inline-table;"><tr><td>2</td><td>3</td><td>7</td><td>0</td><td>3</td><td>2</td><td>1</td><td>1</td><td>1</td><td>1</td><td>9</td><td>6</td><td></td><td></td><td></td><td></td></tr></table>	2	3	7	0	3	2	1	1	1	1	9	6							
2	3	7	0	3	2	1	1	1	1	9	6								
e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.																			
74 Amount of line 72 you want applied to your 2018 estimated tax	74																		

Amount You Owe	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	
	76 Estimated tax penalty (see instructions)	76	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No
	Designee's name <input type="text"/> Phone no. <input type="text"/> Personal identification number (PIN) <input type="text"/>

Sign Here Keep a copy of this return for your records.	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.		
	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation in the United States STRUCTURAL ENGINEER

Paid Preparer Use Only	Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/06/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
	Firm's name <input type="text"/>	Firm's EIN <input type="text"/>			
	Firm's address <input type="text"/>	Phone no. <input type="text"/>			

Schedule A—Itemized Deductions (see instructions)

Taxes You Paid	1	State and local income taxes		1
Gifts to U.S. Charities		Caution: If you made a gift and received a benefit in return, see instructions.		
	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500	3	
	4	Carryover from prior year	4	
	5	Add lines 2 through 4		5
Casualty and Theft Losses	6	Casualty or theft loss(es). Attach Form 4684. See instructions		6
Job Expenses and Certain Miscellaneous Deductions	7	Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or Form 2106-EZ if required. See instructions ▶ ----- ----- -----	7	
	8	Tax preparation fees	8	
	9	Other expenses. See instructions for expenses to deduct here. List type and amount ▶ ----- ----- -----	9	
	10	Add lines 7 through 9	10	
	11	Enter the amount from Form 1040NR, line 37	11	
	12	Multiply line 11 by 2% (0.02)	12	
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0-		13
Other Miscellaneous Deductions	14	Other—see instructions for expenses to deduct here. List type and amount ▶ ----- ----- ----- ----- -----		14
Total Itemized Deductions	15	Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR: <ul style="list-style-type: none"> • \$313,800 if you checked box 6; • \$261,500 if you checked box 1 or 2; or • \$156,900 if you checked box 3, 4, or 5? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.		15

Schedule OI—Other Information (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? India
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change. ▶ _____
- G** List all dates you entered and left the United States during 2017. See instructions.
Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:
2015 _____, 2016 _____, and 2017 365
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed . . . ▶ 1040NR
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

- (e) Total.** Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12
2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

Health Savings Accounts (HSAs)

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

Name(s) shown on Form 1040 or Form 1040NR ADITYA S CHINGALE	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 711-94-0807
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Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶		<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2		0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3		3,400.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		3,400.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6		3,400.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7		0.
8	Add lines 6 and 7	8		3,400.
9	Employer contributions made to your HSAs for 2017	9	860.	
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		860.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		2,540.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13		0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

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

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

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

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

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (ADITYA S CHINGALE) and Social Security Number (741-94-0807)

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

Form with checkboxes for 'Taxpayer entered PIN' and 'ERO entered Taxpayer's PIN' (checked)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

Form with fields for 'Taxpayer's PIN (5 numbers)' (40807) and 'Date' (04/03/2018)

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 line and Date line for person claiming refund

Nonresident Alien Information Worksheet

2017

Keep for your records

QuickZoom to Form 1040NR
QuickZoom to Client Status

Part I - Personal Information

Last name CHINGALE Middle initial S
First name ADITYA Suffix
Social security number 741-94-0807 Occupation (in the U.S.) STRUCTURAL ENGINEER
Date of birth (mm/dd/yyyy) 12/08/1993 or age as of 1-1-2018 24
Work phone Home phone
Extension E-mail address ADITYACHINGALE@GMAIL.COM
Cell phone (984) 500-9136 Foreign phone
Fax number

Country of which client was a citizen or national during year INDIA
Check this box if your client is a resident of the Republic of Korea (ROK)

Best contact phone number Taxpayer cell phone (984) 500-9136

Present home address:

US Address:

Address 4307 Newington Hills Way Apt no.
City CARY State NC U.S. ZIP code 27513

Foreign Address: Check this box to use foreign address

Address Apt no.
City
Country code Country
Province/country Postal Code

Address outside the United States to which any refund check should be mailed, if different from the present home address above.

Address
City Province
Country code Postal Code

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a permanent resident. If same as present home address, write 'Same'.

