

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 VIMALKUMAR KALIDAS	Social security number 386-45-5117
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	62,859.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	6,658.
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	8,847.
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	2,189.
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

5	5	1	1	7
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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: **VIMALKUMAR** Last name: **KALIDAS** Your social security number: **386-45-5117**

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. **15511 CAPITOL HILL BLVD** Apt. no. **538**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **LITTLE ROCK AR 72223**

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

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

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

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

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**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	62,859.
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 <input type="checkbox"/>	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	62,859.

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	62,859.

38	Amount from line 37 (adjusted gross income)	38	62,859.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	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	15,134.
• 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	47,725.
• 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	43,675.
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	6,658.
	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	6,658.
	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	6,658.
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	6,658.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	8,847.
	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	8,847.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,189.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,189.
Direct deposit? See instructions.	b Routing number 0 8 2 0 0 0 0 7 3 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 8 7 0 0 4 1 5 4 3 2 6		
	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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 05/26/2018	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

VIMALKUMAR KALIDAS

386-45-5117

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		3,191.
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	3,191.

Interest You Paid

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	

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

Gifts to Charity

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	

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

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	13,200.
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	13,200.
25	Enter amount from Form 1040, line 38	25	62,859.
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	11,943.

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.		15,134.
	<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		<input type="checkbox"/>

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 VIMALKUMAR KALIDAS	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 386-45-5117
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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	1,100.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	8,525.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,375.
5 Meals and entertainment expenses: \$ <u>4,400.</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	2,200.
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	13,200.

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
VIMALKUMAR KALIDAS

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					62,859.
Adjustments to income					
Adjusted gross income					62,859.
Tax expense					3,191.
Interest expense . . .					
Contributions					
Miscellaneous deductions					11,943.
Other Itemized Deductions					
Total itemized/standard deduction . .					15,134.
Exemption amount . .					4,050.
Taxable income					43,675.
Tax					6,658.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					8,847.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,189.
Effective tax rate % . .					10.59
**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 (VIMALKUMAR KALIDAS) and Social Security Number (386-45-5117)

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: 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 checkboxes (one checked '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) 55117 Spouse's PIN (5 numbers) 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 KALIDAS
 First name VIMALKUMAR
 Middle initial _____ Suffix _____
 Social security no. 386-45-5117
 Occupation SOFTWARE ENGINEER
 Date of birth 06/05/1985 (mm/dd/yyyy)
 Age as of 1-1-2018 32
 Date of death _____
 Legally blind
 E-mail address vimaldoss1985@gmail.com
 Work phone _____ Ext _____
 Cell phone (501) 324-8825
 Home phone (501) 837-2056
 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 (501) 324-8825
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 15511 CAPITOL HILL BLVD Apt no. 538
 City LITTLE ROCK State AR ZIP code 72223

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 Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

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

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

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

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

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

Driver's License Detail

Taxpayer:

Issuing state AR
License number 935773941
Issue date 01/29/2018
Expiration date 01/29/2019
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

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

State Identification Card Detail

Taxpayer:

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

Spouse:

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

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- New client
- Returning client to same preparer and firm
- Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return
VIMALKUMAR KALIDAS

Social Security Number
386-45-5117

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
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

ERO Name	ERO Electronic Filers Identification Number (EFIN)		
<u>GLOBAL TAXES LLC</u>	<u>587278</u>		
ERO Address	ERO Employer Identification Number		
<u>2530 Pebble Creek Ln</u>	<u>30-1017196</u>		
City	State	ZIP Code	ERO Social Security Number or PTIN
<u>Cumming</u>	<u>GA</u>	<u>30041</u>	_____
Country	_____		

Paid Preparer Information

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

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 *	
<input type="checkbox"/>	New York
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

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 VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Protech Solutions Inc.		62,859.	8,847.	62,859.	3,191.
Totals		<u>62,859.</u>	<u>8,847.</u>	<u>62,859.</u>	<u>3,191.</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 . . .	62,859.		62,859.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,847.		8,847.
3 & 7	Total social security wages/tips	63,926.		63,926.
4	Total social security tax withheld	3,963.		3,963.
5	Total Medicare wages and tips	63,926.		63,926.
6	Total Medicare tax withheld	927.		927.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	1,095.		1,095.
b	Elective deferrals to qualified plans	1,067.		1,067.
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	28.		28.
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	62,859.		62,859.
17	Total state tax withheld	3,191.		3,191.
19	Total local tax withheld.			

