

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 RANJEET KUMAR BEHERA	Social security number 648-15-4627
Spouse's name SARITA KUMARI	Spouse's social security number 823-32-1224

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	116,091.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	8,918.
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	15,904.
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	6,986.
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 as my signature on my tax year 2017 electronically filed income tax return.

5	4	6	2	7
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

2	1	2	2	4
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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

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

See separate instructions.

Your first name and initial RANJEET KUMAR	Last name BEHERA	Your social security number 648-15-4627
If a joint return, spouse's first name and initial SARITA	Last name KUMARI	Spouse's social security number 823-32-1224
Home address (number and street). If you have a P.O. box, see instructions. 25711 FOUNTAIN PARK DR W		Apt. no. 306
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). NOVI MI 48375		▲ 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	

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
RAISA RANJEET	BEHERA	888-06-0535	Son	<input checked="" type="checkbox"/>
HRISHANT ADITYA	BEHERA	935-97-4066	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 2
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **4**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	112,811.
8a	Taxable interest. Attach Schedule B if required	8a	53.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	4,037.
b	Taxable amount	15b	4,037.
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	116,901.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	810.
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	810.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	116,091.

	38	Amount from line 37 (adjusted gross income)	38	116,091.
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes	39a	
		if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	39b	<input type="checkbox"/>
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	25,934.
	41	Subtract line 40 from line 38	41	90,157.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	73,957.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	10,164.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	10,164.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	1,650.
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
		55	Add lines 48 through 54. These are your total credits	55
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,514.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	404.
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	8,918.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	15,904.
	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC) NO	66a	
	b	Nontaxable combat pay election 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	15,904.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	6,986.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	6,986.
	b	Routing number 1 1 1 0 0 0 0 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number 5 8 6 0 3 3 2 6 2 8 4 7		
	77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions)	79	

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

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

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

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

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/04/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729	

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

RANJEET KUMAR BEHERA & SARITA KUMARI

648-15-4627

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		4,248.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	4,248.

Interest You Paid

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

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

Gifts to Charity

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

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

Casualty and Theft Losses

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

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	24,008.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	24,008.
25	Enter amount from Form 1040, line 38 25 116,091.		
26	Multiply line 25 by 2% (0.02)	26	2,322.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	21,686.

Other Miscellaneous Deductions

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

29	Is Form 1040, line 38, over \$156,900?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	25,934.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to www.irs.gov/Form5329 for instructions and the latest information.**

Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

RANJEET KUMAR BEHERA

Your social security number

648-15-4627

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	4,037.
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	4,037.
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57 <i>Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).</i>	4	404.

Part II Additional Tax on Certain Distributions From Education Accounts and ABLÉ Accounts. Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLÉ account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2017 than is allowable or you had an amount on line 17 of your 2016 Form 5329.

9	Enter your excess contributions from line 16 of your 2016 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2017 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2017 traditional IRA distributions included in income (see instructions)	11	
12	2017 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2017 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2017 than is allowable or you had an amount on line 25 of your 2016 Form 5329.

18	Enter your excess contributions from line 24 of your 2016 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2017 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2017 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2017 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2017 were more than is allowable or you had an amount on line 33 of your 2016 Form 5329.

26	Enter the excess contributions from line 32 of your 2016 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2017 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2017 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2017 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2017 than is allowable or you had an amount on line 41 of your 2016 Form 5329.

34	Enter the excess contributions from line 40 of your 2016 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2017 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2017 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2017 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2017 than is allowable or you had an amount on line 49 of your 2016 Form 5329.

42	Enter the excess contributions from line 48 of your 2016 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2017 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2017 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2017 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2017 (including 2017 contributions made in 2018). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	49	

Part VIII Additional Tax on Excess Contributions to an ABL Account. Complete this part if contributions to your ABL account for 2017 were more than is allowable.

50	Excess contributions for 2017 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABL account on December 31, 2017. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2017 (see instructions)	52	
53	Amount actually distributed to you in 2017	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	55	

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

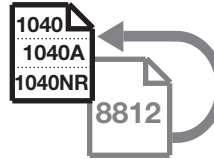
Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Your signature
  Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

RANJEET KUMAR BEHERA & SARITA KUMARI

Your social security number

648-15-4627

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers


1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.				
If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:				
1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).			1	1,650.
1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).				
1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).				
2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49			2	1,650.
3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit			3	0.
4a Earned income (see separate instructions)	4a			
b Nontaxable combat pay (see separate instructions)	4b			
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result			5	
6 Multiply the amount on line 5 by 15% (0.15) and enter the result			6	
Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.				

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next , enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	
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 Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.

Nondeductible IRAs

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form8606 for instructions and the latest information.

► Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

2017
Attachment
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

Your social security number
648-15-4627

RANJEET KUMAR BEHERA

**Fill in Your Address
Only if You Are
Filing This Form by
Itself and Not With
Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2017.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2017 **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions			1
2	Enter your total basis in traditional IRAs. See instructions			2
3	Add lines 1 and 2			3
	In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No —> Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		
		Yes —> Go to line 4.		
4	Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018			4
5	Subtract line 4 from line 3			5
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions	6		
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. Do not include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7		
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16	8		
9	Add lines 6, 7, and 8	9		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	×	
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11		
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12		
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions			13
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2017 and earlier years			14
15a	Subtract line 12 from line 7			15a
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 22, or 2017 Form 8915B, line 13, as applicable			15b
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b			15c
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.			

