

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 MAHABOOB BASHA GANUGA	Social security number 107-83-0390
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	74,661.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	11,808.
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	15,052.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,244.
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

3	0	3	9	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.

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. 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

Form
1040EZ

**Income Tax Return for Single and
Joint Filers With No Dependents** (99)

2017

OMB No. 1545-0074

Your first name and initial MAHABOOB BASHA	Last name GANUGA	Your social security number 107 83 0390
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 2 BARRE STREET		Apt. no. 12
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MONTPELIER VT 05602		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	

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	74,661.
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	74,661.
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation.	5	10,400.
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	64,261.
	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	15,052.
	8a	Earned income credit (EIC) (see instructions) No	8a	
	b	Nontaxable combat pay election. 8b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	15,052.
	10	Tax . Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	11,808.
	11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	
	12	Add lines 10 and 11. This is your total tax .	12	11,808.
	Refund	13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	3,244.
	b Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 1 9 8 0 0 8 8 7			
Amount You Owe	14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14		

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)
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Sign Here Under penalties of perjury, I declare that I have examined this return 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. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. <input type="checkbox"/>	Your signature	Date	Your occupation ASSOCIATE ARCHITECT	Daytime phone number
Keep a copy for your records. <input type="checkbox"/>	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 05/24/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name GLOBAL TAXES LLC	Firm's EIN 30-1017196	Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678) 965-9729	

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

MAHABOOB BASHA GANUGA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					74,661.
Adjustments to income					
Adjusted gross income					74,661.
Tax expense					3,869.
Interest expense . . .					
Contributions					
Miscellaneous deductions					
Other Itemized Deductions					
Total itemized/standard deduction . .					6,350.
Exemption amount . .					4,050.
Taxable income					64,261.
Tax					11,808.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					15,052.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,244.
Effective tax rate % . .					15.82
**Tax bracket %					25.0

**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 (MAHABOOB BASHA GANUGA) and Social Security Number (107-83-0390)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 30390 Spouse's PIN (5 numbers) Date 02/24/2018

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 GANUGA
 First name MAHABOOB BASHA
 Middle initial _____ Suffix _____
 Social security no. 107-83-0390
 Occupation ASSOCIATE ARCHITECT
 Date of birth 03/03/1982 (mm/dd/yyyy)
 Age as of 1-1-2018 35
 Date of death _____
 Legally blind
 E-mail address bashaganuga@gmail.com
 Work phone _____ Ext _____
 Cell phone (802) 488-4642
 Home phone _____
 Fax number _____

Spouse:

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

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (802) 488-4642
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 2 BARRE STREET Apt no. 12
 City MONTPELIER State VT ZIP code 05602

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return <u>MAHABOOB BASHA GANUGA</u>	Social Security Number <u>107-83-0390</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 VT
 License number 63141160
 Issue date 10/23/2017
 Expiration date 10/23/2019
 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: MAHABOOB BASHA GANUGA; Social Security Number: 107-83-0390

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

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

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable []

Name of personal representative for deceased returns . . . []

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

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

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

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

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

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

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 MAHABOOB BASHA GANUGA	Social Security Number 107-83-0390
--------------------------------------------------	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
VIRTUSA CORPORATION		74,661.	15,052.	74,661.	3,869.
Totals		74,661.	15,052.	74,661.	3,869.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	74,661.		74,661.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	15,052.		15,052.
3 & 7	Total social security wages/tips	74,661.		74,661.
4	Total social security tax withheld	4,629.		4,629.
5	Total Medicare wages and tips	74,661.		74,661.
6	Total Medicare tax withheld	1,083.		1,083.
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	1,672.		1,672.
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	1,672.		1,672.
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	74,661.		74,661.
17	Total state tax withheld	3,869.		3,869.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return MAHABOOB BASHA GANUGA	Social Security Number 107-83-0390
--------------------------------------------------	---------------------------------------

Employer EIN 04-3512883
Employer Name VIRTUSA CORPORATION
 Name (cont.) _____
Street Address or P. O. Box 2000 WEST PARK DRIVE
City WESTBOROUGH **State** MA **ZIP** 01581
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	74,661.	2 Federal tax withheld	15,052.
3 Social security wages	74,661.	4 Social sec tax withheld	4,629.
5 Medicare wages and tips	74,661.	6 Medicare tax withheld	1,083.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	32.	A: Enter amount attributable to RRTA Tier 2 tax
DD	1,640.	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
VT	WHT10125589	74,661.	3,869.

