

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 NARMADHA PALANI	Social security number 737-82-7332
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	62,845.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	6,358.
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	7,849.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,491.
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

2	7	3	3	2
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8					
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and initial: **NARMADHA** Last name: **PALANI** Your social security number: **737-82-7332**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **5421 N EAST RIVER ROAD** Apt. no. **1119**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CHICAGO IL 60656**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

▲ Make sure the SSN(s) above and on line 6c are correct.

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. You Spouse

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:

(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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above ▶ **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **62,845.**

8a **Taxable** interest. Attach Schedule B if required **8a**

b **Tax-exempt** interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **b Taxable amount** **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ **22** **62,845.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **b Recipient's SSN** ▶ _____ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ **37** **62,845.**

38	Amount from line 37 (adjusted gross income)	38	62,845.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,316.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	46,529.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	42,479.
Head of household, \$9,350	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	6,358.
	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	6,358.
	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	
	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	6,358.
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	
	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	6,358.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	7,849.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> 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	7,849.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,491.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	1,491.
Direct deposit? See instructions.	b Routing number 071000013 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 835356820		
	77 Amount of line 75 you want applied to your 2018 estimated tax ▶ 77	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	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 06/01/2018	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

NARMADHA PALANI

737-82-7332

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		2,573.
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	2,573.

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	15,000.
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	15,000.
25	Enter amount from Form 1040, line 38 25 62,845.		
26	Multiply line 25 by 2% (0.02)	26	1,257.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	13,743.

Other Miscellaneous Deductions

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

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		16,316.
	<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		

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.**

2017
Attachment
Sequence No. **129A**

Your name NARMADHA PALANI	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 737-82-7332
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You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	3,000.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	8,400.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,200.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	15,000.

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

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

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

NARMADHA PALANI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					62,845.
Adjustments to income					
Adjusted gross income					62,845.
Tax expense					2,573.
Interest expense . . .					
Contributions					
Miscellaneous deductions					13,743.
Other Itemized Deductions					
Total itemized/standard deduction . .					16,316.
Exemption amount . .					4,050.
Taxable income					42,479.
Tax					6,358.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					7,849.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,491.
Effective tax rate % . .					10.12
**Tax bracket %					25.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (NARMADHA PALANI) and Social Security Number (737-82-7332)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 27332 Spouse's PIN (5 numbers) Date 03/13/2018

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 PALANI
 First name NARMADHA
 Middle initial _____ Suffix _____
 Social security no. 737-82-7332
 Occupation SOFTWARE ENGINEER
 Date of birth 10/03/1990 (mm/dd/yyyy)
 Age as of 1-1-2018 27
 Date of death _____
 Legally blind
 E-mail address NARMADHA.N29@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (312) 282-7609
 Home phone _____
 Fax number _____

Spouse:

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

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (312) 282-7609
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 5421 N EAST RIVER ROAD Apt no. 1119
 City CHICAGO State IL ZIP code 60656

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (NARMADHA PALANI) and Social Security Number (737-82-7332)

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

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

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

- Spouse
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:

- 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: NARMADHA PALANI; Social Security Number: 737-82-7332

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; City: Cumming, State: GA, ZIP Code: 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; City: Cumming, State: GA, ZIP Code: 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 (checkboxes)

Amended Returns

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

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

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

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

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

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

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

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

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

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

Table with 3 columns: These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es), Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, Form 8864.

► Keep for your records

Name(s) Shown on Return NARMADHA PALANI	Social Security Number 737-82-7332
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ACCENTURE LLP		62,845.	7,849.	62,845.	2,573.
Totals		62,845.	7,849.	62,845.	2,573.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	62,845.		62,845.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	7,849.		7,849.
3 & 7	Total social security wages/tips	62,845.		62,845.
4	Total social security tax withheld	3,896.		3,896.
5	Total Medicare wages and tips	62,845.		62,845.
6	Total Medicare tax withheld	911.		911.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	6,084.		6,084.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .	1,923.		1,923.
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	4,161.		4,161.
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	62,845.		62,845.
17	Total state tax withheld	2,573.		2,573.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return NARMADHA PALANI	Social Security Number 737-82-7332
--	---------------------------------------

Employer EIN 72-0542904
Employer Name ACENTURE LLP
 Name (cont.) _____
Street Address or P. O. Box SUITE 100 6415 BABCOCK ROAD
City SAN ANTONIO **State** TX **ZIP** 78249
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	62,845.	2 Federal tax withheld	7,849.
3 Social security wages	62,845.	4 Social sec tax withheld	3,896.
5 Medicare wages and tips	62,845.	6 Medicare tax withheld	911.
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	8.	A: Enter amount attributable to RRTA Tier 2 tax
AA	1,923.	M: Enter amount attributable to RRTA Tier 2 tax
DD	4,153.	P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL	7205429040018	62,845.	2,573.