Part II 2017 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2017 (excluding any portion you recharacterized).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2017 or 2018 (see instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2017. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2017, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2017 Forms 8915A and 8915B	19	2,270.
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	2,270.
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	2,270.
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	2,270.
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 23, or 2017 Form 8915B, line 14, as applicable	25b	
c	Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b	25c	2,270.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature
 Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Paid Preparer's Due Diligence Checklist

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

2017

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return RANJEET KUMAR BEHERA & SARITA KUMARI	Taxpayer identification number 648-15-4627
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

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

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

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

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

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

Part V Credit Eligibility Certification

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

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

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

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

Your name RANJEET KUMAR BEHERA	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 648-15-4627
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You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	2,568.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	1,440.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	14,000.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,500.
5 Meals and entertainment expenses: \$ <u>9,000.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	4,500.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	24,008.

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

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business 4,800 **b** Commuting (see instructions) _____ **c** Other 200
- 9** Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a** Do you have evidence to support your deduction? **Yes** **No**
- b** If "Yes," is the evidence written? **Yes** **No**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3903 for the latest information.
▶ Attach to Form 1040 or Form 1040NR.

2017
Attachment
Sequence No. **170**

Name(s) shown on return

Your social security number

RANJEET KUMAR BEHERA & SARITA KUMARI

648-15-4627

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
 ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,810.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	3,801.
3 Add lines 1 and 2	3	5,611.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	4,801.
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	810.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

RANJEET KUMAR BEHERA & SARITA KUMARI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					116,901.
Adjustments to income					810.
Adjusted gross income					116,091.
Tax expense					4,248.
Interest expense . . .					
Contributions					
Miscellaneous deductions					21,686.
Other Itemized Deductions					
Total itemized/standard deduction . .					25,934.
Exemption amount . .					16,200.
Taxable income					73,957.
Tax					10,164.
Alternative min tax . .					
Total credits					1,650.
Other taxes					404.
Payments					15,904.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					6,986.
Effective tax rate % . .					7.33
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (RANJEET KUMAR BEHERA & SARITA KUMARI) and Social Security Number (648-15-4627)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and 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) 54627 Spouse's PIN (5 numbers) 21224 Date 03/03/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name BEHERA
 First name RANJEET KUMAR
 Middle initial _____ Suffix _____
 Social security no. 648-15-4627
 Occupation SOFTWARE ENGINEER
 Date of birth 02/18/1979 (mm/dd/yyyy)
 Age as of 1-1-2018 38
 Date of death _____
 Legally blind
 E-mail address RANJEET.BEHERA@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (918)457-8773
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) KUMARI
 First name SARITA
 Middle initial _____ Suffix _____
 Social security no. 823-32-1224
 Occupation Home Maker
 Date of birth 01/01/1986 (mm/dd/yyyy)
 Age as of 1-1-2018 32
 Date of death _____
 Legally blind
 E-mail address RANJEET.BEHERA@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (918)457-8773
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer cell phone (918)457-8773
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 25711 FOUNTAIN PARK DR W Apt no. 306
 City NOVI State MI ZIP code 48375

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.***
RAISA RANJEET BEHERA		888-06-0535 Son	05/02/2015	2	10		L	
HRISHANT ADITYA BEHERA		935-97-4066 Son	09/30/2010	7	10		L	

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RANJEET KUMAR BEHERA & SARITA KUMARI) and Social Security Number (648-15-4627)

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

- Options for Taxpayer and Spouse with a note: Alabama does not allow this option

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

- Options for Taxpayer and Spouse with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state, License number, Issue date, Expiration date, 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:

- Options for 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: RANJEET KUMAR BEHERA & SARITA KUMARI; Social Security Number: 648-15-4627

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 Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln, Cumming, GA 30041

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INFOSYS LIMITED		112,811.	15,727.	112,811.	4,248.
Totals		<u>112,811.</u>	<u>15,727.</u>	<u>112,811.</u>	<u>4,248.</u>

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	112,811.		112,811.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	15,727.		15,727.
3 & 7	Total social security wages/tips	112,811.		112,811.
4	Total social security tax withheld	6,994.		6,994.
5	Total Medicare wages and tips	112,811.		112,811.
6	Total Medicare tax withheld	1,636.		1,636.
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	10,933.		10,933.
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	10,933.		10,933.
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	112,811.		112,811.
17	Total state tax withheld	4,248.		4,248.
19	Total local tax withheld.			

Name as shown on return RANJEET KUMAR BEHERA	Social Security Number 648-15-4627
---	---------------------------------------

Employer EIN 58-1760235
Employer Name INFOSYS LIMITED
 Name (cont.) _____
Street Address or P. O. Box 6100 TENNYSON PKWY 200
City PLANO **State** TX **ZIP** 75024
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	112,811.	2 Federal tax withheld	15,727.
3 Social security wages	112,811.	4 Social sec tax withheld	6,994.
5 Medicare wages and tips	112,811.	6 Medicare tax withheld	1,636.
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	21.	A: Enter amount attributable to RRTA Tier 2 tax
P	4,801.	M: Enter amount attributable to RRTA Tier 2 tax
DD	6,111.	P: Double click to link to Form 3903, line 4 MICHIGAN
		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
MI	036000044148703	112,811.	4,248.
WI	036000044148703	0.	