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 5ef2-3b5c-286c-d207
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 _____
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

MAHABOOB BASHA GANUGA

107-83-0390 Page 2

Employer Name VIRTUSA CORPORATION

Part I Statutory employees

- A Box 13a. Statutory employee
- B Deducting expenses in connection with this income
- C If deducting expenses, double click to link to Schedule C

C

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

Clergy only:

- 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 Pay self-employment tax on housing or parsonage allowance only
 - 2 Pay self-employment tax on W-2 income only
 - 3 Pay self-employment tax on W-2 income and housing allowance
 - 4 Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 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
- 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 Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

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. 107-83-0390

First name MAHABOOB BASHA M.I. Last name GANUGA Suff.

Address 2 BARRE STREET, Apt. 12 City MONTPELIER St VT ZIP code 05602

Foreign Province/County Foreign Postal Code Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return MAHABOOB BASHA GANUGA	Social Security Number 107-83-0390
--------------------------------------------------	---------------------------------------

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

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	15,052.	3,869.	
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	15,052.	3,869.	
20 Total Tax Payments for 2017	15,052.	3,869.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return MAHABOOB BASHA GANUGA	Social Security Number 107-83-0390
---------------------------------------------------------	----------------------------------------------

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	74,661.	_____	74,661.
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	74,661.	_____	74,661.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	74,661.	_____	74,661.
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	74,661.	_____	74,661.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	74,661.	_____	74,661.
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, In 2.	74,661.	_____	74,661.

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

23 Self-employed, church and statutory employees . . .	_____	_____	_____
24 Wages, salaries, tips, etc	74,661.	_____	74,661.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	74,661.	_____	74,661.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return MAHABOOB BASHA GANUGA	Social Security Number 107-83-0390
--------------------------------------------------	---------------------------------------

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		3,869.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		74,661.
6	Tax liability for Form 2210 or Form 2210-F		11,808.
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
 MAHABOOB BASHA GANUGA

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	74,661.
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	74,661.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 74,661.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,869.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	3,869.
Standard deduction	6,350.
Exemption amount	4,050.

Taxable Income 64,261.

Income tax	11,808.
Alternative minimum tax	_____
Total Taxes before Credits	11,808.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 11,808.

Withholding	15,052.
Estimated tax payments	_____
Other payments	_____
Total Payments	15,052.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,244.

Refund 3,244.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	15.82 %



* 1 7 1 1 1 1 1 7 3 *

2017
VERMONT **Income Tax Return** **FORM IN-111**

1 Taxpayer Information	Taxpayer's Last Name GANUGA		First Name MAHABOOB BASHA	Initial	Taxpayer's Social Security Number 107-83-0390	
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number	
	Mailing Address (Number and Street/Road or PO Box) 2 BARRE STREET 12				Taxpayer's Driver's License Number 63141160	State VT
	City MONTPELIER		State VT	ZIP Code 05602	Spouse's/CU's Driver's License Number	State
	<input type="checkbox"/>	Check here if this is an AMENDED return	<input type="checkbox"/>	Check if taxpayer died during 2017	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2017
	<input type="checkbox"/>	Check here if using RECOMPUTED Federal Return information				
1. VT School District Code 126		2. 911 street address on 12/31/2017 - Number, street/road name (Do not use "PO Box," "same," or Town name) 2 BARRE STREET				

2 Tax Filing Information	FILING STATUS						
	<input checked="" type="checkbox"/> 3. Single	<input type="checkbox"/> 4. Head of Household	<input type="checkbox"/> 5. Married Filing Jointly	<input type="checkbox"/> 6. CU Partner Filing Jointly	<input type="checkbox"/> 7. Qualifying Widow(er) with dependent children	<input type="checkbox"/> 8a. Married Filing Separately	<input type="checkbox"/> 8b. CU Filing Separately
9. Exemptions Claimed (federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) 9. <u>1</u>							

