



# Instructions for Form IT-201-V

## Payment Voucher for Income Tax Returns

**Did you know?** You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit [www.tax.ny.gov](http://www.tax.ny.gov).

### How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

### Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your social security number (SSN), the tax year, and **Income Tax** on it.

### Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

### Mailing address

#### E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON NY 13902-4124**

#### Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER  
PO BOX 15555  
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

**STOP:** Pay this electronically on our website.

Department of Taxation and Finance

REV 11/13/17 PRO

## Payment Voucher for Income Tax Returns



# IT-201-V

(12/17)

Tax year (yyyy) 2017		Make your check or money order payable in U.S. funds to <b>New York State Income Tax</b> . Be sure to write the last four digits of your SSN, the tax year, and <b>Income Tax</b> on your payment.	
Your first name and middle initial LOKESH		Your last name (for a joint return, enter spouse's name on line below) PADUCHURI	Your full SSN 161410989
Spouse's first name and middle initial		Spouse's last name	Spouse's full SSN (only if filing a joint return)
Mailing address 132 E MARIE ST		Apartment number	Country (if not United States)
City, village or post office HICKSVILLE		State NY	ZIP code 11801
E-mail: LOKESHUI16@GMAIL.COM			

Payment amount

Dollars

39

Cents

00



040001173555

For office use only

0401173555 161410989 7



# New York State E-File Signature Authorization for Tax Year 2017

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: LOKESH PADUCHURI

Spouse's name: \_\_\_\_\_  
(jointly filed return only)

### Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to view this document.

### General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

**Do not mail Form TR-579-IT to the Tax Department.** EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105*.

### Part A – Tax return information

- 1 Federal adjusted gross income (from applicable line) ..... 1. 58585.
- 2 Refund..... 2. \_\_\_\_\_
- 3 Amount you owe ..... 3. 39.
- 4 Financial institution routing number..... 4. \_\_\_\_\_
- 5 Financial institution account number..... 5. \_\_\_\_\_
- 6 Account type:  Personal checking  Personal savings  Business checking  Business savings

### Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(jointly filed return only)

### Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: GLOBAL TAXES LLC

Paid preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR



# Resident Income Tax Return

# IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ... 17

For help completing your return, see the instructions, Form IT-201-I.

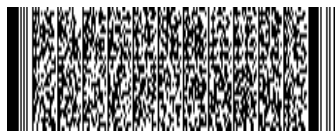
and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your social security number
LOKESH			PADUCHURI		06261992	161410989
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)					Apartment number	New York State county of residence
132 E MARIE ST						NASSAU
City, village, or post office			State	ZIP code	Country (if not United States)	School district name
HICKSVILLE			NY	11801		NASSAU-HICKSVILLE
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number	School district code number
						273
City, village, or post office			State	ZIP code	Decedent information	Taxpayer's date of death (mmddyyyy)
			NY			
					Spouse's date of death (mmddyyyy)	

- A Filing status** (mark an X in one box):
- ①  Single
  - ②  Married filing joint return (enter spouse's social security number above)
  - ③  Married filing separate return (enter spouse's social security number above)
  - ④  Head of household (with qualifying person)
  - ⑤  Qualifying widow(er) with dependent child

**B Did you itemize** your deductions on your 2017 federal income tax return? ..... Yes  No

**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes  No



**D1** Did you have a financial account located in a foreign country? (see page 14) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see page 14) ..... Yes  No

(2) Enter the amount ... .00

**D3** Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) ..... Yes  No

**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2017? (see page 14) .. Yes  No

(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day).....  

**F NYC residents and NYC part-year residents only** (see page 14):

(1) Number of months **you** lived in NYC in 2017 .....  

(2) Number of months **your spouse** lived in NYC in 2017 .....  

**G** Enter your **2-character special condition code(s) if applicable** (see page 14) .....    

**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number  
161410989

**Federal income and adjustments** (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	60585.00
2	Taxable interest income .....	2	.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 15) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	60585.00
18	Total federal adjustments to income (see page 15) Identify: MOVING EXPENSES .....	18	2000.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	58585.00

**New York additions** (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) .....	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 16) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	58585.00

**New York subtractions** (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17) .....	26	.00
27	Taxable amount of social security benefits (from line 15) ....	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 18) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	58585.00



**Standard deduction or itemized deduction** (see page 20)

34	Enter your <b>standard deduction</b> (table on page 20) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	50585.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	50585.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1  
 LOKESH PADUCHURI