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

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

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

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

Keep for your records

RANJEET KUMAR BEHERA

648-15-4627 Page 2

Employer Name INFOSYS LIMITED

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. 648-15-4627

First name M.I. Last name Suff.

RANJEET KUMAR BEHERA

Address City St ZIP code

25711 FOUNTAIN PARK DR W, Apt. 306 NOVI MI 48375

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2017

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Interest and Dividends Summary

2017

▶ Keep for your records

Name(s) Shown on Return

RANJEET KUMAR BEHERA & SARITA KUMARI

Social Security Number

648-15-4627

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . .				
2 From Schedule B, Part I. . . .	53.			
3 From Schedule B, Part II				
4 From K-1 Worksheets				
5 Exempt-int.divs (net of adj.) . .				
6 From Forms 6252				
7 From Forms 8814				
8 Subtotal	53.			
Less Adjustments:				
9 U.S. savings bond interest previously reported				
10 Nominee distribution				
11 OID adjustment				
12 ABP adjustment				
13 Accrued interest				
14 Other adjustment				
15 Series EE & I bond exclusion . .				
16 Total Adjustments				
17 Total to Schedule B, line 2 ▶	53.			
18 Total to Form 1040, line 8b ▶				
19 Total U.S. govt. interest . . ▶				
20 Total to Form 6251, line 12 ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B				
2 From K-1 Worksheets				
Subtotal				
Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶				
8 Total qualified dividends. . . ▶				
9 Total capital gains ▶				
10 Total nontaxable dividends . ▶				

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B				
Less Adjustments:				
2 Nominee distribution				
3 Other adjustment				
4 Total Adjustments				
5 Total to Schedule D ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B		
Less Adjustments:		
2 Nominee distribution		
3 Other adjustment		
4 Total Adjustments		
5 Total to Schedule D ▶		

▶ Keep for your records

Name(s) Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security No. 648-15-4627
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Worksheet Description COPY 1

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer): Check if Taxpayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's Federal ID number			
	Enter the abbreviation of State or Locality issuing this payment:			
10 a	State abbreviation	<u>MI</u>	<u> </u>	<u> </u>
	Locality abbreviation	<u> </u>	<u> </u>	<u> </u>
	Payer's name	State of MI		
1 a	Unemployment compensation	<u> </u>	<u> </u>	<u> </u>
2	Amount repaid	<u> </u>	<u> </u>	<u> </u>
3	State or local income tax refunds, credits, or offsets	<u>311.</u>	<u> </u>	<u> </u>
4	Box 2 amount is for tax year	<u>2016</u>	<u> </u>	<u> </u>
5	Federal income tax withheld	<u> </u>	<u> </u>	<u> </u>
6	RTAA payments	<u> </u>	<u> </u>	<u> </u>
7	Taxable grants	<u> </u>	<u> </u>	<u> </u>
7	Agriculture payments	<u> </u>	<u> </u>	<u> </u>
	(Double-click) to:			
a	Link to Schedule F Line 4a, 39a ▶	<u> </u>	<u> </u>	<u> </u>
b	Link to Schedule F Line 6a, 41 . ▶	<u> </u>	<u> </u>	<u> </u>
c	Link to Form 4835 Line 3a . . . ▶	<u> </u>	<u> </u>	<u> </u>
d	Link to Form 4835 Line 5a . . . ▶	<u> </u>	<u> </u>	<u> </u>
8	Check if the amount in box 2 applies to income from a trade or business. ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 ▶	<u> </u>	<u> </u>	<u> </u>
b	Link to Schedule F line 8b, 43b . ▶	<u> </u>	<u> </u>	<u> </u>
	Enter the taxable portion of the amount in box 2 to be reported	<u> </u>	<u> </u>	<u> </u>
9	Market gain	<u> </u>	<u> </u>	<u> </u>
a	Link to Schedule F Line 4a, 39a ▶	<u> </u>	<u> </u>	<u> </u>
b	Link to Form 4835 Line 3a . . . ▶	<u> </u>	<u> </u>	<u> </u>
10 b	State identification no	<u> </u>	<u> </u>	<u> </u>
11	State income tax withheld	<u> </u>	<u> </u>	<u> </u>
12 a	Locality name.	<u> </u>	<u> </u>	<u> </u>
13	Local Income Tax Withheld	<u> </u>	<u> </u>	<u> </u>

Form 1099-R Summary

2017

► Keep for your records

Name(s) Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security No. 648-15-4627
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Payer	SP	Gross	Taxable	Federal Tax	State Tax	IRA
PRINCIPAL BANK		2,270.				
PRINCIPAL BANK		1,767.		177.		X