Name as shown on return VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
---	---------------------------------------

Employer EIN 73-1465867
Employer Name Protech Solutions Inc.
 Name (cont.) _____
Street Address or P. O. Box 303 W Capitol Ave STE 330
City LITTLE ROCK **State** AR **ZIP** 72201
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	62,859.	2 Federal tax withheld	8,847.
3 Social security wages	63,926.	4 Social sec tax withheld	3,963.
5 Medicare wages and tips	63,926.	6 Medicare tax withheld	927.
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	28.	A: Enter amount attributable to RRTA Tier 2 tax
D	1,067.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
AR	12301087WHW	62,859.	3,191.

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

VIMALKUMAR KALIDAS	386-45-5117 Page 2
Employer Name <u>Protech Solutions Inc.</u>	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 386-45-5117

First name VIMALKUMAR M.I. Last name KALIDAS Suff. _____

Address 15511 CAPITOL HILL BLVD, Apt. 538 City LITTLE ROCK St AR ZIP code 72223

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 VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
--	--

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

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	8,847.	3,191.	
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	8,847.	3,191.	
20 Total Tax Payments for 2017	8,847.	3,191.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
---	---------------------------------------

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	62,859 .	_____	62,859 .
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	62,859 .	_____	62,859 .
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	62,859 .	_____	62,859 .
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	62,859 .	_____	62,859 .

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	62,859 .	_____	62,859 .
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.	62,859 .	_____	62,859 .

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	62,859 .	_____	62,859 .
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	62,859 .	_____	62,859 .

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
---	---------------------------------------

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		15,134.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		62,859.
6	Tax liability for Form 2210 or Form 2210-F		6,658.
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
VIMALKUMAR KALIDAS

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	62,859.
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	62,859.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ **62,859.**

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,191.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	11,943.
Phaseout of itemized deductions	_____
Total Itemized Deductions	15,134.
Standard deduction	_____
Exemption amount	4,050.

Taxable Income **43,675.**

Income tax	6,658.
Alternative minimum tax	_____
Total Taxes before Credits	6,658.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax **6,658.**

Withholding	8,847.
Estimated tax payments	_____
Other payments	_____
Total Payments	8,847.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid **2,189.**

Refund **2,189.**

Amount Applied to Estimate _____

Amount Due **0.**

Tax bracket	25.0 %
Effective tax rate	10.59 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 6,658.
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 6,658.

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 62,859.
- 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 62,859.

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
AR	01/01/17	12/31/17	6.5000	6.5000	0.0000	856.	0.	856.

- Total general sales taxes from table 856.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 856.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 3,191.

2017 AR1000F



AR1

ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident

CHECK BOX IF AMENDED RETURN

Jan. 1 - Dec. 31, 2017 or fiscal year ending _____, 20____ Dept. Use Only _____ Software ID PROSERIES

USE LABEL OR PRINT OR TYPE	Primary First Name ● VIMALKUMAR	MI ●	Last Name ● KALIDAS	Primary Social Security Number ● 386-45-5117
	Spouse First Name ●	MI ●	Last Name ●	Spouse's Social Security Number ●
	Mailing Address (Number and Street, P.O. Box or Rural Route) ● 15511 CAPITOL HILL BLVD, APT. 538			<input type="checkbox"/> Check if address is outside U.S. Foreign Country
	City ● LITTLE ROCK	State or Province ● AR	Zip ● 72223	

FILING STATUS Check Only One	1. <input checked="" type="checkbox"/> Single (Or widowed before 2017 or divorced at end of 2017)	4. <input type="checkbox"/> Married Filing Separately on the Same Return
	2. <input type="checkbox"/> Married Filing Joint (Even if only one had income)	5. <input type="checkbox"/> Married Filing Separately on Different Returns Enter spouse's name here and SSN above _____
	3. <input type="checkbox"/> Head of Household (See Instructions) If the qualifying person was your child, but not your dependent, enter child's name here: _____	6. <input type="checkbox"/> Qualifying Widow(er) with dependent child Year spouse died: (See Instructions) _____