Your social security number  
 161410989

**Tax computation, credits, and other taxes**

<b>38</b> Taxable income (from line 37 on page 2) .....	<b>38</b>	50585 .00
<b>39</b> NYS tax on line 38 amount (see page 21) .....	<b>39</b>	2924 .00
<b>40</b> NYS household credit (page 21, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b> Resident credit (see page 22) .....	<b>41</b>	2885 .00
<b>42</b> Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b> Add lines 40, 41, and 42 .....	<b>43</b>	2885 .00
<b>44</b> Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) .....	<b>44</b>	39 .00
<b>45</b> Net other NYS taxes (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b> Total New York State taxes (add lines 44 and 45) .....	<b>46</b>	39 .00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b> NYC resident tax on line 38 amount (see page 22).....	<b>47</b>	.00
<b>48</b> NYC household credit (page 22, table 4, 5, or 6) .....	<b>48</b>	.00
<b>49</b> Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank) .....	<b>49</b>	.00
<b>50</b> Part-year NYC resident tax (Form IT-360.1) .....	<b>50</b>	.00
<b>51</b> Other NYC taxes (Form IT-201-ATT, line 34) .....	<b>51</b>	.00
<b>52</b> Add lines 49, 50, and 51 .....	<b>52</b>	.00
<b>53</b> NYC nonrefundable credits (Form IT-201-ATT, line 10) .....	<b>53</b>	.00
<b>54</b> Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) .....	<b>54</b>	.00
<b>54a</b> MCTMT net earnings base ....	<b>54a</b>	.00
<b>54b</b> MCTMT .....	<b>54b</b>	.00
<b>55</b> Yonkers resident income tax surcharge (see page 25) .....	<b>55</b>	.00
<b>56</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>56</b>	.00
<b>57</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>57</b>	.00
<b>58</b> Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	<b>58</b>	.00
<b>59</b> Sales or use tax (see page 26; do not leave line 59 blank) .....	<b>59</b>	0 .00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



**Voluntary contributions** (see page 27)

<b>60a</b> Return a Gift to Wildlife .....	<b>60a</b>	.00
<b>60b</b> Missing/Exploited Children Fund .....	<b>60b</b>	.00
<b>60c</b> Breast Cancer Research Fund .....	<b>60c</b>	.00
<b>60d</b> Alzheimer's Fund .....	<b>60d</b>	.00
<b>60e</b> Olympic Fund (\$2 or \$4; see page 27) .....	<b>60e</b>	.00
<b>60f</b> Prostate and Testicular Cancer Research and Education Fund ..	<b>60f</b>	.00
<b>60g</b> 9/11 Memorial .....	<b>60g</b>	.00
<b>60h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>60h</b>	.00
<b>60i</b> Teen Health Education .....	<b>60i</b>	.00
<b>60j</b> Veterans Remembrance.....	<b>60j</b>	.00
<b>60k</b> Homeless Veterans .....	<b>60k</b>	.00
<b>60l</b> Mental Illness Anti-Stigma Fund .....	<b>60l</b>	.00
<b>60m</b> Women's Cancers Education and Prevention Fund .....	<b>60m</b>	.00
<b>60n</b> Autism Fund .....	<b>60n</b>	.00
<b>60o</b> Veterans' Homes .....	<b>60o</b>	.00
<b>60</b> Total voluntary contributions (add lines 60a through 60o) .....	<b>60</b>	.00
<b>61</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) .....	<b>61</b>	39 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

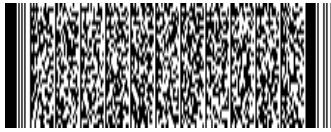


Your social security number  
161410989

62 Enter amount from line 61 ..... **62** 39.00

**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit .....	63	.00
64	NYS/NYC child and dependent care credit .....	64	.00
65	NYS earned income credit (EIC) .....	65	.00
66	NYS noncustodial parent EIC .....	66	.00
67	Real property tax credit .....	67	.00
68	College tuition credit .....	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1) .....	69	.00
69a	NYC school tax credit (rate reduction amount) .....	69a	.00
70	NYC earned income credit .....	70	.00
70a	NYC enhanced real property tax credit .....	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18) .....	71	.00
72	Total <b>New York State</b> tax withheld .....	72	.00
73	Total <b>New York City</b> tax withheld .....	73	.00
74	Total <b>Yonkers</b> tax withheld .....	74	.00
75	Total estimated tax payments and amount paid with Form IT-370 .....	75	.00
76	<b>Total payments</b> (add lines 63 through 75) .....	76	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).  
**Do not send federal Form W-2 with your return.**