Traditional IRA Distributions

		Description	Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . .	1,767.	
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions	1,767.	
	a	Gross distribution transferred to Form 8915A/B, 2(a) . .		
	b	Qualified disaster distributions		
	c	Less: Amount rolled over		
d	Gross distribution transferred to Form 8915A/B, 2(b) . .			
e	Qualified disaster home repayment distribution			
f	Less: Amount rolled over			
g	Gross distribution transferred to Form 8915B, line 21 . .			
3	Amount of line 2 converted to a Roth IRA			
a	Less: Amount recharacterized			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA	1,767.		
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA	1,767.	
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 15b	1,767.	
11	If checked, taxable amount calculated on Form 8606 . .	<input type="checkbox"/>	<input type="checkbox"/>	

Roth IRA Distributions

Gross	12	Total gross distributions from box 1 of Form 1099-R . .	2,270.	
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified home repayment distribution		
	f	Qualified disaster distribution		
13	Roth IRA distributions subject to distribution rules	2,270.		
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
c	Less: Other inherited Roth IRA amount			
15	Qualified distributions subject to distribution rules			
Taxable	16	Net nonqualified distributions for Form 8606	2,270.	
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c		
	19	Taxable earnings on nonqualified distributions	2,270.	
	20	Taxable amount included on Form 1040, line 15b	2,270.	

IRA Qualified Disaster Distributions From Form 8915A and 8915B

Taxable	20 a	Qualified distributions on Form 1040, line 15b		
	b	Home repayment distributions on Form 1040, line 15b . .		

Recharacterizations (See Help)

Gross	21 a	2017 form code N (included on Form 1040, line 15a) . .		
	21 b	2018 form code R (not included on 1040, line 15a) . . .		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 16		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	a	Less: Amount recharacterized		
	b	Net amount of line 23 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 16a		
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915A/B, 1(a)		
	d	Qualified disaster distribution		
	e	Less: Amount rolled over		
f	Gross distribution transferred to Form 8915A/B, 1(b)			
g	Qualified disaster home repayment distribution			
h	Less: Amount rolled over			
i	Gross distribution transferred to Form 8915B			
Taxable	26	Taxable amount in box 2a, Form 1099-R		
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Form 8915A/B		
	f	Qualified disaster home repayment distribution		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 7		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions		
	b	Taxable distributions from Canada RRP Wks, line 7b		
c	Taxable disaster distributions from Form 8915A/B			
d	Taxable disaster home repayments from Form 8915B			
e	Taxable amount transferred to Form 1040, line 16b			
Section 1035 Tax-free Exchange				
Pensions IRAs	33	Total gross distributions from box 1 of Form 1099-R		
	34	Total gross distributions from box 1 of Form 1099-R		
Distributions on 2017 1099-Rs Not Reported on the 2017 Return				
Code P Code R	35	Distribution reported on 2016 tax return		
	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		
Tax Withholding				
Box 4 Box 10 Box 13	37	Total federal tax withheld	177.	
	38	Total state tax withheld		
	39	Total local tax withheld		
Nontaxable Distributions for Sales Tax Deduction				
	40	Nontaxable IRA distributions	0.	
	41	Nontaxable pension distributions		
Health Insurance Premiums				
	42	Health insurance deductible on Schedule A		
Taxable Distributions included in Net Investment Income				
	43	Annuity payments and other distributions that may be subject to the net investment income tax		

Name: RANJEET KUMAR BEHERA
Social Security Number: 648-15-4627

Check Applicable Box: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []

Payer Federal ID: 42-1466678
Payer Name: PRINCIPAL BANK
Street Address or P. O. Box: PO BOX 9351
City: DES MOINES State: IA ZIP: 50306-9351

If Spouse's 1099-R, check this box [] Do not transfer this 1099-R to next year []

This section is for RRB-1099-R use only

1 Gross distribution 2,270
2a Taxable amount (See Help)
3 Capital gain
5 Contributns/Desig Roth/Insur
7 Distribution code(s) J IRA/SEP/SIMPLE Roth IRA

12 -1 State tax withheld
13 -1 State MI Payer's state No. 42-1466678
14 -1 State distribution
I confirm that the state withholding identification number(s) are accurate []

15 -1 Local tax withheld
16 -1 Name of locality
17 -1 Local distribution

Check if NOT from a qualified retirement plan or IRA []
If box 7 code is J or T, check if a qualified Roth IRA distribution []
If box 7 code is J, enter amount used for first time home purchase []

Rollovers Enter rollovers, conversions and recharacterizations on lines B and C on page 2.

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own []
Recipient, but was originally inherited from a spouse []
Spouse and not treat as recipient's own []
Someone other than a spouse []

Insurance Amount of insurance premiums deductible on Schedule A []
Amount of health savings account (HSA) funding distributions []
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution []

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization []

RMD If this is a Required Minimum Distribution (RMD) (See Help),
Entire gross is RMD [] or the amount of gross distbn that is RMD []

8 Other %
9a Percentage of total distribution
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
Account number 00009391871701
FATCA filing requirement []

12 -2 State tax withheld
13 -2 State Payer's state No.
14 -2 State distribution
15 -2 Local tax withheld
16 -2 Name of locality
17 -2 Local distribution

Recipient information: Correct to match recipient information on Form 1099-R

Recipient's name: RANJEET KUMAR BEHERA
Recipient's federal ID: 648-15-4627
Address: 25711 FOUNTAIN PARK DR W, Apt. 306
City: NOVI St: MI ZIP code: 48375
Province/County: Foreign Country: Postal Code:

Name: RANJEET KUMAR BEHERA
Social Security Number: 648-15-4627

Check Applicable Box: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []

Payer Federal ID: 42-1466678
Payer Name: PRINCIPAL BANK
Street Address or P. O. Box: PO BOX 9351
City: DES MOINES State: IA ZIP: 50306-9351

If Spouse's 1099-R, check this box [] Do not transfer this 1099-R to next year []

This section is for RRB-1099-R use only

1 Gross distribution 1,767
2a Taxable amount (See Help)
3 Capital gain
5 Contributns/Desig Roth/Insur
7 Distribution code(s) 1 IRA/SEP/SIMPLE [X] Roth IRA []

12 -1 State tax withheld
13 -1 State MI Payer's state No. 42-1466678
14 -1 State distribution
I confirm that the state withholding identification number(s) are accurate []

15 -1 Local tax withheld
16 -1 Name of locality
17 -1 Local distribution

Check if NOT from a qualified retirement plan or IRA (see Help) []
If box 7 code is J or T, check if a qualified Roth IRA distribution (see Help) []
If box 7 code is J, enter amount used for first time home purchase []

Rollovers Enter rollovers, conversions and recharacterizations on lines B and C on page 2.

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) []
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) []
Spouse and not treat as recipient's own (taxable amount must be in box 2a) []
Someone other than a spouse (taxable amount must be in box 2a) []

Insurance Amount of insurance premiums deductible on Schedule A []
Amount of health savings account (HSA) funding distributions []
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution []

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization []

RMD If this is a Required Minimum Distribution (RMD) (See Help),
Entire gross is RMD [] or the amount of gross distbn that is RMD []

8 Other %
9a Percentage of total distribution
9b Total employee contributions
10 Amount allocable to IRR within 5 years
11 1st year of desig. Roth contrib.
Account number 00009391871501
FATCA filing requirement []

12 -2 State tax withheld
13 -2 State Payer's state No.
14 -2 State distribution
15 -2 Local tax withheld
16 -2 Name of locality
17 -2 Local distribution

Recipient information: Correct to match recipient information on Form 1099-R

Recipient's name: RANJEET KUMAR BEHERA
Recipient's federal ID: 648-15-4627
Address: 25711 FOUNTAIN PARK DR W, Apt. 306
City: NOVI St: MI ZIP code: 48375
Foreign: Province/County Postal Code Foreign Country

Name as Shown on Return
RANJEET KUMAR BEHERA & SARITA KUMARI

Social Security No.
648-15-4627

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

Part 1

1	Number of qualifying children: 2 X \$1,000. Enter the result	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	116,091.
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total	4	116,091.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$110,000 Single, head of household, or qualifying widow(er) — \$75,000 Married filing separately — \$55,000 	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	7,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	350.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	1,650.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	10,164.
10	Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result.	12	10,164.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	1,650.

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

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
 - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

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

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above.	1	
2	Enter earned income from the Earned Income Worksheet that applies to you	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	8,630.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Enter the larger of line 4 or line 10	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 Then, go to line 13.		
13	Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet	14	
15	Add lines 13 and 14. Enter the total	15	

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

Note: Railroad Employees

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			15,727.	4,248.	
11	Forms W-2G					
12	Forms 1099-R			177.		
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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			15,904.	4,248.	
20	Total Tax Payments for 2017			15,904.	4,248.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	112,811.	_____	112,811.
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	112,811.	_____	112,811.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	112,811.	_____	112,811.
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	112,811.	_____	112,811.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	112,811.	_____	112,811.
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.	112,811.	_____	112,811.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	112,811.	_____	112,811.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	112,811.	_____	112,811.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		25,934.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		116,091.
6	Tax liability for Form 2210 or Form 2210-F		8,918.
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
RANJEET KUMAR BEHERA & SARITA KUMARI

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

Wages and salaries	112,811.
Interest and dividend income	53.
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	4,037.
Total Gross Income	116,901.

Adjustments to Income 810.

Adjusted Gross Income (Last year's AGI) _____ 116,091.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	4,248.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	21,686.
Phaseout of itemized deductions	_____
Total Itemized Deductions	25,934.
Standard deduction	_____
Exemption amount	16,200.

Taxable Income 73,957.

Income tax	10,164.
Alternative minimum tax	_____
Total Taxes before Credits	10,164.
Nonbusiness credits	1,650.
Business credits	_____
Total Credits	1,650.
Self-employment tax	_____
Other taxes	404.

Total Tax 8,918.

Withholding	15,904.
Estimated tax payments	_____
Other payments	_____
Total Payments	15,904.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 6,986.

Refund 6,986.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	7.33 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>10,164.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>10,164.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

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

A	Income from Form 1040, line 38	116,091.
B	Nontaxable income entered elsewhere on return	0.
C	Available income: 2016 refundable credits in excess of tax	0.
D	Enter any additional nontaxable income	
E	Total available income for sales taxes	116,091.
F	Sales tax table information:	

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

QuickZoom to Misc Global Options to enter default locality ▶ _____

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

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MI	01/01/17	12/31/17	6.0000	6.0000	0.0000	1,021.	0.	1,021.