Check here if you do NOT want a tax booklet mailed to you next year. Check this box if you have filed a state extension or an automatic federal extension

PERSONAL TAX CREDITS	7A. <input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> 65 or Over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Head of Household/Qualifying Widow(er) (Filing Status 3 Only) (Filing Status 6 Only)
	<input type="checkbox"/> Spouse	<input type="checkbox"/> 65 or Over	<input type="checkbox"/> 65 Special	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	

Multiply number of boxes checked 7A X \$26 = 26.00

Dependents (Do not list yourself or spouse)

First Name	Last Name	Dependent's Social Security Number	Dependent's relationship to you
1.			
2.			
3.			

7B. Multiply number of **DEPENDENTS** from above.....7B X \$26 = 00

7C. First name of Qualifying Individual(s) from AR1000RC5: (See Instructions) _____
Multiply number of individuals from 7C 7C X \$500 = 00

7D. **TOTAL PERSONAL TAX CREDITS:** (Add Lines 7A, 7B, and 7C. Enter total here and on Line 32).....7D 26.00

ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
8. Wages, salaries, tips, etc: (Attach W-2s).....	8	62,859.00	00
9A. U.S. Military compensation: (Your/joint gross amount) ●	9A		
9B. U.S. Military compensation: (Spouse's gross amount) ●	9B		
10. Interest income: (If over \$1,500, attach AR4).....	10	00	00
11. Dividend income: (If over \$1,500, attach AR4).....	11	00	00
12. Alimony and separate maintenance received:.....	12	00	00
13. Business or professional income: (Attach federal Schedule C or C-EZ).....	13	00	00
14. Capital gains/(losses) from stocks, bonds, etc: (See Instr. Attach Schedule D).....	14	00	00
15. Other gains or (losses): (Attach federal Form 4797 and/or 4684 if applicable).....	15	00	00
16. Non-Qualified IRA distributions and taxable annuities: (Attach All 1099Rs).....	16	00	00
17A. Your/Spouse's Employer pension plan(s)/Qualified IRA(s): (See Instructions - Attach All 1099Rs) Gross Distribution ● 00 Taxable Amount ● 00 <small>Less \$6,000</small>	17A	00	
17B. Spouse's Employer pension plan(s)/Qualified IRA(s): (Filing Status 4 Only) Gross Distribution ● 00 Taxable Amount ● 00 <small>Less \$6,000</small>	17B		00
18. Rents, royalties, partnerships, estates, trusts, etc: (Attach federal Schedule E).....	18	00	00
19. Farm income: (Attach federal Schedule F).....	19	00	00
20. Other income/depreciation differences: (Attach Form AR-OI).....	20	00	00
21. TOTAL INCOME: (Add Lines 8 through 20).....	21	62,859.00	00
22. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ).....	22		00
23. ADJUSTED GROSS INCOME: (Subtract Line 22 from Line 21).....	23	62,859.00	00