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

NARMADHA PALANI

737-82-7332 Page 2

Employer Name ACCENTURE LLP

Part I Statutory employees

A	<input type="checkbox"/> Box 13a. Statutory employee		
B	<input type="checkbox"/> Deducting expenses in connection with this income		
C	<input type="checkbox"/> If deducting expenses, double click to link to Schedule C	C	

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

Clergy only:			
D	<input type="checkbox"/> Designated housing or parsonage allowance	D	
E	<input type="checkbox"/> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value	E	
F	If no FICA was withheld , check the applicable box below		
1	<input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only		
2	<input type="checkbox"/> Pay self-employment tax on W-2 income only		
3	<input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance		
4	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361		
Non-Clergy only:			
G	If no FICA was withheld , check the applicable box below		
1	<input type="checkbox"/> Pay self-employment tax on this W-2 income		
2	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029		

Part III Unreported Tip Income

H 1	<input type="checkbox"/> Tips \$20 or more in a month which were not reported to employer	H1	
2	<input type="checkbox"/> Tips less than \$20 in a month which were not required to be reported	H2	
3	<input type="checkbox"/> Value of non-cash tips, such as tickets or passes, not reported	H3	
4	<input type="checkbox"/> Actual amount of allocated tips if different than the amount in box 8	H4	
5	<input type="checkbox"/> Tips paid out through a tip-sharing arrangement	H5	
6	<input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 737-82-7332

First name M.I. Last name Suff.

NARMADHA PALANI

Address City St ZIP code

5421 N EAST RIVER ROAD, Apt. 1119 CHICAGO IL 60656

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return NARMADHA PALANI	Social Security Number 737-82-7332
---	--

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

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	7,849.	2,573.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d			
	7,849.	2,573.	
20 Total Tax Payments for 2017	7,849.	2,573.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return <u>NARMADHA PALANI</u>	Social Security Number <u>737-82-7332</u>
---	--

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	62,845.		62,845.
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	62,845.		62,845.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	62,845.		62,845.
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	62,845.		62,845.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	62,845.		62,845.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	62,845.		62,845.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	62,845.		62,845.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	62,845.		62,845.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return NARMADHA PALANI	Social Security Number 737-82-7332
--	---------------------------------------

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		16,316.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		62,845.
6	Tax liability for Form 2210 or Form 2210-F		6,358.
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

NARMADHA PALANI

Filing status Single

Number of exemptions 1

Gross Income

Wages and salaries	62,845.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	62,845.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 62,845.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	2,573.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	13,743.
Phaseout of itemized deductions	_____
Total Itemized Deductions	16,316.
Standard deduction	_____
Exemption amount	4,050.

Taxable Income 42,479.

Income tax	6,358.
Alternative minimum tax	_____
Total Taxes before Credits	6,358.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 6,358.

Withholding	7,849.
Estimated tax payments	_____
Other payments	_____
Total Payments	7,849.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 1,491.

Refund 1,491.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	10.12 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>6,358.</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>6,358.</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 62,845.
- B Nontaxable income entered elsewhere on return
- C Available income: 2016 refundable credits in excess of tax 0.
- D **Enter** any additional nontaxable income
- E Total available income for sales taxes 62,845.
- F Sales tax table information:

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

QuickZoom to Misc Global Options to enter default locality ►

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

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
IL	01/01/17	12/31/17	6.2500	6.2500	0.0000	693.	0.	693.

- Total general sales taxes from table 693.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 693.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 2,573.

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **tax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.



Illinois Department of Revenue
2017 IL-1040-V ID: 3WM
Payment Voucher for Individual Income Tax

REV 01/24/18 PRO

737-82-7332

Your Social Security number

Spouse's Social Security number

Your payment is due April 17, 2018.

\$ 69.00
Payment amount

NARMADHA PALANI
5421 N EAST RIVER ROAD 1119
CHICAGO IL 60656

Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



104081217 1 2 737827332 5 16011201 1 000006900



Illinois Department of Revenue
2017 Form IL-1040

Individual Income Tax Return

or for fiscal year ending ___/___/___

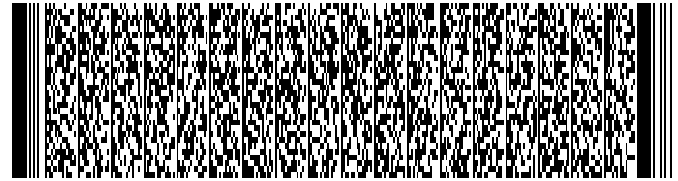
Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