	Total general sales taxes from table	1,021.
H	Enter additions to table amount (motor vehicle, boat)	
I	Total sales taxes from table plus additions to table amount	1,021.
J	Enter actual sales taxes paid (in lieu of table amount)	
K	Total income taxes paid	4,248.

SMART WORKSHEET FOR: Form 5329: Additional Tax on Retirement Distributions (Taxpayer)

Early Distributions Included in Gross Income Smart Worksheet		
Complete column B for distributions from SIMPLE plans in first 2 years. Complete column A for all other distributions, including distributions from SIMPLE plans after first 2 years.		
	Column A Non SIMPLE Distributions	Column B SIMPLE Distributions
A Qualified retirement plans (including IRAs) with code '1' on Form 1099-R reduced by rollovers, Roth conversions, and nontaxable part of IRA distributions	1,767.	
B SIMPLE plan distributions with a code 'S' on Form 1099-R reduced by rollovers, Roth conversions, and nontaxable part of distributions		
C Prohibited transaction with code '5' on Form 1099-R If this distribution is from a SIMPLE plan, see <i>Help</i>		
D Other early distributions (Form 1099-R does not show a code '1', '5' or 'S')		
E Less qualified disaster distributions.		
F Roth IRA distributions (less qualified disaster distributions)	2,270.	
G Total.	4,037.	

SMART WORKSHEET FOR: Form 5329: Additional Tax on Retirement Distributions (Taxpayer)

Line 3 Smart Worksheet	
A Amount subject to the 10% additional tax	4,037.
B Amount subject to the 25% additional tax	_____

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

Paid Preparer Smart Worksheet	
<p>If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)</p>	
A Enter paid preparer code from Firm/Preparer Info.	1 _____

SMART WORKSHEET FOR: Form 3903 (MICHIGAN): Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move . . . MICHIGAN

B Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form 4,801.

C Other allowance or reimbursements not on Form W-2 _____

D Enter the number of miles from your **old home** to your **new workplace** 550 miles

E Enter the number of miles from your **old home** to your **old workplace** 50 miles

F Subtract line E from line D. If zero or less, enter -0- 500 miles

Is line F at least 50 miles?

Yes ▶ You meet this test.

No ▶ You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.

G For **foreign** moves check here **only** if **all** the following apply ▶

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to foreign move _____
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 (MICHIGAN): Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

A Travel and lodging expenses for this move (excluding auto expenses) 3,801.

B Parking fees and tolls _____

C Gasoline and oil _____

D Miles driven traveling to new home _____

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	6,994.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,636.
C Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7)	0.
D Add line A, B, and C	8,630.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	8,630.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____	_____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N.	_____
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017)	_____
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017)	_____
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J	_____
O Add line L, M, and N	_____
Line 6 Amount	
P Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____	8,630.

Instructions for Form MI-1040-V

2017 Michigan Individual Income Tax e-file Payment Voucher

Payment can be made using Michigan's e-Payments service by direct debit (e-Check) from your checking or savings account, or by using a credit or debit card. You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider. Visit www.michigan.gov/iit for more information. When making your payment electronically, you do not need to mail Form MI-1040-V to Treasury.

Important Information

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this voucher to make any other payments to the State of Michigan.

Do not use the MI-1040-V to pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 17, 2018. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your e-filed MI-1040, do not file this form.

Mailing Instructions

- Make your check payable to the **"State of Michigan."** Print **"2017 MI-1040-V"** and the last four digits of the your **Social Security number** on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check. For accurate processing of your payment, do not combine this payment with any other payments (such as the City of Detroit) to the State of Michigan.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you choose to make your payment electronically, using e-Payments or through your e-file software provider using direct debit, you do not need to mail Form MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/iit for additional information.

Mail this form with payment for your e-file return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 04-17)

2017 MICHIGAN Individual Income Tax e-file Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 11/13/17 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) RANJEET KUMAR BEHERA SARITA KUMARI 25711 FOUNTAIN PARK DR W APT 306 NOVI MI 48375	Filer's Full Social Security Number 648-15-4627	Spouse's Full Social Security Number 823-32-1224
WRITE PAYMENT AMOUNT HERE ➡ \$		6 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2017 MI-1040-V" on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

66697269 02 2017 823321224 648154627 2

2017 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 17, 2018.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name RANJEET KUMAR	M.I.	Last Name BEHERA	2. Filer's Full Social Security No. (Example: 123-45-6789) 648 — 15 — 4627
If a Joint Return, Spouse's First Name SARITA	M.I.	Last Name KUMARI	3. Spouse's Full Social Security No. (Example: 123-45-6789) 823 — 32 — 1224
Home Address (Number, Street, or P.O. Box) 25711 FOUNTAIN PARK DR W, APT. 306			4. School District Code (5 digits – see page 60) 30050
City or Town NOVI	State MI	ZIP Code 48375	

<p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2017 FILING STATUS. Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input checked="" type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> <p>* If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>	<p>8. 2017 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	4	x	\$4,000	9a.	16000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$2,600	9b.		00
c. Number of qualified disabled veterans	9c.		x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.				9e.	16000	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.				10.	116091	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.				11.		00
12. Total. Add lines 10 and 11	12.				12.	116091	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.				13.	0	00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.				14.	116091	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.				15.	16000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.				16.	100091	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.				17.	4254	00