AR2

Primary SSN 386-45-5117

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
TAX COMPUTATION	24. ADJUSTED GROSS INCOME: (From Line 23, Columns A and B)..... 24	62,859.00	00	
	25. Select tax table: (See Instructions, Line 25) <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 25A. If not, then: Enter the larger of your: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Itemized Deductions (See Instructions, Line 25 and attach AR3) OR If your spouse itemizes on a separate return, check here <input type="checkbox"/> <input type="checkbox"/> Standard Deduction (See Instructions, Line 25)..... 25 	11,943.00	00	
	26. NET TAXABLE INCOME: (Subtract Line 25 from Line 24)..... 26	50,916.00	00	
	27. TAX: (Enter tax from tax table)..... 27	2,297.00	00	
	28. Combined tax: (Add amounts from Line 27, Columns A and B)..... 28		2,297.00	
	29. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)..... 29		00	
	30. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)..... 30		00	
	31. TOTAL TAX: (Add Lines 28 through 30)..... 31		2,297.00	
	TAX CREDITS	32. Personal Tax Credit(s): (Enter total from Line 7D)..... 32	26.00	
		33. Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)..... 33	00	
		34. Other Credits: (Attach AR1000TC)..... 34	00	
35. TOTAL CREDITS: (Add Lines 32 through 34)..... 35			26.00	
36. NET TAX: (Subtract Line 35 from Line 31. If Line 35 is greater than Line 31, enter 0)..... 36			2,271.00	
PAYMENTS		37. Arkansas income tax withheld: [Attach state copies of W-2 and/or 1099R Form(s)]..... 37	3,191.00	
	38. Estimated tax paid or credit brought forward from 2016:..... 38	00		
	39. Payment made with extension: (See Instructions)..... 39	00		
	40. AMENDED RETURNS ONLY - Previous payments: (See instructions)..... 40	00		
	41. Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)..... 41	00		
	42. TOTAL PAYMENTS: (Add Lines 37 through 41)..... 42		3,191.00	
REFUND OR TAX DUE	43. AMENDED RETURNS ONLY - Previous refund: (See instructions)..... 43	00		
	44. Adjusted Total Payments: (Subtract Line 43 from Line 42)..... 44		3,191.00	
	45. AMOUNT OF OVERPAYMENT/REFUND: (If Line 44 is greater than Line 36, enter difference)..... 45		920.00	
	46. Amount to be applied to 2018 estimated tax:..... 46	00		
	47. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)..... 47	00		
	48. AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 46 and 47 from Line 45)..... REFUND 48		920.00	
DIRECT DEPOSIT? If your deposit will be ultimately placed in a foreign account check the box. <input type="checkbox"/> Routing Number Account Number <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings 				
49. AMOUNT DUE: (If Line 44 is less than Line 36, enter difference; If over \$1,000, continue to 50A)..... TAX DUE 49 <input type="checkbox"/> 00 50A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 50A <input type="checkbox"/> Penalty 50B <input type="checkbox"/> 00 50C. Add Lines 49 and 50B. Attach Form AR1000V with check or money order payable in U.S. Dollars to "Dept. of Finance and Administration". Include your SSN on payment. To pay by credit card, see instructions..... TOTAL DUE 50C <input type="checkbox"/> 00				
FOR MAILING ADDRESSES SEE PAGE 2 OF INSTRUCTIONS				
I D	DL# / State ID <u>935773941</u> Your state <u>AR</u> Issue Date (mm/dd/yyyy) <u>01/29/2018</u> Expiration date (mm/dd/yyyy) <u>01/29/2019</u>			
	DL# / State ID _____ Spouse state _____ Issue Date (mm/dd/yyyy) _____ Expiration date (mm/dd/yyyy) _____			
PLEASE SIGN HERE	PLEASE 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Primary Signature	Date	Telephone	
PAID PREPARER	Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR 05/26/2018		ID Number/Social Security Number 301017196	
	Preparer's Name GLOBAL TAXES LLC City/State/Zip E-mail KUMAR@GTAXFILE.COM CUMMING GA 30041		For Department Use Only A • Telephone (678) 965-9729	

**ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS**

Primary Name VIMALKUMAR KALIDAS		Primary Social Security Number 386-45-5117	
MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See Instructions)			
1. Medical and dental expenses:.....	1	0.	00
2. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):	2	62,859.	00
3. Multiply line 2 by 10% (.10), otherwise enter 0:.....	3	6,286.	00
4. TOTAL MEDICAL EXPENSES: (Subtract line 3 from line 1; if more than line 1, enter 0).....	4	0.	00
TAXES: (See Instructions)			
5. Real estate tax:	5	00	
6. Personal property tax or other taxes: (List type and amount)	6	00	
7. TOTAL TAXES: (Add lines 5 and 6).....	7		00
INTEREST EXPENSES: (See Instructions)			
8. Home mortgage interest paid to financial institutions:.....	8	00	
9. Home mortgage interest paid to an individual: Name: _____ Address: _____	9	00	
10. Deductible points:.....	10	00	
11. Investment interest: (Attach federal Form 4952)	11	00	
12. TOTAL INTEREST EXPENSE: (Add lines 8 through 11)	12		00
CONTRIBUTIONS: (See Instructions)			
13. Cash contributions:.....	13	00	
14. Art and literary contributions:.....	14	00	
15. Other:	15	00	
16. Carryover contributions: (List type and amount)	16	00	
17. TOTAL CONTRIBUTIONS: (Add lines 13 through 16)	17		00
CASUALTY AND THEFT LOSSES: (See Instructions)			
18. TOTAL CASUALTY AND THEFT LOSSES: (Attach federal Form 4684)	18		00
POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See Instructions)			
19. TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): [Attach AR1075(s)]	19		00
MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See Instructions)			
20. Unreimbursed employee business expenses: (Attach federal Form 2106).....	20	13,200.	00
21. Other expenses: (List type and amount)	21	00	
22. Add the amounts on lines 20 and 21. Enter the total:	22	13,200.	00
23. Enter amount from Form AR1000F/AR1000NR, line 24(A) and 24(B):	23	62,859.	00
24. Multiply line 23 above by 2% (.02):	24	1,257.	00
25. TOTAL MISCELLANEOUS DEDUCTIONS: (Subtract line 24 from line 22; if line 24 is more than line 22, enter 0)	25		11,943.00
OTHER MISCELLANEOUS DEDUCTIONS: (See Instructions)			
26. Volunteer firefighter expenses:.....	26	00	
27. Other miscellaneous deductions: (List type and amount)	27	00	
28. TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: (Add lines 26 and 27)	28		00
TOTAL ITEMIZED DEDUCTIONS:			
29. Add amounts on Lines 4, 7, 12, 17, 18, 19, 25, and 28 and enter the total here:.....	29		11,943.00
Complete lines 30 - 34 ONLY if Filing Status 4 or 5.			
		PRIMARY	SPOUSE'S
		Adjusted Gross Income	Adjusted Gross Income
30. Enter adjusted gross income from Form AR1000F/AR1000NR, line 24, Columns (A) and (B) here:.....	30A	00	30B
31. Total Arkansas adjusted gross income: (Add columns 30A and 30B from above)	31		00
32. Divide the amount on line 30A above by the amount on line 31. Enter the percentage here:.....	32		%
33. Multiply line 29 by the percentage on line 32. Enter here and on Form AR1000F/AR1000NR, line 25, Col. (A): (Primary)	33		00
34. Subtract line 33 from line 29. Enter here and on Form AR1000F/AR1000NR, line 25, Column (B). If you and your spouse are using Filing Status 5, enter on line 25, Col. (A) of your spouse's return: (Spouse)	34		00



**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

Primary First Name and Middle Initial ● VIMALKUMAR		Last Name ● KALIDAS		Primary Social Security Number ● 386-45-5117	
Spouse's First Name and Middle Initial		Last Name		Spouse's Social Security Number ●	
Mailing Address (Number and Street, P.O. Box or Rural Route) 15511 CAPITOL HILL BLVD, APT. 538				Telephone ● (501) 837-2056	
City LITTLE ROCK	State or Province AR	ZIP 72223	<input type="checkbox"/> Check if address is outside U.S. Foreign Country		

PART I - TAX RETURN INFORMATION (Whole Dollars Only)			
1. Total Income (Form AR1000F or AR1000NR, Line 21).....	1	62,859.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 36).....	2	2,271.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 37).....	3	● 3,191.	00
4. Refund (Form AR1000F or AR1000NR, Line 45).....	4	920.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 49).....	5		00

PART II - DECLARATION OF TAXPAYER

6a. I consent that my refund be direct deposited as designated in the electronic portion of my 2017 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account shown on the AR1000F/AR1000NR, line 48.

6b. I do not want direct deposit of my refund or I am not receiving a refund.