Part II - Federal Filing Status

Check the box for filing status:

- 1 Single resident of Canada or Mexico, or a single U.S. national
2 Other single nonresident alien
3 Married resident of Canada or Mexico, or a married U.S. national
4 Married resident of the Republic of Korea
5 Other married nonresident alien
6 Qualifying widow(er) with dependent child

If filing status is married:

...check this box to take an exemption for the client's spouse (only if spouse had no U.S. gross income)
spouse's SSN

...check this box if client did not live with spouse at any time during the year

Check the appropriate box for the year the 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

Check this box if client is eligible for benefits of Article 21(2) of U.S. - India Income Tax Treaty

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return ADITYA S CHINGALE	Social Security Number 741-94-0807
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Taxpayer's Driver's License Detail (Spouse not required for 1040NR)

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

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

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 NC
 License number 40201199
 Issue date 01/30/2018
 Expiration date 05/15/2018
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

Issuing state _____
 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
ADITYA S CHINGALE

Social Security Number
741-94-0807

Payment by Check (Form 1040-V) - Federal Balance Due
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
Phone Number: (678) 965-9729
City: Cumming, State: GA, ZIP Code: 30041
E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

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

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

Amended Returns

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

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes for selecting amended returns to file electronically.

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".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: 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. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

Name(s) Shown on Return ADITYA S CHINGALE	Social Security Number 741-94-0807
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
FDH INFRASTRUCTURE SERVICES INC		39,664.	4,983.	39,664.	1,864.
Totals		<u>39,664.</u>	<u>4,983.</u>	<u>39,664.</u>	<u>1,864.</u>

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	39,664.		39,664.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	4,983.		4,983.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
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	6,430.		6,430.
b	Elective deferrals to qualified plans	1,128.		1,128.
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	5,302.		5,302.
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	39,664.		39,664.
17	Total state tax withheld	1,864.		1,864.
19	Total local tax withheld.			

► Keep for your records

ADITYA S CHINGALE

741-94-0807 Page 2

Form W-2G Payer	SP	Winnings	Federal Tax	State Tax	Local Tax
Totals					

Form W-2G Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total reportable winnings			
4	Total federal tax withheld			
15	Total state tax withheld			
17	Total local tax withheld			

► Keep for your records

Name as shown on return ADITYA S CHINGALE	Social Security Number 741-94-0807
--	---------------------------------------

Employer EIN 91-1941195
 Employer Name FDH INFRASTRUCTURE SERVICES INC
 Name (cont.) _____
 Street Address or P. O. Box 1033 SKOKIE BLVD SUITE 3
 City NORTHBROOK State IL ZIP 60062
 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 39,664. 2 Federal tax withheld 4,983.
 3 Social security wages _____ 4 Social sec tax withheld _____
 5 Medicare wages and tips _____ 6 Medicare tax withheld _____
 7 Social security tips _____ 8 Allocated tips _____
 13 b Retirement plan
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	1,128.	A: Enter amount attributable to RRTA Tier 2 tax _____
W	860.	M: Enter amount attributable to RRTA Tier 2 tax _____
DD	4,442.	P: Double click to link to Form 3903, line 4 _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer 860.
		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
NC	600567151	39,664.	1,864.

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 dc45-50a4-4965-074d
 10 Dependent care benefits (Check if employer furnished care at work) . . . ► 10
 Dependent care benefits - Amount forfeited from flexible spending account . . .
 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) 11

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

Keep for your records

ADITYA S CHINGALE	741-94-0807 Page 2
Employer Name FDH INFRASTRUCTURE SERVICES INC	

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 E	
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			
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 H2 H3 H4 H5	
2 Tips less than \$20 in a month which were not required to be reported		
3 Value of non-cash tips, such as tickets or passes, not reported		
4 Actual amount of allocated tips if different than the amount in box 8		
5 Tips paid out through a tip-sharing arrangement		
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. 741-94-0807

First name M.I. Last name Suff.
ADITYA S CHINGALE _____

Address City St ZIP code
4307 Newington Hills Way CARY NC 27513

Foreign Province/County Foreign Postal Code

Foreign Country _____

▶ Keep for your records

Name(s) Shown on Return ADITYA S CHINGALE	Social Security No. 741-94-0807
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Worksheet Description COPY 1