NON-REFUNDABLE CREDITS

		AMOUNT		CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00	18b.	00
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.	00	19b.	00
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.		20.	4254 00

Filer's Full Social Security Number

648 — 15 — 4627

21. Enter amount of Income Tax from line 20.....	21.	4254	00
22. Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	4254	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2.....	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5.....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	4248	00
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00
31. 2017 AMENDED RETURNS ONLY. Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .	31c.		00
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	4248	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and penalty <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	33.		6	00
YOU OWE				
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.			00
35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.			00
36. Subtract line 35 from line 34.....	36.			00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2016, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	— —	Spouse	— —
-------	-----	--------	-----

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02090332

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
APPANA RUPA VENKATA SATYA SAI
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
646-727-7157

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2017 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name RANJEET KUMAR	M.I.	Last Name BEHERA	2. Filer's Full Social Security No. (Example: 123-45-6789) 648 — 15 — 4627
If a Joint Return, Spouse's First Name SARITA	M.I.	Last Name KUMARI	3. Spouse's Full Social Security No. (Example: 123-45-6789) 823 — 32 — 1224

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		58-1760235	INFOSYS LIMITED	112811	00	4248	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	4248 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00

Michigan Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name BEHERA
 First Name RANJEET KUMAR
 Middle Initial _____ Suffix _____
 Social Security No. 648-15-4627
 Date of Birth 02/18/1979 (mm/dd/yyyy)
 Age as of 12/31/2017 38
 Date of death _____
 Occupation SOFTWARE ENGINEER
 Work Phone _____
 Home Phone _____

Spouse:

Last Name KUMARI
 First Name SARITA
 Middle Initial _____ Suffix _____
 Social Security No. 823-32-1224
 Date of Birth 01/01/1986 (mm/dd/yyyy)
 Age as of 12/31/2017 31
 Date of death _____
 Occupation Home Maker
 Work Phone _____

Print phone number on city returns Home TP work Spouse work

c/o Name _____
 Address 25711 FOUNTAIN PARK DR W Apt No. 306
 City NOVI State . . MI ZIP Code 48375
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 30050

Part II – Main Form

<p>Taxpayer</p> <input checked="" type="checkbox"/>	<p>Spouse (if different)</p> <input checked="" type="checkbox"/>	Form MI-1040: Full-Year Resident ▶ _____ Form MI-1040: Nonresident ▶ _____ Form MI-1040: Part-Year Resident ▶ _____ Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____ Taxpayer residency dates From _____ To _____ Spouse residency dates From _____ To _____
--	---	---

City Resident Status (complete if filing a city income tax return):

Detroit	Full-year resident	Nonresident	Part-year resident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

Other cities:

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion • Battle Creek • Big Rapids • Flint • Grand Rapids • Grayling
- Hamtramck • Highland Park • Ionia • Jackson • Lansing • Lapeer
- Muskegon • Muskegon Heights • Pontiac • Portland • Saginaw • Springfield
- Walker

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2017 Michigan tax return
RAISA RANJEET BEHERA	Son	2	<input type="checkbox"/>	—	<input type="checkbox"/>
HRISHANT ADITYA BEHERA	Son	7	<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	—	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet ▶ _____

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

Description	Filename

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) _____

TP's Prior Year Refund or Tax Due Amount (See Help) _____

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) _____

Spouse's Prior Year Refund or Tax Due Amount (See Help) _____

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) _____

TP's Prior Year Refund or Tax Due Amount (See Help) _____

Spouse's Prior Year Adjusted Gross Income (See Help) _____

Spouse's Prior Year Refund or Tax Due Amount (See Help) _____

EF Status Dates:

Date return was EFiled _____

Date return was accepted by state _____

Date Form MI-1040-V was given to client _____

QuickZoom to Form MI-8453 Additional Information Smart Worksheet ▶ _____

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund on an amended return.

State Information:

- Yes No
- Use direct deposit for any state tax refund
 - Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

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

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

Enter the payment date to withdraw from the account below _____

Bank Information (State and City):

For any of the above options, fill out information below:
For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . . BANK OF AMERICA

Account type . . . Checking Savings

Routing number 111000025

Account number 586033262847

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 VIII – Additional Return Information

Exemptions:

Taxpayer

Spouse

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

- Use federal Form 1310 in place of Form MI-1310
- Personal Representative
- Claimant

First Name . . . _____ Middle Initial . . . _____ Last Name . . . _____
Address _____
City _____ State . . . _____ ZIP Code . _____

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No

- Does TP want \$3 to go to State Campaign Fund?
- Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1 _____

QuickZoom to Firm/Preparer Info ► _____

If not signing as preparer, have following printed instead of firm information:

- self-prepared or
- prepared by a non-paid preparer

Third Party Designee (See Help):

Yes No

- TP authorizes Michigan Department of Treasury to discuss return with preparer (MI-1040 and Detroit returns only)?
- TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
- Preparer is third party designee (CF-1040 only)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) _____
Designee's phone number (other than preparer) _____
Personal identification number _____

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 4: Application for extension to file tax returns ► _____

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns ► _____

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns ► _____

Detroit City Extensions:

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file Detroit city tax return ► _____

Spouse, if Yes No

different Tax return due date extended?

