

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 SANTOSH KODI | Social security number 484-51-9992 |
| 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 | 68,579. |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 7,883. |
| 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 | 10,284. |
| 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 | 2,401. |
| 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

| | | | | |
|---|---|---|---|---|
| 1 | 9 | 9 | 9 | 2 |
|---|---|---|---|---|

 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

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|
| 5 | 8 | 7 | 2 | 7 | 8 | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and initial: **SANTOSH** Last name: **KODI** Your social security number: **484-51-9992**

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. **8642 TOWN AND COUNTRY BLVD E** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **ELLICOTT CITY MD 21043**

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** **68,579.**

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** **0.**

11 Alimony received **11** _____

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

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ **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** **68,579.**

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** **68,579.**

| | | | |
|---|--|------------|---------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 68,579. |
| 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 | 15,952. |
| • 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 | 52,627. |
| • 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 | 48,577. |
| 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 | 7,883. |
| | 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 | 7,883. |
| | 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 | 7,883. |
| 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 | 7,883. |
| Payments | 64 Federal income tax withheld from Forms W-2 and 1099 | 64 | 10,284. |
| | 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 | 10,284. |
| Refund | 75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 2,401. |
| | 76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 2,401. |
| Direct deposit? See instructions. | b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 3 2 5 0 4 9 9 4 2 8 2 0 | | |
| | 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 DEVELOPER | 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 05/24/2018 | Check <input type="checkbox"/> if self-employed | PTIN P02090332 |
| Firm's name GLOBAL TAXES LLC | Firm's EIN 30-1017196 | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | Phone no. (678)965-9729 | |

**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

SANTOSH KODI

484-51-9992

| | | | | | |
|--|---|--|--|---------|--|
| 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 <u>2</u> | | | |
| | 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): | | | | |
| | a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 4,784. | |
| | b | <input type="checkbox"/> General sales taxes | | | |
| | 6 | Real estate taxes (see instructions) | 6 | | |
| | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ▶ | 8 | | |
| | 9 Add lines 5 through 8 | | 9 | 4,784. | |
| | 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 | | |
| 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 | | |
| 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 | | |
| 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 | 12,540. | |
| | 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 | 12,540. | |
| | 25 | Enter amount from Form 1040, line 38 <u>25</u> 68,579. | | | |
| | 26 | Multiply line 25 by 2% (0.02) | 26 | 1,372. | |
| | 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 11,168. | |
| Other Miscellaneous Deductions | 28 | Other—from list in instructions. List type and amount ▶ | 28 | | |
| Total Itemized Deductions | 29 | Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 15,952. | |
| | 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.**

| | | |
|---------------------------|---|---------------------------------------|
| Your name SANTOSH KODI | Occupation in which you incurred expenses SOFTWARE DEVELOPER | Social security number 484-51-9992 |
|---------------------------|---|---------------------------------------|

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 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment | 3 | 9,600. |
| 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment | 4 | 540. |
| 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 | 12,540. |

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

SANTOSH KODI

| Five Year Tax History: | | | | | |
|--|------|------|------|------|---------|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Filing status | | | | | Single |
| Total income | | | | | 68,579. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 68,579. |
| Tax expense | | | | | 4,784. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions | | | | | 11,168. |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | | 15,952. |
| Exemption amount . . | | | | | 4,050. |
| Taxable income | | | | | 48,577. |
| Tax | | | | | 7,883. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 10,284. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 2,401. |
| Effective tax rate % . . | | | | | 11.49 |
| **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 (SANTOSH KODI) and Social Security Number (484-51-9992)

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 Input field (checkboxes, with 'X' in the second row)

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) 19992 Spouse's PIN (5 numbers) Date 02/23/2018