**Your refund, amount you owe, and account information** (see pages 31 through 34)

77	<b>Amount overpaid</b> (if line 76 is more than line 62, subtract line 62 from line 76) .....	77	.00
78	Amount of line 77 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit to checking or savings account (fill in line 83) - or - <input type="checkbox"/> paper check .....	78	.00
79	Amount of line 77 that you want applied to your 2018 estimated tax (see instructions) .....	79	.00
79a	Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195) .....	79a	.00
80	Amount you <b>owe</b> (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return. ....	80	39.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) .....	81	.00
82	Other penalties and interest (see page 32) .....	82	.00
83	Account information for direct deposit or electronic funds withdrawal (see page 33). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an <b>X</b> in this box (see pg. 33) <input type="checkbox"/>		
83a	Account type: <input type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings		
83b	Routing number <input type="text"/>	83c	Account number <input type="text"/>
84	Electronic funds withdrawal (see page 33) .....	Date <input type="text"/>	Amount <input type="text"/> .00

**Refund?** Direct deposit is the easiest, fastest way to get your refund.  
**See page 32 for payment options.**  
**See page 35 for the proper assembly of your return.**

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
APPANA RUPA VENKATA SATY		APPANA RUPA VENKATA SATY	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
GLOBAL TAXES LLC		P02090332	
Address		Employer identification number	
2530 PEBBLE CREEK LN		301017196	
CUMMING GA 30041		Date	06142018
E-mail: KUMAR@GTAXFILE.COM			

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation	
SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number
	( )
E-mail: LOKESHUI16@GMAIL.COM	

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



# New York State Resident Credit

# IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return LOKESH PADUCHURI	Identifying number as shown on return 161410989
--	--

**Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.**

Part 1 – Income and adjustments (see instructions)	A Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
		Whole dollars only		Whole dollars only
1 Wages, salaries, tips, etc. ....	1	60585.00	1	60585.00
2 Taxable interest income.....	2	.00	2	.00
3 Ordinary dividends .....	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4	.00	4	.00
5 Alimony received.....	5	.00	5	.00
6 Business income or loss.....	6	.00	6	.00
7 Capital gain or loss.....	7	.00	7	.00
8 Other gains or losses .....	8	.00	8	.00
9 Taxable amount of IRA distributions.....	9	.00	9	.00
10 Taxable amount of pensions and annuities .....	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11	.00	11	.00
12 Farm income or loss.....	12	.00	12	.00
13 Unemployment compensation.....	13	.00	13	.00
14 Taxable amount of social security benefits.....	14	.00	14	.00
15 Other income.....	15	.00	15	.00
16 Add lines 1 through 15 .....	16	60585.00	16	60585.00
17 Total federal adjustments to income.....	17	2000.00	17	0.00
18 Federal adjusted gross income (subtract line 17 from line 16) .....	18	58585.00	18	60585.00
19 New York adjustments (see instructions) .....	19	.00	19	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions) .....	20	58585.00	20	60585.00
21 Capital gain portion of lump-sum distributions (see instr.) ..	21	.00	21	.00
22 Add lines 20 and 21.....	22	58585.00	22	60585.00

(continued on back)

NO HANDWRITTEN ENTRIES ON THIS FORM

112001173555



**Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia**

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)..... **23** VA  
 Also enter the locality name, if applicable Locality name: \_\_\_\_\_

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions)..... **24** 2885.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box.....

Enter the group's EIN

25 New York State tax payable (see instructions)..... **25** 2924.00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) .... **26** 1.0341

27 Multiply line 25 by line 26 ..... **27** 3024.00

28 Enter amount from line 24 or line 27, whichever is less (see instructions)..... **28** 2885.00

29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) ..... **29** .00

30 Add lines 28 and 29 ..... **30** 2885.00

**Part 3 – Application of Credit**

31 Tax due before credits (see instructions) ..... **31** 2924.00

32 Other credits that you applied before this credit (see instructions) ..... **32** .00

33 Subtract line 32 from line 31 ..... **33** 2924.00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions) ..... **34** 2885.00

**Part 4 – Information from your return filed with the other state, local government, or the District of Columbia**

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)..... **35** .00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **36** .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)..... **37** .00

NO HANDWRITTEN ENTRIES ON THIS FORM







Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

161410989

Box b Employer identification number (EIN)

263448664

Box c Employer's information

Employer's name: PIONEER GLOBAL INC
Employer's address: 44345 PREMIER PLAZA SUITE 130
City: ASHBURN, State: VA, ZIP code: 20147

Box 1 Wages, tips, other compensation: 60585.00

Box 8 Allocated tips: .00

Box 10 Dependent care benefits: .00

Box 11 Nonqualified plans: .00

Box 12a Amount: .00

Box 12b Amount: .00

Box 12c Amount: .00

Box 12d Amount: .00

Box 14a Amount: .00

Box 14b Amount: .00

Box 14c Amount: .00

Box 14d Amount: .00

Box 13 Statutory employee, Retirement plan, Third-party sick pay, Corrected (W-2c)