3 Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) <input type="checkbox"/> ← Check to indicate loss	10.	74661.00
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the federal amount is -0-, see instructions. <input type="checkbox"/> ← Check to indicate loss	11.	64261.00
	ADDITIONS:		
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3)	12a.	0.00
	12b. Bonus Depreciation Allowed under Federal law for 2017	12b.	0.00
	12c. Addback of Itemized Deductions (Schedule IN-155, Line 11)	12c.	0.00
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, and 12c)..... <input type="checkbox"/> ← Check to indicate loss	13.	64261.00
	SUBTRACTIONS:		
	14a. Interest Income from U.S. Obligations	14a.	0.00
	14b. Capital Gains Exclusion (Schedule IN-153, Line 21)	14b.	0.00
14c. Adjustment for Prior Years' Bonus Depreciation	14c.	0.00	
14d. Taxable refunds of state and local income taxes (Federal Form 1040-Line 10).....	14d.	0.00	
14e. Add Lines 14a, 14b, 14c, and 14d	14e.	0.00	
15. Vermont Taxable Income (Subtract Line 14e from Line 13. If Line 14e is more than Line 13, enter -0-).	15.	64261.00	

4 VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount (If Line 10 is greater than \$150,000, see instructions)	16.	3137.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7)	17.	0.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17)	18.	3137.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15).....	19.	0.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-)	20.	3137.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%)	21.	100.00%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21)	22.	3137.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld

Taxpayer's Last Name GANUGA	Social Security Number 107-83-0390
---------------------------------------	----------------------------------------------

Keep a copy for your records.



* 1 7 1 1 1 1 2 7 3 *

Enter amount from Line 22 3137

5 Credits and Use Tax	23. Other State Credit (Schedule IN-117, Line 21) <u>0.00</u> + 24. Vermont Tax Credits (Schedule IN-112, Part IV, Line 5 OR Schedule IN-119) <u>0.00</u> = 25. Total Vermont Credits (Add Lines 23 and 24) <u>0.00</u>
	26. Vermont Income Tax after Credits (Subtract Line 25 from Line 22. If Line 25 is more than Line 22, enter -0-.) <u>3137.00</u>
	27. Use Tax for taxable items on which no sales tax was charged, including online purchases (see instructions, worksheet, and chart) <u>0.00</u> <input checked="" type="checkbox"/> Check here to certify you have completed the worksheet in the instructions and no Use Tax is due. Please note: Act 73 of 2017 requires vendors to report to the Department of Taxes certain transactions on which no sales tax was paid.
	28. Total Vermont Taxes (Add Lines 26 and 27) <u>3137.00</u>

6 Contributions	29a. Vermont Veterans Fund <u>0.00</u> + 29b. Green Up Vermont <u>0.00</u> + 29c. Nongame Wildlife Fund <u>0.00</u> + 29d. Children's Trust Fund <u>0.00</u> = 29e. <u>0.00</u>
	30. Total of Vermont Taxes and Voluntary Contributions (Add Lines 28 and 29e) <u>3137.00</u>

7 Payments and Credits	31a. From W-2, 1099, etc. Vermont Tax Withheld <u>3869.00</u>
	31b. From Vermont Form IN-114 Estimated Tax for 2017 and/or Form IN-151, Extension with payment <u>0.00</u>
	31c. Earned Income Tax Credit (Schedule IN-112, Part III) <u>0.00</u>
	31d. Renter Rebate (Form PR-141, Line 9) <u>0.00</u>
	31e. From Vermont Form RW-171 Vermont Real Estate Withholding (see instructions) <u>0.00</u>
	31f. From Vermont Form WH-435 Estimated Income Tax Payment made by Business Entity for Nonresident Partner, Member, or Shareholder <u>0.00</u>
	31g. Low Income Child & Dependent Care Credit (see instructions) <u>0.00</u>
	31h. Total Payments and Credits (Add Lines 31a through 31g) <u>3869.00</u>

8 Refund	32. Overpayment If Line 30 is less than Line 31h, subtract Line 30 from Line 31h <u>732.00</u>
	33a. Refund to be Credited to 2018 Estimated Tax Payment Amount on 31d cannot be credited to 2018 estimated tax payment <u>0.00</u>
	33b. Refund to be Credited to 2018 Property Tax Bill <u>0.00</u>
	34. REFUND AMOUNT (Subtract Lines 33a and 33b from Line 32) <u>732.00</u>

9 Due	35. If Line 30 is more than Line 31h, subtract Line 31h from Line 30. See instructions on tax due. <u>0.00</u>
	36. <u>0.00</u> Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152A) 37. AMOUNT DUE Add Lines 35 and 36 <u>0.00</u>

For amended returns only Original refund received 0 Refund due now 0 Original payment 0 Amount due now 0

10 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. Preparers cannot use return information for purposes other than preparing returns.