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 KODI
 First name SANTOSH
 Middle initial _____ Suffix _____
 Social security no. 484-51-9992
 Occupation SOFTWARE DEVELOPER
 Date of birth 04/04/1989 (mm/dd/yyyy)
 Age as of 1-1-2018 28
 Date of death _____
 Legally blind
 E-mail address Kodisantosh.net@gmail.com
 Work phone _____ Ext _____
 Cell phone (408) 618-6793
 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 (408) 618-6793
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 8642 TOWN AND COUNTRY BLVD E Apt no. _____
 City ELLICOTT CITY State MD ZIP code 21043

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 | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

* **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 SANTOSH KODI | Social Security Number 484-51-9992 |
|---|---------------------------------------|

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 MD
 License number K-300-758-014-265
 Issue date 03/25/2017
 Expiration date 09/12/2019
 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: SANTOSH KODI; Social Security Number: 484-51-9992

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

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

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

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

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

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

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

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 SANTOSH KODI | Social Security Number 484-51-9992 |
|---|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| TALENT IT SERVICES INC | | 68,579. | 10,284. | 68,579. | 4,784. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 68,579. | 10,284. | 68,579. | 4,784. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 68,579. | | 68,579. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 10,284. | | 10,284. |
| 3 & 7 | Total social security wages/tips | 68,579. | | 68,579. |
| 4 | Total social security tax withheld | 4,252. | | 4,252. |
| 5 | Total Medicare wages and tips | 68,579. | | 68,579. |
| 6 | Total Medicare tax withheld | 994. | | 994. |
| 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 | 2,776. | | 2,776. |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | 2,776. | | 2,776. |
| 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 | 68,579. | | 68,579. |
| 17 | Total state tax withheld | 4,784. | | 4,784. |
| 19 | Total local tax withheld. | | | |

► Keep for your records

Name as shown on return
SANTOSH KODI

Social Security Number
484-51-9992

Employer EIN 20-0344995

Employer Name TALENT IT SERVICES INC

Name (cont.)

Street Address or P. O. Box 776 N MAIN STREET 2ND FLOOR

City .MANCHESTER State CT ZIP 06040

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 | 68,579. | 2 | Federal tax withheld | 10,284. |
| 3 | Social security wages | 68,579. | 4 | Social sec tax withheld | 4,252. |
| 5 | Medicare wages and tips | 68,579. | 6 | Medicare tax withheld | 994. |
| 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: |
|-------------|---------------|---|
| DD | 2,776. | A: Enter amount attributable to RRTA Tier 2 tax |
| | | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| MD | 15627537 | 68,579. | 4,784. |
| | | | |
| | | | |

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) 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

| | |
|---|--------------------|
| SANTOSH KODI | 484-51-9992 Page 2 |
| Employer Name TALENT IT SERVICES INC | |

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 <i>If deducting expenses, double click to link to Schedule C</i> | | |

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. 484-51-9992

First name M.I. Last name Suff.

SANTOSH _____ KODI _____

Address City St ZIP code

8642 TOWN AND COUNTRY BLVD E ELLICOTT CITY MD 21043

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. ▶ _____

▶ Keep for your records

| | |
|---|------------------------------------|
| Name(s) Shown on Return SANTOSH KODI | Social Security No. 484-51-9992 |
|---|------------------------------------|