NY State information:

Box 15a NY State: N Y

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information:

Box 15b other state: V A

Box 16b Other state wages, tips, etc.: 60585.00

Box 17b Other state income tax withheld: 2992.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a: .00, Locality b: .00

Box 19 Local income tax withheld Locality a: .00, Locality b: .00

Box 20 Locality name

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name, Employer's address, City, State, ZIP code, Country

Box 1 Wages, tips, other compensation: .00

Box 8 Allocated tips: .00

Box 10 Dependent care benefits: .00

Box 11 Nonqualified plans: .00

Box 12a Amount: .00

Box 12b Amount: .00

Box 12c Amount: .00

Box 12d Amount: .00

Box 14a Amount: .00

Box 14b Amount: .00

Box 14c Amount: .00

Box 14d Amount: .00

Box 13 Statutory employee, Retirement plan, Third-party sick pay, Corrected (W-2c)

NY State information:

Box 15a NY State: N Y

Box 16a NYS wages, tips, etc.: .00

Box 17a NYS income tax withheld: .00

Other state information:

Box 15b other state: | |

Box 16b Other state wages, tips, etc.: .00

Box 17b Other state income tax withheld: .00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a: .00, Locality b: .00

Box 19 Local income tax withheld Locality a: .00, Locality b: .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555



**Other Tax Credits and Taxes Worksheet**

**2017**

▶ Keep for your records

Name as Shown on Return <u>LOKESH PADUCHURI</u>	Social Security No. <u>161-41-0989</u>
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**Part I – New York Credits**

**Section A – New York State Nonrefundable/Non-Carryover Credits**

**Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3**

<b>1</b>	Form IT-112-R – Resident Credit . . . . .	<b>1</b>	2,885.
<b>2</b>	Form IT-112-C – Resident Credit for Taxes Paid to a Province of Canada . . . . .	<b>2</b>	
<b>3</b>	Form IT-250 – Defibrillator Credit . . . . .	<b>3</b>	
<b>4</b>	Form IT-604 – Qualified Economic Zone Employment Tax Reduction Credit . . . . .	<b>4</b>	
<b>5</b>	New York State Accumulation Distribution Credit ( <i>attach computation</i> ) . . . . .	<b>5</b>	

**Section B – New York State Nonrefundable/Carryover Credits**

**Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8**

<b>1</b>	Form IT-212 – Investment Credit . . . . .	<b>1</b>	
<b>2</b>	Form IT-236 – Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011) . . . . .	<b>2</b>	
<b>3</b>	Form IT-237 – Historic homeownership rehabilitation credit . . . . .	<b>3</b>	
<b>4</b>	Form IT-239 – Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011) . . . . .	<b>4</b>	
<b>5</b>	Form IT-246 – Empire State commercial production credit . . . . .	<b>5</b>	
<b>6</b>	Form IT-249 – Long-Term Care Insurance Credit . . . . .	<b>6</b>	
<b>7</b>	Form IT-251 – Employment of Persons with Disabilities Credit . . . . .	<b>7</b>	

Carryover information for Form IT-252 . . . . ▶

Year Carryover Credit Earned	Carryover Amount
_____	_____
_____	_____
_____	_____

<b>8</b>	Form IT-252 – Financial Services Industry Investment Tax Credit carryover . . . . .	<b>8</b>	
<b>9</b>	Form IT-253 – Alternative Fuels Credit carryover . . . . .	<b>9</b>	
<b>10</b>	Form IT-255 – Solar Energy System Equipment Credit . . . . .	<b>10</b>	
<b>11</b>	Form IT-256 – Claim for Special Additional Mortgage Recording Tax Credit . . . . .	<b>11</b>	
<b>12</b>	Form IT-261 – Empire State film post-production credit carryover . . . . .	<b>12</b>	
<b>13</b>	Form IT-501 – Temporary nonrefundable credit deferral payout . . . . .	<b>13</b>	
<b>14</b>	Form IT-601 – Empire Zone (EZ) Wage Tax Credit . . . . .	<b>14</b>	
<b>15</b>	Form IT-602 – Empire Zone (EZ) Capital Tax Credit . . . . .	<b>15</b>	
<b>16</b>	Form IT-603 – Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr . . . . .	<b>16</b>	
<b>17</b>	Form IT-605 – Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit . . . . .	<b>17</b>	
<b>18</b>	Form IT-637 – Alternative Fuels and Electric Vehicle Recharging Property Cr . . . . .	<b>18</b>	
<b>19</b>	Form IT-643 – Hire a Veteran Credit . . . . .	<b>19</b>	
<b>20</b>	Form IT-644 – Workers with Disabilities Tax Credit . . . . .	<b>20</b>	
<b>21</b>	Form DTF-622 – Qualified Emerging Technology Co. (QETC) Capital Tax Credit . . . . .	<b>21</b>	
<b>22</b>	Form DTF-624 – Low-Income Housing Credit . . . . .	<b>22</b>	
<b>23</b>	Form DTF-630 – Green Building Credit . . . . .	<b>23</b>	
<b>24</b>	Residential Fuel Oil Storage Tank Credit carryover ( <i>attach computation</i> ) . . . . .	<b>24</b>	
<b>25</b>	Solar and Wind Energy Credit carryover ( <i>attach computation</i> ) . . . . .	<b>25</b>	