6c. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2017 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

_____	_____	_____	_____
Primary Signature	Date	Spouse's Signature	Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only	_____	05/26/2018	Check if paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	_____
	ERO'S Signature	Date			Your SSN or PTIN
	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING	GA 30041			30-1017196
	Firm's name and address				FEIN

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	_____	05/26/2018	Check if self-employed <input type="checkbox"/>	_____
	Preparer's Signature	Date		Preparer's SSN or PTIN
	APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING	GA 30041		P02090332
	Firm's name and address			30-1017196
				FEIN

Part IV – Other Information

Dependents:

First Name	Last Name	Dependent's SSN	Relationship	Disabled	
				<input type="checkbox"/>	* Check box if totally & permanently disabled
				*	Select type if developmentally disabled ▼
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Farmers and Fisherman:

At least two-thirds of your total gross income is from farming or fishing

State return previously filed:

Yes No

Name Change:

Check if Taxpayer changed name
 Check if Spouse changed name

Standard Deduction/Itemized Deductions:

- Itemize even if itemized deductions are less than the standard deduction
- Filing status is married filing separately and spouse itemizes deductions
- Take the standard deduction even if less than itemized deductions

Authorization:

Yes No Can the Arkansas Revenue Agency discuss this return with the tax preparer?

Underpayment Penalty:

Do Not Calculate the Arkansas underpayment penalty statement

Nonresident Military Spouse (Filing Status 2 or 4 only):

Yes No The taxpayer (or spouse) is a nonresident active duty military personnel stationed in Arkansas.

QuickZoom to see if you qualify under the Military Spouses Residency Relief Act. ➔

Part V – Electronic Filing Information

New! State e-file disclosure consent

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the

Arkansas Income Tax Section, as applicable by law.

[X] 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

Driver's License

Taxpayer Spouse
State Issued Driver's License Arkansas
Driver's License Number 935773941
Date Driver's License Issued 01/29/2018
Date Driver's License Expires 01/29/2019

State ID

Taxpayer Spouse
Issuing State
State Identification number
State ID Issue Date
State ID Expiration Date

Date return was EFiled
Date return was accepted by the state
Enter the date Form AR1000-V was given to client
Date Form AR8453 mailed to the state (IF NEEDED)
QuickZoom to Form AR8453 Additional Information SmartWorksheet

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Do you want to elect direct deposit of state tax refund?
Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA

Check the appropriate box:

Checking [X] Routing number 082000073
Savings [] Account number 487004154326

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

International ACH Transactions

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

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

Yes No
[] [] Has the tax return due date been extended by filing IRS Form 4868?
[] [] Has the tax return due date been extended by filing an Arkansas extension using Form AR1055?
Extended due date _____

Income Allocation Worksheet

2017

▶ Keep for your records

Name as Shown on Return VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
--	--

Income	A Taxpayer	B Spouse	C Total	D AR Source (AR1000NR)
1 a Taxpayer wages, salaries, tips, etc.	62,859.			
b Spouse wages, salaries, tips, etc.				
Line 1 total			62,859.	
2 a Taxpayer military compensation pay				
b Spouse military compensation pay				
Line 2 total				
3 Interest income				
4 Dividend income				
5 Alimony and separate maintenance received				
6 Business or professional income				
7 Capital gains and losses				
8 Other gains or (losses)				
9 Nonqualified IRA distributions and taxable annuities				
10 Employer-sponsored pension plan and qualified IRA distributions				
	Taxpayer			
	Spouse			
Line 10 total				
11 Rents, royalties, partnerships, trusts, etc				
12 Farm income				
13 Fed/State depreciation adjustment for				
a Schedule C				
b Schedule E				
c Schedule F				
d K-1 Partnership				
e K-1 S Corporation				
f K-1 Estate/Trust				
g Form 4835				
h Form 2106				
i Sale of properties/assets				
Line 13 total				
14 Other income:				
a HSA and/or MSA taxable distributions				
b Long-term care insurance contracts				
c Gambling winnings				
d Lottery/contest winnings.				
e Net operating loss				
f Foreign earned income exclusion				
g Scholarships/fellowships/grants				
h Loss on excess deferral distribution				
i Cancellation of debt				
j Jury duty pay				
k Recovery of bad debts				
l Other income not listed above				
m Rural physician incentives				
Line 14 total				