Worksheet Description COPY 1

| Box | Description | Payer 1 | Payer 2 | Payer 3 |
|-------------|--|-------------------------------------|---------------------------|---------------------------|
| | Ownership (defaults to taxpayer): | | | |
| | Check if Taxpayer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Check if Spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Check if Joint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Payer's Federal ID number | 52-6002033 | | |
| | Enter the abbreviation of State or Locality issuing this payment: | | | |
| 10 a | State abbreviation | <u>MD</u> | <u> </u> | <u> </u> |
| | Locality abbreviation | <u> </u> | <u> </u> | <u> </u> |
| | Payer's name | State of MD | | |
| 1 a | Unemployment compensation . . | <u> </u> | <u> </u> | <u> </u> |
| 2 | Amount repaid | <u> </u> | <u> </u> | <u> </u> |
| 3 | State or local income tax refunds, credits, or offsets | <u>662.</u> | <u> </u> | <u> </u> |
| 4 | Box 2 amount is for tax year . . . | <u>2016</u> | <u> </u> | <u> </u> |
| 5 | Federal income tax withheld . . . | <u> </u> | <u> </u> | <u> </u> |
| 6 | RTAA payments | <u> </u> | <u> </u> | <u> </u> |
| 7 | Taxable grants | <u> </u> | <u> </u> | <u> </u> |
| 7 | Agriculture payments | <u> </u> | <u> </u> | <u> </u> |
| | (Double-click) to: | | | |
| a | Link to Schedule F Line 4a, 39a ▶ | <u> </u> | <u> </u> | <u> </u> |
| b | Link to Schedule F Line 6a, 41 . ▶ | <u> </u> | <u> </u> | <u> </u> |
| c | Link to Form 4835 Line 3a . . . ▶ | <u> </u> | <u> </u> | <u> </u> |
| d | Link to Form 4835 Line 5a . . . ▶ | <u> </u> | <u> </u> | <u> </u> |
| 8 | Check if the amount in box 2 applies to income from a trade or business. ▶ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (Double-click) to: | | | |
| a | Link to Schedule C line 6 ▶ | <u> </u> | <u> </u> | <u> </u> |
| b | Link to Schedule F line 8b, 43b . ▶ | <u> </u> | <u> </u> | <u> </u> |
| | Enter the taxable portion of the amount in box 2 to be reported . . | <u> </u> | <u> </u> | <u> </u> |
| | on Schedule C or F | <u> </u> | <u> </u> | <u> </u> |
| 9 | Market gain | <u> </u> | <u> </u> | <u> </u> |
| a | Link to Schedule F Line 4a, 39a ▶ | <u> </u> | <u> </u> | <u> </u> |
| b | Link to Form 4835 Line 3a . . . ▶ | <u> </u> | <u> </u> | <u> </u> |
| 10 b | State identification no | <u> </u> | <u> </u> | <u> </u> |
| 11 | State income tax withheld | <u> </u> | <u> </u> | <u> </u> |
| 12 a | Locality name. | <u> </u> | <u> </u> | <u> </u> |
| 13 | Local Income Tax Withheld | <u> </u> | <u> </u> | <u> </u> |

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|--|--|
| Name(s) Shown on Return SANTOSH KODI | Social Security Number 484-51-9992 |
|--|--|

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 | 10,284. | 4,784. | |
| 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 | 10,284. | 4,784. | |
| 20 Total Tax Payments for 2017 | 10,284. | 4,784. | |

| | 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 <u>SANTOSH KODI</u> | Social Security Number <u>484-51-9992</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 | 68,579 . | _____ | 68,579 . |
| 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 | 68,579 . | _____ | 68,579 . |
| 9 a Taxable dependent care benefits | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 | 68,579 . | _____ | 68,579 . |
| 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 | 68,579 . | _____ | 68,579 . |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|----------|-------|----------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 68,579 . | _____ | 68,579 . |
| 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. | 68,579 . | _____ | 68,579 . |

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

| | | | |
|--|----------|-------|----------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 68,579 . | _____ | 68,579 . |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 68,579 . | _____ | 68,579 . |

Federal Carryover Worksheet

2017

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return SANTOSH KODI | Social Security Number 484-51-9992 |
|---|---------------------------------------|

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 | | 15,952. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 68,579. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 7,883. |
| 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

SANTOSH KODI

Filing status Single

Number of exemptions 1

Gross Income

| | |
|---|----------------|
| Wages and salaries | 68,579. |
| 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 | 0. |
| Total Gross Income | 68,579. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 68,579.

Itemized/Standard Deductions

| | |
|--|----------------|
| Medical and dental | _____ |
| Taxes | 4,784. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | 11,168. |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 15,952. |
| Standard deduction | _____ |
| Exemption amount | 4,050. |

Taxable Income 48,577.

| | |
|---|---------------|
| Income tax | 7,883. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 7,883. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 7,883.

| | |
|---|----------------|
| Withholding | 10,284. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 10,284. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 2,401.