\* New for 2017

**Resident Tax Credit**  
**Worksheet for Figuring Your New York State Tax Payable**

**2017**

▶ Keep for your records

Name as Shown on Return PADUCHURI LOKESH	Social Security No. 161-41-0989						
<p><b>a</b> Enter New York State tax from Form IT-201, line 39, plus tax from Form IT-230, Part 2, line 2, New York State column . . . . .</p> <p><b>b</b> Enter your New York State Household Credit, if any, from Form IT-201, line 40. . . . .</p> <p><b>c</b> New York State tax payable (subtract line b from line a). Enter this amount on Form IT-112-R, line 25 or Form IT-112-C, line 33. . . . .</p>	<table style="border-collapse: collapse; margin-left: auto; margin-right: auto;"> <tr> <td style="border: none; padding: 5px;"><b>a</b></td> <td style="border: none; padding: 5px; text-align: right;">2,924.</td> </tr> <tr> <td style="border: none; padding: 5px;"><b>b</b></td> <td style="border: none; padding: 5px;"></td> </tr> <tr> <td style="border: none; padding: 5px;"><b>c</b></td> <td style="border: none; padding: 5px; text-align: right;">2,924.</td> </tr> </table>	<b>a</b>	2,924.	<b>b</b>		<b>c</b>	2,924.
<b>a</b>	2,924.						
<b>b</b>							
<b>c</b>	2,924.						

**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . LOKESH  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . PADUCHURI  
 Social Security No. . . . . 161-41-0989  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of Birth . . . . . 06-26-1992  
 Age as of 1-1-2018 . . . . . 25  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . 574  
 Email Address . . . . . Lokeshui16@gmail.com  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_

Print phone number on main form . . . . .  Home  Taxpayer work  Spouse work

**Mailing Address**

Street Address . . . . . 132 E MARIE ST Apartment No. . . . . \_\_\_\_\_  
 City . . . . . Hicksville State . . . . . NY ZIP Code . . . . . 11801  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

**Permanent Home Address (if different from mailing address above)**

Street Address . . . . . \_\_\_\_\_ Apartment No. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP Code . . . . . \_\_\_\_\_  
*(Below should be used by New York nonresidents only)*  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

**New York County and School District Information**

County . . . . . Nassau  
 School District . . . . . Nassau-Hicksville School District Code . . . . . 273

**Part II – Main Form**

- Full-year resident: Form IT-201, Resident Income Tax Return . . . . . ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►

**Taxpayer Spouse**

If **only one spouse** has New York source income, check the box related to that spouse

**New York City and City of Yonkers Residency Information:**

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From: . . . . .	_____	_____	_____	_____
To: . . . . .	_____	_____	_____	_____
If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

**New York City Residents:**

- Did the taxpayer or spouse maintain living quarters in New York City during 2017?
- If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
  - Taxpayer **did not** live with their spouse at any time during the year
  - If both taxpayer and spouse itemized deductions on their federal tax return:
    - The spouse is itemizing deductions on their New York state tax return
    - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York City Accumulation Distribution Credit:

Taxpayer. . . \_\_\_\_\_ Spouse . . . . \_\_\_\_\_

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return . . . . . \_\_\_\_\_

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return . . . . . \_\_\_\_\_

Total Build America Bond (BAB) interest included on spouse's federal income tax return . . . . \_\_\_\_\_

Refundable Credits Paid in Advance:

**Yes No**

Did you receive a check from the NY Tax Department for the property tax relief credit?  
(do **not** include any STAR credit received here)

If Yes, enter the amount . . . . ► \_\_\_\_\_

Check received for STAR credit . . . . . ► \_\_\_\_\_

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? . . . . Yes  No

**Note:** Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

Go to separate New York City formset to file NYC-202 or NYC-202S.