Signatures	Signature <u>[Signature]</u> Date _____ Occupation <u>ASSOCIATE ARCHITECT</u> Date of Birth (MM DD YYYY) <u>03 03 1982</u> Telephone Number _____
	Signature. If a joint return, BOTH must sign. <u>[Signature]</u> Date _____ Occupation _____ Date of Birth (MM DD YYYY) _____ Telephone Number _____

Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

Preparer's Use Only	Preparer's signature <u>[Signature]</u> Date <u>05/24/18</u> Preparer's SSN or PTIN <u>P02090332</u>
	Firm's name (or yours if self-employed) and address <u>GLOBAL TAXES LLC</u> EIN <u>30-1017196</u>
	<u>1555 2530 PEBBLE CREEK LN CUMMING GA 30041</u> Preparer's Telephone Number <u>678-965-9729</u>

Vermont Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name MAHABOOB BASHA
Middle Initial Suffix
Last Name GANUGA
Social Security No. 107-83-0390
Occupation ASSOCIATE ARCHITECT
Date of birth 03/03/1982
Age as of 12/31/2017 35
Daytime Phone
Home Phone

Spouse (or Partner's):

First Name
Middle Initial Suffix
Last Name
Social Security No.
Occupation
Date of birth
Age as of 12/31/2017
Daytime Phone

Print taxpayer phone number on Form IN-111 [] Home [] taxpayer work
Print spouse phone number on Form IN-111 [] Home [] spouse work

[] Taxpayer or spouse's name or address has changed since last year?

Street Address 2 BARRE STREET Apt. No . 12
City MONTPELIER State . VT ZIP Code . 05602
911 Street Address 2 BARRE STREET
Enter school district code on 12/31/2017 126
School District Code chosen: 126
City or town of legal residence MONTPELIER State of legal residence VT

Part II – Resident Status

[X] Full-Year Resident filing Form IN-111
[] Nonresident filing Form IN-111
[] Part-Year Resident filing Form IN-111
Dates of Vermont residency From To
Residence of Other US state, US territory or Canadian Province
Residence of Other Canadian Province or Foreign Country ("FC")
QuickZoom to Form IN-113 (Income Adjs for Nonresidents and Part-Year Residents)

Part III – Filing Status

[X] Single
[] Married filing jointly
[] Married filing separately
[] Head of household
[] Civil Union Filing Jointly
[] Civil Union Filing Separately
[] Qualifying widow(er) with dependent child (year spouse died)

Part IV – Dependent Information

Dependent of Someone Else:

Yes No
[] [X] Can taxpayer or spouse be claimed as dependent of another person (such as parent)?

Part V – Other Information

Decedent: Taxpayer: Date of death _____ Spouse: Date of death _____

Recomputing the federal tax return:

The federal return must be recomputed if the civil union filing status is used on the Vermont return or if the nonresident spouse has no Vermont income and the married filing separate status is used. You must also recompute if your client is a non Vermont resident with military pay.

Yes No
 Are you using a **recomputed** federal return to prepare this Vermont tax return?
QuickZoom here for instructions on recomputing a federal return ►

Form HI-144: Household Income - (Full year residents only)

Yes No
 Has your clients' spouse permanently moved to a nursing home or other care facility?
QuickZoom to complete Form HI-144 ►

Form HS-122: Vermont Homestead Declaration AND Property Tax Adjustment Claim

Yes No
 Prepare Form HS-122? Your client must file a declaration if they:
1) Expect to be a Vermont resident on April 1, 2018, **AND**
2) Will own and occupy their Vermont property as their principal residence on April 1, 2018
Or if property is leased on April 1, 2018 it is not leased for more than 182 days in 2018.
QuickZoom to complete Form HS-122 ►

Yes No
 Open LC-142? You must complete LC-142 if you entered Efile certificate number(s) or Mobile Home Lot Rent on HS-122.
QuickZoom to complete Form LC-142 ►

Form PR-141: VT Renter Rebate Claim - (Full year residents only)

Yes No
 Did your client rent in Vermont for all 12 months in calendar year 2017?
QuickZoom to complete Form PR-141 ►

Farmer/Fisherman:

Yes No
 Were at least two-third of your clients' gross income was from farming or fishing?
 Will your clients' return be filed and tax due will be paid by March 1, 2018?