Refund 2,401.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|---------|
| Tax bracket | 25.0 % |
| Effective tax rate | 11.49 % |

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| Tax Smart Worksheet | |
|----------------------------|--|
| A | Tax <u>7,883.</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>7,883.</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 68,579.
- 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 68,579.
- 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 |
|-----------|----------------------------------|--------------------------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| MD | 01/01/17 | 12/31/17 | 6.0000 | 6.0000 | 0.0000 | 601. | 0. | 601. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- Total general sales taxes from table 601.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 601.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 4,784.



171010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions on Page 2.

Print Using Blue or Black Ink Only.

SANTOSH First Name, KODI Initial Last Name, 48451992 SSN/Taxpayer Identification Number, Spouse's First Name, Spouse's Last Name, Spouse's SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2018 estimated tax
2. Amount of overpayment to be refunded to you REFUND 526
3. Total amount due (Pay in full by April 15, 2018. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2017 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN 19992 Enter five digits. Do not enter all zeros. as my signature on my tax year 2017 electronically filed income tax return.

[] 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 ERO firm name to enter or generate my PIN Enter five digits. Do not enter all zeros. as my signature on my tax year 2017 electronically filed income tax return.

[] 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

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. 587278 Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 05242018

DO NOT MAIL



175020013

OR FISCAL YEAR BEGINNING _____ 2017, ENDING _____

484519992

Your Social Security Number

Spouse's Social Security Number

SANTOSH

Your First Name

Initial

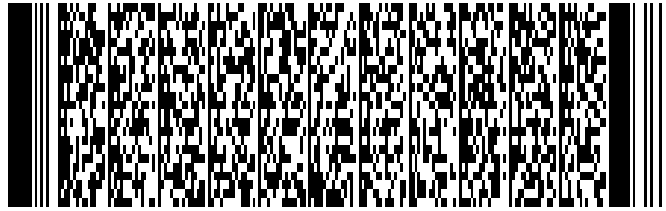
KODI

Your Last Name

Spouse's First Name

Initial

Spouse's Last Name



8642 TOWN AND COUNTRY BLVD E

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

ELLCOTT CITY
City or Town

MD 21043
State ZIP Code

REQUIRED: Physical address as of December 31, 2017 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1400

4 Digit Political Subdivision Code (See Instruction 6)

HOWARD

Maryland Political Subdivision (See Instruction 6)

8642 TOWN AND COUNTRY BLVD E

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

ELLCOTT CITY
City

MD 21043
State ZIP Code

HOWARD
Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [] Married filing joint return or spouse had no income
3. [] Married filing separately, Spouse SSN
4. [] Head of household
5. [] Qualifying widow(er) with dependent child
6. [] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2017 place a P in the box.

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [] Spouse Enter number checked [1] See Instruction 10 A. \$ 3200
B. [] 65 or over [] 65 or over
[] Blind [] Blind Enter number checked [] X \$1,000 B. \$
C. Enter number from line 3 of Dependent Form 502B [] See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) [1] Total Amount D. \$ 3200

Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.