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) . . . . Bank of America
Account Type . . . . . Checking [X] Savings [ ]
Personal or business account . . . . . Personal [X] Business [ ]
Routing number . . . . . 021000322 Confirm routing number . . . . 021000322
Account number . . . . . 483057534201 Confirm account number . . . 483057534201

Electronic funds withdrawal amount due with return information:

Enter settlement date to withdraw the return amount from the account above. . . . .
State balance-due amount from this 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.?

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Enter settlement date to withdraw the extension amount from the account above . . . . .
State balance-due amount paid with this extension Form IT-370 . . . . .

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 . . . . .

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[ ] [X] Tax return due date extended?
Extended due date . . . . .
[ ] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[ ] Extension accepted?
Extension filing date . . . . .
Extension acceptance date . . . . .

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[ ] Separately, considering only the income/adjustments of the New York City employee
[ ] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) . . . . . 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name . . . . .
Preparer PTIN or SSN . . . . . NYTPRIN . . . . . or NY exclusion code . . . . .
Street Address . . . . . Addr cont
City . . . . . State . . . . . ZIP Code . . . . .
Signature Date . . . . .
Firm Name . . . . . Firm EIN (if applicable) . . . . .

2-digit special condition code number:

[ ] Code A6 Build America Bond Interest – Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
\* Enter total BAB interest included on Form 1040A or Form 1040, line 8a . . . . .
\* Enter BAB interest entered above from NY state or local governments . . . . .

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
  - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
  - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

\_\_\_\_\_ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2017 tax return not listed above, enter your 2-digit special condition code number  
 \_\_\_\_\_ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

**Yes No**  
  May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Preparer is the third party designee  
 Designee's phone number . . . . . \_\_\_\_\_  
 Designee's name . . . . . \_\_\_\_\_  
 Designee's email address . . . . . \_\_\_\_\_  
 Personal identification number . . . . . \_\_\_\_\_

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9  
 The taxpayer qualified for a 90 day extension of time to pay their first 2017 estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) . . . . . \_\_\_\_\_

Long-term Residential Care Deduction ( IT-201 and IT-203 Filers):

**Yes No**  
  Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?  
  
  Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract . . . . .
- 2 Long-term care insurance deduction age limitation . . . . .

Taxpayer	Spouse
_____	_____
_____	_____

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation under P.L. 110-343:

**Yes No**  
  Were you required to report, under P.L. 110-343, Div. C, Section 801(d)(2), any nonqualified deferred compensation on your 2017 federal return?



### Smart Worksheets from your 2017 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201, IT-203, IT-214, NYC-208 and NYC-210

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2017 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree . . . . .

SMART WORKSHEET FOR: IT-112-R (VA): Resident Tax Credit

<b>Other State Tax Computation Smart Worksheet</b>					
Carefully review transferred nonresident state amounts and verify that the amounts are what New York requires to calculate the credit.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><b>A</b> Amount</th> <th style="width: 50%; text-align: center;"><b>B*</b> Amount if Different</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; border-top: 1px solid black;">2,885.</td> <td style="border-top: 1px solid black;"></td> </tr> </tbody> </table>	<b>A</b> Amount	<b>B*</b> Amount if Different	2,885.	
<b>A</b> Amount	<b>B*</b> Amount if Different				
2,885.					
<b>A</b> Amount of tax imposed by other state . . . . .					
* Use column B only if you need to modify any amount calculated by the program in column A.					

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

<b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b>	<b>Last Name</b>	<b>B Your Social Security Number</b>
LOKESH	PADUCHURI	161-41-0989
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>
132 E MARIE ST		
<b>City, State and Zip Code</b>		<b>Online Filed Return</b> <input type="checkbox"/>
HICKSVILLE NY 11801		

<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		58,585.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		58,585.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)		54,655.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)		2,885.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)		2,992.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)		
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)		107.

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2017 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2017 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2017 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
----------------	------	--	------

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	06-14-18 Date	SSN/PTIN 301017196
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
Address, City, State and Zip	06-14-18 Date	EIN P02090332
Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date	SSN/PTIN
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N
Address, City, State and Zip		301017196 EIN

# 2017 Virginia Nonresident Income Tax Return

Due May 1, 2018



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name <b>LOKESH</b>	MI	Last Name <b>PADUCHURI</b>	Suffix	Your Social Security Number <b>161-41-0989</b>	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only)	MI	Last Name	Suffix	Spouse's Social Security Number	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) <b>132 E MARIE ST</b>				Your Birth Date (mm-dd-yyyy) <b>06-26-1992</b>	
City, Town or Post Office <b>HICKSVILLE</b>		State <b>NY</b>	ZIP Code <b>11801</b>	Spouse's Birth Date (mm-dd-yyyy) <b>- -</b>	
State of Residence <b>NY</b>	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment or income source is located. <b>CAMPBELL</b>				Locality Code <b>031</b>
<input type="checkbox"/> City <b>OR</b> <input checked="" type="checkbox"/> County					

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Check if Result of NOL <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2016 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

- |   |   |   |
|---|---|---|
| 1 | } | 1 = Single. Federal head of household? YES <input type="checkbox"/> |
|   |   | 2 = Married, Filing Joint Return - both must have Virginia income   |
|   |   | 3 = Married, Spouse Has No Income From Any Source                   |
|   |   | 4 = Married, Filing Separate Returns                                |

If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 13.