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer): Check if Taxpayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's Federal ID number	56-1611838		
	Enter the abbreviation of State or Locality issuing this payment:			
10 a	State abbreviation	<u>NC</u>	<u> </u>	<u> </u>
	Locality abbreviation	<u> </u>	<u> </u>	<u> </u>
	Payer's name	STATE OF NORTH CAROLINA		
1 a	Unemployment compensation . .	<u> </u>	<u> </u>	<u> </u>
2	Amount repaid	<u> </u>	<u> </u>	<u> </u>
3	State or local income tax refunds, credits, or offsets	<u>89.</u>	<u> </u>	<u> </u>
4	Box 2 amount is for tax year . . .	<u>2016</u>	<u> </u>	<u> </u>
5	Federal income tax withheld . . .	<u> </u>	<u> </u>	<u> </u>
6	RTAA payments	<u> </u>	<u> </u>	<u> </u>
7	Taxable grants	<u> </u>	<u> </u>	<u> </u>
8	Agriculture payments (Double-click) to:	<u> </u>	<u> </u>	<u> </u>
a	Link to Schedule F Line 4a, 39a ▶	<u> </u>	<u> </u>	<u> </u>
b	Link to Schedule F Line 6a, 41 . ▶	<u> </u>	<u> </u>	<u> </u>
c	Link to Form 4835 Line 3a . . . ▶	<u> </u>	<u> </u>	<u> </u>
d	Link to Form 4835 Line 5a . . . ▶	<u> </u>	<u> </u>	<u> </u>
9	Check if the amount in box 2 applies to income from a trade or business. ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 ▶	<u> </u>	<u> </u>	<u> </u>
b	Link to Schedule F line 8b, 43b . ▶	<u> </u>	<u> </u>	<u> </u>
	Enter the taxable portion of the amount in box 2 to be reported . .	<u> </u>	<u> </u>	<u> </u>
	on Schedule C or F	<u> </u>	<u> </u>	<u> </u>
10 b	Market gain	<u> </u>	<u> </u>	<u> </u>
a	Link to Schedule F Line 4a, 39a ▶	<u> </u>	<u> </u>	<u> </u>
b	Link to Form 4835 Line 3a . . . ▶	<u> </u>	<u> </u>	<u> </u>
11	State identification no	<u> </u>	<u> </u>	<u> </u>
12 a	State income tax withheld	<u> </u>	<u> </u>	<u> </u>
13	Locality name.	<u> </u>	<u> </u>	<u> </u>
	Local Income Tax Withheld	<u> </u>	<u> </u>	<u> </u>

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return ADITYA S CHINGALE	Social Security Number 741-94-0807
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2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		1,864.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		39,753.
6	Tax liability for Form 2210 or Form 2210-F		
7	Alternative minimum tax		0.
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

ADITYA S CHINGALE

741-94-0807

Credit Carryovers				2016	2017
18	General business credit			18	
19	Adoption credit from:	a	2017	19 a	
		b	2016	b	
		c	2015	c	
		d	2014	d	
		e	2013	e	
		f	2012	f	
20	Mortgage interest credit from:	a	2017	20 a	
		b	2016	b	
		c	2015	c	
		d	2014	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2016	2017
24	Section 179 expense deduction disallowed			24	
25	Excess deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2016 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016				
b	2015				
c	2014				
d	2013				
e	2012				
27	2017 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017				
b	2016				
c	2015				
d	2014				
e	2013				

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Students/Business Apprentices from India Smart Worksheet

Use this worksheet if your client is a student or business apprentice from India who is eligible for the benefits of Article 21(2) of the United States – India Income Tax Treaty.

A Standard deduction allowed under United States – India Income Tax Treaty . . . 6,350.

B Net Qualified Disaster Loss _____

C Standard deduction claimed with Qualified Disaster Loss 6,350.

Note: If your client is married and the spouse itemizes deductions on a separate return **do not** enter an amount on line **A** above.

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Tax Smart Worksheet

A Tax 3,940.

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"/>

B Additional tax from Form 8814 _____

C Additional tax from Form 4972 _____

D Tax from additional Form(s) 4972 _____

E IRC Section 197(f)(9)(B)(ii) election for an additional tax _____

F Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount _____

G Tax. Add lines A through F. Enter the result here and on line **42** 3,940.

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

Line 3 Smart Worksheet								
<p>A If you had the same coverage every month of the 2017, select the type of coverage here <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family</p> <p>Or, if coverage varied during 2017, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.</p>								
1	January	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
2	February	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
3	March	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
4	April	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
5	May	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
6	June	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
7	July	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
8	August	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
9	September	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
10	October	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
11	November	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
12	December	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	3,400.
B Maximum allowable contribution.								3,400.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>								

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

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	860.
B Enter employer contributions made in 2017 for the tax year 2016	
C Subtract line B from line A	860.
D Enter employer contributions made in 2018 for the tax year 2017	
E Other employer contributions for 2017 not reported above	
F Employer contributions for 2017. Add lines C, D and E. Enter on line 9	860.

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

Line 18 Smart Worksheet

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

- A 1 Total HSA contribution in 2016 _____
- 2 Excess contribution in 2016 _____
- 3 Net HSA contribution in 2016 _____ 0.

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

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

- C 1 Total maximum allowable contribution for 2016 _____
- 2 Amount allocated to spouse in 2016 _____
- 3 Net maximum allowable contribution for 2016 _____

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 1)

Form 1099-G Electronic Filing Information Smart Worksheet <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
Payer 1 If CORRECTED check here <input type="checkbox"/>	Recipient 1
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . <u>56-1611838</u> Name, street address, city, state, ZIP code and telephone number. <u>DEPARTMENT OF REVENUE</u> <u>P O BOX 25000</u> <u>Raleigh</u> <u>NC</u> <u>27640-0100</u> Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____
Payer 2 If CORRECTED check here <input type="checkbox"/>	Recipient 2
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____
Payer 3 If CORRECTED check here <input type="checkbox"/>	Recipient 3
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____