175020113

NAME SANTOSH KODI

SSN 484519992

| | | | |
|---|---|---|--------------|
| INCOME See Instruction 11. | 1. Adjusted gross income from your federal return | ▶ 1. | <u>68579</u> |
| | 1a. Wages, salaries and/or tips | ▶ 1a. | <u>68579</u> |
| | 1b. Earned income | ▶ 1b. | _____ |
| | 1c. Capital Gain or (loss) | ▶ 1c. | _____ |
| | 1d. Taxable Pension, IRA, Annuities (Attach Form 502R.) | ▶ 1d. | _____ |
| 1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450 ▶ <input type="checkbox"/> | | | |
| ADDITIONS TO INCOME See Instruction 12. | 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland | ▶ 2. | _____ |
| | 3. State retirement pickup | ▶ 3. | _____ |
| | 4. Lump sum distributions (from worksheet in Instruction 12.) | ▶ 4. | _____ |
| | 5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____ | ▶ 5. | _____ |
| | 6. Total additions to Maryland income (Add lines 2 through 5.) | ▶ 6. | _____ |
| | 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) | ▶ 7. | <u>68579</u> |
| | SUBTRACTIONS FROM INCOME See Instruction 13. | 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 | ▶ 8. |
| 9. Child and dependent care expenses | | ▶ 9. | _____ |
| 10. Pension exclusion from worksheet in Instruction 13 | | ▶ 10. | _____ |
| 11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 | | ▶ 11. | _____ |
| 12. Income received during period of nonresidence (See Instruction 26.) | | ▶ 12. | _____ |
| 13. Subtractions from attached Form 502SU ▶ _____ | | ▶ 13. | _____ |
| 14. Two-income subtraction from worksheet in Instruction 13 | | ▶ 14. | _____ |
| 15. Total subtractions from Maryland income (Add lines 8 through 14.) | | ▶ 15. | _____ |
| 16. Maryland adjusted gross income (Subtract line 15 from line 7.) | | ▶ 16. | <u>68579</u> |
| DEDUCTION METHOD See Instruction 16. | | All taxpayers must select one method and check the appropriate box. | |
| | ▶ <input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.) | | |
| | ▶ <input checked="" type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) | | |
| | 17a. Total federal itemized deductions (from line 29, federal Schedule A) | ▶ 17a. | <u>15952</u> |
| | 17b. State and local income taxes (See Instruction 14.) | ▶ 17b. | <u>4784</u> |
| Subtract line 17b from line 17a and enter amount on line 17. | | | |
| 17. Deduction amount (Part-year residents see Instruction 26 (l and m).) | ▶ 17. | <u>11168</u> | |
| 18. Net income (Subtract line 17 from line 16.) | ▶ 18. | <u>57411</u> | |
| 19. Exemption amount from Exemptions area (See Instruction 10.) | ▶ 19. | <u>3200</u> | |
| 20. Taxable net income (Subtract line 19 from line 18.) | ▶ 20. | <u>54211</u> | |
| MARYLAND TAX COMPUTATION | 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) | ▶ 21. | <u>2523</u> |
| | 22. Earned income credit (½ of federal earned income credit. See Instruction 18.) | ▶ 22. | _____ |
| | 23. Poverty level credit (See Instruction 18.) | ▶ 23. | _____ |
| | 24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.) | ▶ 24. | _____ |
| | 25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR. | ▶ 25. | _____ |
| | 26. Total credits (Add lines 22 through 25.) | ▶ 26. | _____ |
| | 27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. | ▶ 27. | <u>2523</u> |
| LOCAL TAX COMPUTATION | 28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet | ▶ 28. | <u>1735</u> |
| | 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) | ▶ 29. | _____ |
| | 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) | ▶ 30. | _____ |
| | 31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.) | ▶ 31. | _____ |
| | 32. Total credits (Add lines 29 through 31.) | ▶ 32. | _____ |
| | 33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0. | ▶ 33. | <u>1735</u> |
| 34. Total Maryland and local tax (Add lines 27 and 33.) | ▶ 34. | <u>4258</u> | |
| 35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) | ▶ 35. | _____ | |
| 36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) | ▶ 36. | _____ | |
| 37. Contribution to Maryland Cancer Fund (See Instruction 20.) | ▶ 37. | _____ | |
| 38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) | ▶ 38. | _____ | |
| 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) | ▶ 39. | <u>4258</u> | |



175020213

NAME SANTOSH KODI SSN 484519992

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2017 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Amount of overpayment to be applied, Amount of overpayment to be refunded, Interest charges), and 50 (TOTAL AMOUNT DUE).