You		Spouse if Filing Status 2 or 3		Dependents		<b>Total Section 1</b>	
1	+	0	+	0	=	1	X \$930 = <span style="border: 1px solid black; padding: 2px;">930</span>
You 65 or over		Spouse 65 or over		You Blind		Spouse Blind	
0	+	0	+	0	+	0	= <span style="border: 1px solid black; padding: 2px;">0</span> X \$800 = <span style="border: 1px solid black; padding: 2px;">0</span>

1 Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	58585	00
2 Additions from Schedule 763 ADJ, Line 3.....	2		00
3 <b>Add Lines 1 and 2.</b> .....	3	58585	00
4 Age Deduction (See instructions and the Age Deduction Worksheet). .....	4a		00
Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b.....	4b		00
5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6 State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7 Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8 <b>Add Lines 4a, 4b, 5, 6 and 7.</b> .....	8		00
9 <b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3.</b> .....	9	58585	00
10 Itemized Deductions. See instructions. ....	10		00
11 State and local income taxes claimed from federal Schedule A, if claiming itemized deductions. ....	11		00
12 If claiming itemized deductions subtract Line 11 from Line 10 or enter standard deduction amount. ....	12	3000	00
13 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above.....	13	930	00
14 Deductions from Schedule 763 ADJ, Line 9.....	14		00
15 <b>Add Lines 12, 13, and 14.</b> .....	15	3930	00
16 Virginia Taxable Income computed as a resident. Subtract Line 15 from Line 9.....	16	54655	00
17 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	17	100.0	%
18 Nonresident Taxable Income. (Multiply Line 16 by percentage on Line 17).....	18	54655	00
19 Income Tax from Tax Table or Tax Rate Schedule.....	19	2885	00

Va. Dept. of Taxation For Local Use  
2601044 Rev. 06/17

LTD

\$ \_\_\_\_\_

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XXXXXX



Your Name <b>LOKESH PADUCHURI</b>	Your SSN <b>161-41-0989</b>
--------------------------------------	--------------------------------

20a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099 and VK-1.	20a	2992	00
20b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099 and VK-1.	20b		00
21	2017 Estimated Tax Payments	21		00
22	2016 overpayment credited to 2017 estimated tax	22		00
23	Extension Payment - submitted using Form 7601P	23		00
24	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17	24		00
25	Total credits from Schedule OSC	25		00
26	Reserved for future use	26		
27	Credits from Schedule CR, Section 5, Line 1A	27		00
28	<b>Total payments and credits. Add Lines 20a through 27.</b>	28	2992	00
29	If Line 19 is larger than Line 28, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>	29		00
30	If Line 28 is larger than Line 19, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b>	30	107	00
31	Amount of overpayment on Line 30 to be CREDITED TO 2018 ESTIMATED INCOME TAX	31		00
32	Virginia College Savings Plan Contributions from Schedule VAC, Part I, Line 6	32		00
33	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	33		00
34	Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21	34		00
35	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Check here if no sales and use tax is due. <input checked="" type="checkbox"/>	35		00
36	Add Lines 31 through 35	36		00
37	If you owe tax on Line 29, add Lines 29 and 36 - <b>OR</b> - If you have an overpayment on Line 30 and Line 36 is larger than Line 30, enter the difference. <b>AMOUNT YOU OWE.</b> Enclose payment or pay at <b>www.tax.virginia.gov.</b> Check here if paying by credit or debit card - See instructions. <input type="checkbox"/>	37		00
38	If Line 30 is larger than Line 36, subtract Line 36 from Line 30. This is the amount to be <b>REFUNDED TO YOU.</b> If the Direct Deposit section below is not completed, your refund will be issued by check.	38	107	00

<b>DIRECT BANK DEPOSIT</b>	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only	0 2 1 0 0 0 3 2 2	4 8 3 0 5 7 5 3 4 2 0 1		
No International Deposits				