Part VI - Paid Preparer Information

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

Yes No
 Authorize Vermont Department of Revenue to discuss tax matters with the preparer

Part VII - Electronic Filing Information

New! State e-file disclosure consent:

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

Filed the Vermont return electronically

EF Status Dates:

Enter the date return was EFiled _____
Enter the date return was accepted by the state _____
Enter the date Form IN-116 was given to client _____

QuickZoom to Form VT 8879 Additional Information Smart Worksheet ►

Electronic Filing of Amended Return:

The amended return will be filed electronically
Date amended return was EFiled _____
Date amended return was accepted by the state. _____

Electronic PDF Attachments

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

Description	Filename

Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use Direct Deposit for state tax refund? (<i>EF Only</i>) * See tax help for refund expectation
<input type="checkbox"/>	<input type="checkbox"/>	Use Electronic Funds Withdrawal for state tax payment of tax return? (<i>EF Only</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Use Electronic Funds Withdrawal for state tax payment of amended return? (<i>EF Only</i>)

If you selected "Yes" for Direct Deposit or Electronic Funds Withdrawal above, fill out the information below:

Enter the following information if you want to directly deposit any state tax refund:

Name of Financial Institution (optional) DCU BANK
Account type Checking Savings
Routing number 211391825
Account number 19800887

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, the remaining balance due _____

Electronic funds withdrawal amount due with **amended return** information:

Enter settlement date to withdraw the tax due amount from the account above _____
State balance-due amount paid with this amended return _____

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 IX — Extension Status

Yes **No**
 Tax return due date extended?
Extended due date _____

QuickZoom to Form IN-151 ►

QuickZoom to Form IN-111 ►

Tax Payments Worksheet

2017

▶ Keep for your records

Name GANUGA, MAHABOOB BASHA	Social Security Number 107-83-0390
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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	3,869.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,869.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Vermont Tax Return

SMART WORKSHEET FOR: Form 8879VT

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form 8879-VT: Form W-2 (State copy) _____ _____ _____
D	Document to attach to the BACK of Form 8879-VT: _____ _____ _____
E	Retain Form 8879-VT and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

SMART WORKSHEET FOR: Form IN-111: Individual Income Tax Return

Federal Bonus Depreciation Adjustment Smart Worksheet									
<p>Federal bonus depreciation is not allowed in Vermont and needs to be reversed. In Year 1 of an asset, you will add an amount to your VT income (using Line A). In subsequent years, you will subtract amounts (using Line B).</p>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Full-Year Resident</th> <th style="width: 50%; text-align: center;">Part-Year/ Nonresident</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0.</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">0.</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">0.</td> <td style="text-align: center;"> </td> </tr> </tbody> </table>	Full-Year Resident	Part-Year/ Nonresident	0.		0.		0.	
Full-Year Resident	Part-Year/ Nonresident								
0.									
0.									
0.									
A	Adjustment for 2017 Assets (Positive. Flows to Line 12b) 0.								
B	Adjustment for 2008-2016 Assets (Negative. Flows to Line 14c) 0.								
C	Total VT Bonus Depreciation Adjustment 0.								

SMART WORKSHEET FOR: Form IN-111: Individual Income Tax Return

Form IN-111 Vermont Income Tax Withheld Smart Worksheet	
A	Vermont income tax withheld from the Tax Payments Worksheet <u>3869.</u>
B	Real estate withholding from Form RW-171, Schedule A, Line 12 entered on the federal Tax Payments Worksheet and included on Line A <u>0.</u> Note: Make sure that the amount on Line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
C	Vermont income tax withheld for Line 31a. Subtract Line B from Line A <u>3869.</u>