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [X] Checking [] Savings

51b. Routing Number (9-digits) 121000358 51c. Account Number 325049942820

Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signatures and address information: APPANA RUPA VENKATA S, Signature of preparer other than taxpayer, 2530 PEBBLE CREEK LN, Street address of preparer, CUMMING GA 30041, City, State, ZIP, 6467277157, Telephone number of preparer, 02090332, Preparer's PTIN (required by law)

For returns filed without payments, mail your completed return to: Comptroller of Maryland, Revenue Administration Division, 110 Carroll Street, Annapolis, MD 21411-0001. For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on TOP of Form 502 and mail to: Comptroller of Maryland, Payment Processing, PO Box 8888, Annapolis, MD 21401-8888.

Maryland Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SANTOSH
Middle Initial Suffix
Last Name KODI
Social Security No. 484-51-9992

65/Over . . [] Blind . . [] Disabled . . []

Daytime Phone * []
Home Phone * []

* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.

65/Over . . [] Blind . . [] Disabled . . []

Daytime Phone * []

Street Address 8642 TOWN AND COUNTRY BLVD E Apt Number
City or Town ELLICOTT CITY
State MD ZIP Code 21043
Foreign Code Foreign Country Foreign Zip Code

Locality Information:

Maryland county (Baltimore City residents leave blank.) HOWARD
City, town or taxing area (If not listed, leave blank.)
Local tax rate 0.0320

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[] 2 tax areas
Taxpayer
Spouse

Physical address as of December 31, 2017 (Maryland residents and part-year residents only)

4 Digit Political Subdivision Code
1400
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
8642 TOWN AND COUNTRY BLVD E
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
City or Town State ZIP Code
ELLICOTT CITY MD 21043

Check to confirm address information is correct [X]

Part II - Main Form

[X] Form 502: Resident Tax Return (Long form)
[] Form 505: Nonresident Tax Return

1 a State of legal residence

Yes No

b [] [] Were you a resident of that state the entire year of 2017?

c [] [] Did you file a Maryland income tax return for 2016?

Resident Nonresident

d If Yes, was it [] []

e Dates of Maryland residence in 2017:
from to Check if 'none' . . []

Yes No

f [] [] Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city

h If Pennsylvania resident, enter Pennsylvania county

[] Form 502: Part-Year Resident Tax Return

2 a Other state of residence
b Dates of Maryland residence from to
c Number of months in residence Taxpayer. Spouse Average

d If you received pension income, number of months . . . Taxpayer. ____ Spouse . ____

Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)
- 2 Married filing joint return or spouse had no income
- 3 Married filing separately. Spouse's social security number . . . _____
- 4 Head of household
- 5 Qualifying widow(er) with dependent child
- 6 Dependent taxpayer

Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**
- 3 Do you want to itemize even if itemized deductions are less than the standard deduction? *
 - 4 Do you want to take the standard deduction even if less than itemized deductions? *
- * Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2016 Form 502, line 34,
or Form 505, line 37. (Enter '0' if no tax was owed) _____
 - 6 Enter nonresident tax paid by pass-through entities from 2016
Form 505, line 45 _____
 - 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

Part V – Decedent Information

Taxpayer date of death _____
Spouse date of death _____

Taxpayer Spouse

If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . _____
Name/title of spouse's personal representative . . . _____

Part VI – Military Information – Form 502

Taxpayer:

- Yes No**
- 1 a Active duty military?
 - b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
 - 1 Amount of military pay attributable to service outside the United States included in federal gross income _____
 - 2 Total military pay received during the tax year _____
- Yes No**
- c In combat zone?
 - d Killed in action?

Spouse:

- Yes No**
- 2 a Active duty military?
 - b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
 - 1 Amount of military pay attributable to service outside the United States included in federal gross income _____
 - 2 Total military pay received during the tax year _____
- Yes No**
- c In combat zone?
 - d Killed in action?