Adjustments to Income

1	Payments to IRA				
2	Payments to MSA				
3	Payments to HSA				
4	Deduction for interest paid on student loans				
5	Contributions to Intergenerational Trust . .				
6	Moving expenses				
7	Self-employed health insurance deduction				
8	Payments to KEOGH/SEP/SIMPLE plans .				
9	Forfeited interest penalty for early withdrawal				
10	Alimony paid				
11	Support for permanently disabled individuals				
12	Organ donor deduction				
13	Tuition Savings Program				
14	Border city exemption				
15	Military Reserve Expenses				
16	Reforestation deduction				
17	Teachers Qualified Classroom Investment Expense (From AR1000CE) . .				

Tax Payments Worksheet

2017

▶ Keep for your records

Name VIMALKUMAR KALIDAS	Social Security Number 386-45-5117
----------------------------	---------------------------------------

Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	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				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2			3,191.
10 State withholding on Forms W-2G			
Less withholding from electronic games of skill			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld			3,191.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Arkansas Tax Return

SMART WORKSHEET FOR: Form AR3: Itemized Deductions

Line 18 Casualty and theft losses smart worksheet		
A. Casualty or theft loss from each copy of Federal Form 4684 line 10	B. Smaller of Col. A or \$100.	C. Subtract Col. B from Col. A
1 Add the total amounts on Col. C above	1	_____
2 Add the amounts on line 4 of all Federal Forms 4684	2	_____
3 <ul style="list-style-type: none"> • If line 2 is more than line 1, enter the difference here. <li style="padding-left: 20px;">Do not complete the rest of this section. • If line 2 is less than line 1, enter -0- here and go to line 4 • If line 2 is equal to line 1, enter -0- here. Do not complete the rest of this section. 	3	0.
4 If line 2 is less than line 1, enter the difference	4	_____
5 Enter 10% of your adjusted gross income from Form AR1000F/AR1000NR, line 24(A) and 24(B)	5	_____
6 Subtract line 5 from line 4. If zero or less, enter -0-. Also enter the result on line 18 below.	6	_____

SMART WORKSHEET FOR: Form AR3: Itemized Deductions

Total Itemized Deductions (Filing Status 5 only)	
If your Arkansas filing status is Married Filing Separately on Different Return (Filing Status 5) and your federal filing status is Married Filing Separately, enter spouse's total itemized deductions amount below. The total of taxpayer and spouse amounts will be used to calculate lines 33 and 34.	
Taxpayer total itemized deductions	_____
Spouse total itemized deductions	_____
Taxpayer and spouse total itemized deductions	11,943.

SMART WORKSHEET FOR: Declaration for electronic filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Date Form AR8453 was mailed to the state (IF NEEDED) ▶ _____
D	Documents to attach to the FRONT of Form AR8453: <u>Form W-2 (Copy 2)</u> _____ _____
E	Documents to attach to the BACK of Form AR8453: _____ _____ _____ _____
F	<u>RETAIN FORM AR8453 FOR YOUR RECORDS -- DO NOT MAIL</u> _____ _____ _____ _____

SMART WORKSHEET FOR: Income Allocation Worksheet

Tuition Savings Program Smart Worksheet		
	Taxpayer	Spouse
A Enter any current year contributions to non-Arkansas Tuition Savings Program. Only enter the amounts not deducted on any other state's income tax	_____	_____
B If Line A is larger than \$3,000, enter \$3,000; otherwise, enter Line A	0 .	_____
C Enter any current year contributions rolled from a non-Arkansas Tuition Savings Program to an Arkansas Tuition Savings Program. Only enter amounts not previously deducted from AR taxable income in prior years	_____	_____
D If Line C is larger than \$7,500, enter \$7,500; otherwise, enter line C	0 .	_____
E Amount available towards current year contribution	5,000 .	_____
F Enter any current year contributions to Arkansas Tuition Savings Program	_____	_____
G Amount applied towards current year Arkansas Tuition Savings Program contributions (Smaller of Line E or Line F)	0 .	_____
H Total deduction for Tuition Savings Program (Line B+Line D+Line G)	0 .	_____
I Arkansas tuition contribution carryforward to next year	0 .	_____