737-82-7332

NARMADHA

PALANI



5421 N EAST RIVER ROAD

1119

CHICAGO

IL

60656

C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed

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

Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	(Whole dollars only)	1	62,845.00
Income	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ		2	.00
	3	Other additions. Attach Schedule M.		3	.00
	4	Total income. Add Lines 1 through 3.		4	62,845.00
Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.		5	.00
Base	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10		6	.00
Income	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>		7	.00
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.		8	.00
	9	Illinois base income. Subtract Line 8 from Line 4.		9	62,845.00
Step 4:	See instructions before completing Step 4.				
Exemptions	10 a	Number of exemptions from your federal return	<u>1</u> X \$2,175	a	2,175.00
	b	If someone can claim you as a dependent, see instructions.	<u> </u> X \$2,175	b	.00
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u> </u> X \$1,000	c	.00
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u> </u> X \$1,000	d	.00
		Exemption allowance. Add Lines a through d.		10	2,175.00
Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.		11	60,670.00
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Schedule NR. Attach Schedule NR.		12	.00
Income	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA. <input type="checkbox"/>		13	2,642.00
Tax	14	Recapture of investment tax credits. Attach Schedule 4255.		14	.00
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.		15	2,642.00
Step 7:	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.		16	.00
Tax After	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.		17	.00
Non-	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.		18	.00
refundable	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.		19	0.00
Credits	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.		20	2,642.00



	21	Tax after nonrefundable credits from Page 1, Line 20	21	2,642.00
Step 8:	22	Household employment tax. See instructions.	22	.00
Other Taxes	23	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	23	0.00
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	.00
	25	Total Tax. Add Lines 21, 22, 23, and 24.	25	2,642.00
Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	2,573.00
Payments and Refundable Credit	27	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return	27	.00
	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	.00
	29	Earned Income Credit from Schedule IL-EIC. Attach Schedule IL-EIC.	29	.00
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	2,573.00
Step 10:	31	If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	.00
Total	32	If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	69.00

Step 11: Underpayment of Estimated Tax Penalty and Donations

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

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

Step 12: Refund

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

Step 13: Amount You Owe

40	If you have an amount on Line 32, add Lines 32 and 35. - or - If you have an amount on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe . See instructions.	40	69.00
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Step 14: If this is a joint return, both you and your spouse must sign below.
Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
	APPANA RUPA VENKATA SA	06/01/2018			
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN
	Firm's name	GLOBAL TAXES LLC	Firm's FEIN	301017196	
	Firm's address	2530 Pebble CreekCumming GA 30041	Firm's phone	(678) 965-9729	
Third Party Designee	Designee's name (please print)	Designee's phone number	<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.		



Illinois Department of Revenue

Submission ID boxes

Submission ID

2017 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

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

Step 1: Provide taxpayer information

Form fields for Step 1: NARMADHA PALANI, Social Security number 737-82-7332, 5421 N EAST RIVER ROAD 1119, CHICAGO IL 60656

Step 2: Complete information from tax return

Table for Step 2: 1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51: 60,670.00; 2 Tax from Form IL-1040, Line 13: 2,642.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 26 only: 2,573.00; 4 Overpayment from Form IL-1040, Line 36: 1.00; 5 Total amount due from Form IL-1040, Line 40: 69.00

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

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

Form fields for Step 3: 7 Routing no. (RN); 8 Account no. (AN); 9 Type of account: Checking Savings; 10 Date the payment is to be electronically withdrawn: / / ; 11 Electronic funds withdrawal amount: 1.00; 12 Name on account:

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

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2017 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete.

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

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

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

Form fields for Step 5: ERO's signature, Date 06/01/2018, Check if paid preparer: (X), GLOBAL TAXES LLC, 2530 Pebble Creek Ln, Cumming GA 30041, Federal employer identification number (FEIN) (678) 965-9729

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

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



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name NARMADHA
Middle Initial
Last Name PALANI
Suffix
Social Security No. 737-82-7332
Date of Birth 10/03/1990
Age 65 or Over
Legally Blind
Date of Death
Daytime phone *
Home phone *

Spouse:

First Name
Middle Initial
Last Name
Suffix
Social Security No.
Date of Birth
Age 65 or Over
Legally Blind
Date of Death
Daytime phone *

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

Street Address 5421 N EAST RIVER ROAD Apartment Number . 1119
City CHICAGO State . IL ZIP Code 60656

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

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

Part II - Resident Status

[X] Full-Year Resident
[] Nonresident
[] Part-Year Resident lived in Illinois from to
also lived in from to

QuickZoom here to Form IL-1040

Part III - Filing Status

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

Part IV - Other Information

Form IL-2210 Information:

[] Check if at least two-thirds of total federal gross income came from farming
[] Check if 65 or older and permanently living in a nursing home
[] Check if you were not required to file an Illinois income tax return in 2016
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)
Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1)
Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2)

First Time Filer:

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

Part V – Electronic Filing Information

File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename. Contains 3 empty rows.

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

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

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

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

Name of Financial Institution (optional) CHASE BANK
Name on account
Check the appropriate box:
Checking Routing number 071000013
Savings Account number 835356820
Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, enter remaining balance due

International ACH Transactions

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

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

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

Part IX – Extension Status

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name <u>NARMADHA PALANI</u>	Social Security Number <u>737-82-7332</u>
--------------------------------	--

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	2,573.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	2,573.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Illinois Tax Return

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

Use Tax Smart Worksheet

Method 1: Use Tax (UT) Worksheet

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

Note: Do not include any

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

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

Method 2: UT Table

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

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

To use UT table calculate Use Tax, check here

Use tax amount based on table above _____

Keep a copy of this smart worksheet with your records.