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

1 The state return will be filed electronically

Electronic PDF Attachments

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

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

1 Date return was E-Filed _____

Yes No

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . _____

4 Date Form IND PV was given to client. . . _____

QuickZoom to the Maryland *e-file* Authentication Statement. ► _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal

Yes No

1 Do you want Direct Deposit of state tax refund?

2 Do you want Electronic Funds Withdrawal of state tax payment (EF Only)?

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

3 Name of Financial Institution (optional) BANK OF AMERICA

4 Checking account

5 Savings account

6 Routing number 121000358

7 Account number 325049942820

8 Payment date to withdraw from the account above. . . . _____

9 Balance due from return _____

10 Amount to withdraw from the account above _____

11 If partial payment is made, remaining balance due _____

International ACH Transactions:

Yes No

Will funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Maryland Contributions

1 Contribution to Chesapeake Bay and Endangered Species Fund. _____

2 Contribution to Developmental Disabilities Services and Support Fund _____

3 Contribution to Maryland Cancer Fund _____

4 Contribution to Fair Campaign Financing Fund _____

Part X – Paid Preparer Information

Enter the preparer's assigned code from preparer's information menu 1

Yes No

Is your preparer authorized to discuss this return with us?

Part XI – Extension Status

Yes **No**

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

Extended due date . . . _____

QuickZoom to Form 502E: Automatic Extension Payment for Personal Income Tax ▶ _____

QuickZoom to Form 502 ▶

QuickZoom to Form 505 ▶

Local Tax Worksheet

2017

▶ Keep for your records

| | |
|--|--|
| Name as Shown on Return <u>SANTOSH KODI</u> | Social Security Number <u>484-51-9992</u> |
|--|--|

Taxpayer County HOWARD

Enter Taxpayer County on Maryland Information Worksheet

| | | |
|--|----------|-----------------|
| 1 Enter the Maryland taxable net income from line 20 | 1 | <u>54,211.</u> |
| 2 Enter Maryland adjusted gross income (Form 502, line 16) | 2 | <u>68,579.</u> |
| 3 Enter taxpayer portion (or total if tax areas are the same) of line 2 | 3 | <u>68,579.</u> |
| 4 Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2). | 4 | <u>100.00 %</u> |
| 5 Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4). | 5 | <u>54,211.</u> |
| 6 Local income tax rate | 6 | <u>0.0320</u> |
| 7 Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502 | 7 | <u>1,735.</u> |

Spouse County _____

Enter Spouse County on Maryland Information Worksheet

| | | |
|--|-----------|---------|
| 8 Enter the Maryland taxable net income from line 20 of Form 502 | 8 | _____ |
| 9 Enter Maryland adjusted gross income (Form 502, line 16) | 9 | _____ |
| 10 Enter spouse portion of line 9. | 10 | _____ |
| 11 Percentage of spouse income to total income (line 10 divided by line 9) | 11 | _____ % |
| 12 Maryland taxable net income attributed to spouse (line 8 times line 11) | 12 | _____ |
| 13 Local income tax rate | 13 | _____ |
| 14 Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502 | 14 | _____ |

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|----------------------|---------------------------------------|
| Name SANTOSH KODI | Social Security Number 484-51-9992 |
|----------------------|---------------------------------------|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|-------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | 6 | |
| 7 | Amount paid with current year extension | 7 | |
| 8 | Total tax payments | 8 | |

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|--------|
| 9 | State withholding on Forms W-2 | 9 | 4,784. |
| 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 | 4,784. |
| 15 | Date return will be filed and balance paid | 15 | |

Maryland e-file Authentication Statement

2017

► Keep for your records

Name(s) Shown on Return
SANTOSH KODI

Social Security Number
484-51-9992

Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

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.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (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.

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 Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) 19992
 Spouse's PIN (5 numbers) _____
 Date _____

Smart Worksheets from your 2017 Maryland Tax Return

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

| Itemized Deduction Decoupling Smart Worksheet | |
|--|---|
| A | State and local income taxes from Schedule A, line 5 <u>4784</u> |
| B | Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F <u>0</u> |
| C | Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act (to Form 500DM, line 5a) _____ |