**Nonresident Allocation Percentage**

		A - All Sources	B - Virginia Sources
1. Wages, salaries, tips, etc.	1	60585 00	60585 00
2. Interest income	2	00	00
3. Dividends	3	00	00
4. Alimony received	4	00	00
5. Business income or loss	5	00	00
6. Capital gain or loss/capital gain distributions	6	00	00
7. Other gains or losses	7	00	00
8. Taxable pensions, annuities and IRA distributions	8	00	
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	00	00
10. Farm income or loss	10	00	00
11. Other income	11	00	00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1	12	00	
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3	13	00	00
14. TOTAL - Add Lines 1 through 13 and enter each column total here	14	60585 00	60585 00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 17	15		100.0 %

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Preparer's PTIN <b>P02090332</b>	Vendor Code <b>1555</b>
Preparer's Name <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	Firm's Name (or Yours if Self-Employed) <b>GLOBAL TAXES LLC</b>	Preparer's Phone Number <b>(678) 965-9729</b>	Filing Election Code <b>7</b>
			Office Use Only

**2017 Schedule INC/CG**

161410989

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



LOKESH

PADUCHURI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
161410989	W	2992.	263448664	30263448664F00	60585.

Total VA Withholding	SSN	VA Withholding
You	161410989	2992.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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

# Virginia Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . LOKESH  
 Last Name . . . . . PADUCHURI  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . 161-41-0989  
 Date of Birth . . . . . 06/26/1992  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No . . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date . . . . . \_\_\_\_\_  
 E-mail Address . . . . . Lokeshuil6@gmail.com  
 Daytime Phone . . . . . \_\_\_\_\_ \*   
 Home Phone . . . . . \_\_\_\_\_ \*

### Spouse:

First Name . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No. . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date. . . . . \_\_\_\_\_  
 E-mail Address . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \*

\* Check a box to print daytime and/or home phone numbers on the return.

**Important** - Clients may have received a Virginia Identity PIN from the Virginia Department of Revenue (See Part IV - Other Information below)

Address . . . . . 132 E MARIE ST Apartment Number . . . . . \_\_\_\_\_  
 City . . . . . Hicksville State . . . . . NY ZIP Code . . . . . 11801  
 Locality \* . . . . . Campbell City  County

\* Select a Virginia city or county you were a resident of on January 1, 2018.

If nonresident, select a city or county where the Virginia source income was located (see help).

## Part II – Main Form

- Form 760: Resident Tax Return . . . . . ▶
- Form 760PY: Part-Year Resident Tax Return . . . . . ▶
- Form 763: Nonresident Tax Return. . . . . ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld . . . . . Taxpayer ▶  
Spouse ▶

### Nonresident

• Enter state of residence . . . . . NY Taxpayer Spouse \_\_\_\_\_

### Part-Year Resident

- If you moved out of Virginia during 2017, enter date you moved out . . . . . \_\_\_\_\_
- If you moved into Virginia during 2017, enter date you moved in . . . . . \_\_\_\_\_
- Part-year residency ratio . . . . . \_\_\_\_\_

## Part III – Filing Status

### Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

### Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

### Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

### Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

## Part IV – Other Information

### Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at [www.tax.virginia.gov](http://www.tax.virginia.gov)
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

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

Sales & Use Tax Information

Yes No

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

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

Underpayment Penalty Information

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

Part V – Electronic Filing Information

New! State e-file disclosure consent:

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

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

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

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

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

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

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Do you want to pay the amount you owe by credit/debit card?

International ACH Transactions:

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

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

Name of Financial Institution (optional) Bank of America

Check the appropriate box:

- Checking
Savings
Routing number
Account number

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

Part VII – Paid Preparer Information

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

Yes No

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

Part VIII – Extension Status

Yes No

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

Extended due date

QuickZoom to Form 760-IP Automatic Extension Payment

**Part IX – Amended Return**

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

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

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



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name LOKESH PADUCHURI	Social Security Number 161-41-0989
--------------------------	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2 . . . . .		2,992.
10 State withholding on Forms W-2G . . . . .		
11 State withholding on Forms 1099-R . . . . .		
12 a State withholding on Forms 1099-MISC . . . . .		
b State withholding on Forms 1099-G . . . . .		
c State withholding on Forms 1099-INT . . . . .		
d State withholding on Forms 1099-K . . . . .		
13 a Withholding from Schedule VK-1 . . . . .		
b Other state tax withholding . . . . .		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here . . . . . ▶		
14 <b>Total income tax withheld.</b> . . . . .		2,992.
15 Date return will be filed and balance paid . . . . .		

# Smart Worksheets from your 2017 Virginia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form VA-8453: <i>Form W-2 (State copy)</i> _____ _____ _____
<b>D</b>	Documents to attach to the BACK of Form VA-8453: _____ _____ _____ _____
<b>E</b>	<b>Retain Form VA-8453 and all attachments for a period of three years. DO NOT MAIL TO STATE AUTHORITIES</b>