residency Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file spouse's **Detroit city** tax return ▶ _____

QuickZoom to Form MI-1040: Individual Income Tax Return ▶ _____

Total Household Resources Worksheet

2017

▶ Keep for your records

Name as Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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Household Income Computation (for full year and part-year residents)

Full year residents: Complete column A only. Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ▶ _____	Column A Total Amount	Column B Received during Michigan residency
1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1	112,811.	
Interest and dividends:		
2 a Taxable interest and dividend income	53.	
less: interest and dividend income from Schedules K-1		
b Nontaxable interest		
Interest and dividends (including nontaxable interest) ▶ 2	53.	
Net business and farm income:		
3 a U.S. Schedule C income or loss		
b Net farm income or loss		
c Other gains or losses		
d Income from Schedules K-1		
Net business and farm income ▶ 3		
Net royalty and rent income:		
4 U.S. Schedule E income (if negative, enter 0) ▶ 4		
Retirement pension and annuity benefits:		
5 a Pension and IRA distributions	4,037.	
b Lump-sum distribution		
Name of payer: <u>PRINCIPAL BANK</u>		
Retirement pension and annuity benefits ▶ 5	4,037.	
Capital gains or (losses):		
6 a Capital gains less capital losses		
b Excluded gain on sale of residence		
Combine lines 6a and 6b ▶ 6		
Alimony and other taxable income:		
7 a Gambling/lottery winnings		
b Prizes and awards from Form 1099-MISC		
c Combine lines 7a and 7b		
d Line 7c minus \$300		
e Other income from Form 1099-MISC		
f Alimony received		
g Other taxable income		
h Combine lines 7d through 7g		
less: prior year Michigan Property Tax Credit (see tax help)		
Total. Describe: _____ ▶ 7		
Social security, SSI and railroad retirement benefits:		
8 a Social security or railroad retirement benefits		
b Less deductions for medicare premiums		
c Supplemental security income		
d Death benefits and amounts received for minor children or other dependent adults who live with you		
Combine lines 8a through 8d ▶ 8		
9 Child support and foster parent payments ▶ 9		
10 Unemployment compensation ▶ 10		
11 Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 ▶ 11		

Other nontaxable income:			
12 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer.		
d	Minister's housing allowance		
e	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification		
f	Adoption subsidies.		
g	Combat pay from W-2, box 12 code Q.		
h	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution.		
i	Reimbursement from dependent care and/or medical care spending accounts.		
j	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049		
k	Other (see Tax Help). Enter description:		
	Total. Describe: ▶ 12		
13	Workers' compensation, veterans' disability compensation ▶ 13		
14	FIP and other MDHHS benefits. ▶ 14		
15	Subtotal. Add lines 1 through 14. ▶ 15	116,901.	
Adjustments:			
16 a	IRA deduction		
b	Moving expenses	810.	
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal.		
g	Alimony paid		
h	Student loan interest deduction.		
i	Health savings account deduction		
j	Net operating loss deduction: (1) Federal net operating loss deduction. (2) Federal modified taxable income (see Help). (3) Enter the smaller of (1) or (2). If less than zero, enter -0-.		
k	Educator expenses		
l	Tuition and fees deduction		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
n	Domestic production activities deduction		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
16	Total adjustments. Describe: <u>Moving expenses</u> ▶ 16	810.	
17 a	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only).		
b	Automobile insurance premiums (medical care portion only)		
17	Total medical insurance (line 17a plus line 17b) ▶ 17		
18	Add lines 16 and 17 ▶ 18	810.	
19	Total Household Resources. Subtract line 18 from line 15. ▶ 19	116,091.	

QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) ▶ _____
QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ▶ _____
QuickZoom to Form MI-1040CR7 (Home Heating Credit) ▶ _____

Pension Deduction Worksheet

2017

▶ Keep for your records

Name as Shown on Return RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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* T y p e	** 4 5 7	*** D e c e a s e d	If Roth conversion		**** T S	1 0 9 9 R C o d e	Payer/Description	Federal Amount	Michigan amount (Part-year residents only)
			Date of conversion from Regular to Roth IRA (mm/dd/yy)	Age 59-1/2 or older as of conversion date Yes No			Payer/EIN		
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T	J	PRINCIPAL BANK 42-1466678	2,270.	
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T	1	PRINCIPAL BANK 42-1466678	1,767.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

a Deceased Spouse Name **b** Deceased Spouse Social Security Number **c** Deceased Spouse Year of Birth (ex. 19XX)

<p>* Enter pension type: M – Military R – Railroad G – Government or Public P – Private (including IRAs) C – 2017 Roth IRA conversion N – Other distributions (subject to Michigan income tax)</p>	<p>** Check if Distribution is from a 457 plan (subject to Michigan income tax) (Automatically changes pension type to "N")</p>	<p>*** Check if Distribution was received from a deceased spouse who died prior to 2017</p>	<p>**** Enter pension ownership: T – Taxpayer S – Spouse</p>
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QuickZoom to Form 4884 _____

QuickZoom to Form 4973 _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name RANJEET KUMAR BEHERA & SARITA KUMARI	Social Security Number 648-15-4627
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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	4,248.
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	4,248.
15	Date return will be filed and balance paid	15	