

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 RAMANATHAN MARI BALASUBRAMANIAN	Social security number 147-37-7661
Spouse's name PREETHA MURUGAN	Spouse's social security number 844-38-5424

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	88,911.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	6,049.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	8,510.
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	2,461.
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

7	7	6	6	1
---	---	---	---	---

 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 GLOBAL TAXES LLC to enter or generate my PIN

8	5	4	2	4
---	---	---	---	---

 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

See separate instructions.

Your first name and initial RAMANATHAN	Last name MARI BALASUBRAMANIAN	Your social security number 147-37-7661
If a joint return, spouse's first name and initial PREETHA	Last name MURUGAN	Spouse's social security number 844-38-5424
Home address (number and street). If you have a P.O. box, see instructions. 48 AVONWOOD ROAD		Apt. no. 106
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Avon CT 06001		▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

(1) First name		(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)
First name	Last name			
MUGIL	RAMANATHAN	579-89-8105	Son	<input checked="" type="checkbox"/>
SHWETHA	RAMANATHAN	037-51-7814	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:
• lived with you **2**
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **4**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	89,323.
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	129.
b	Qualified dividends	9b	129.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	89,452.

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	541.
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	541.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	88,911.

38	Amount from line 37 (adjusted gross income)	38	88,911.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
41	Subtract line 40 from line 38	41	76,211.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	60,011.
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	8,049.
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	8,049.
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	2,000.
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	2,000.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	6,049.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	6,049.
64	Federal income tax withheld from Forms W-2 and 1099	64	8,510.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	8,510.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,461.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,461.
b	Routing number 0 7 2 0 0 0 8 0 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 7 5 0 1 0 1 8 7 3 2 1		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
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 INFORMATION TECHNOLOGY	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/02/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196	Phone no. (678)965-9729		
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

Paid Preparer's Due Diligence Checklist

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

2017

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Taxpayer identification number 147-37-7661
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Part I Due Diligence Requirements

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

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

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

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

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

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

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

Part V Credit Eligibility Certification

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

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

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

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **170**

Name(s) shown on return

Your social security number

RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN

147-37-7661

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

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,000.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	400.
3 Add lines 1 and 2	3	1,400.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	859.
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	541.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					89,452.
Adjustments to income					541.
Adjusted gross income					88,911.
Tax expense					3,854.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					16,200.
Taxable income					60,011.
Tax					8,049.
Alternative min tax . .					
Total credits					2,000.
Other taxes					
Payments					8,510.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,461.
Effective tax rate % . .					6.80
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN) and Social Security Number (147-37-7661)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 77661 Spouse's PIN (5 numbers) 85424 Date 03/13/2018

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name MARI BALASUBRAMANIAN
 First name RAMANATHAN
 Middle initial _____ Suffix _____
 Social security no. 147-37-7661
 Occupation INFORMATION TECHNOLOGY
 Date of birth 04/30/1978 (mm/dd/yyyy)
 Age as of 1-1-2018 39
 Date of death _____
 Legally blind
 E-mail address ramanathan_mb@yahoo.com
 Work phone _____ Ext _____
 Cell phone (248) 224-4343
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) MURUGAN
 First name PREETHA
 Middle initial _____ Suffix _____
 Social security no. 844-38-5424
 Occupation HOMEMAKER
 Date of birth 09/28/1981 (mm/dd/yyyy)
 Age as of 1-1-2018 36
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone (248) 876-9075
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer cell phone (248) 224-4343
 Print phone number on Form 1040 Home Taxpayer work Spouse work

US Address:

Address 48 AVONWOOD ROAD Apt no. 106
 City Avon State CT ZIP code 06001

Foreign Address: Check this box to use foreign address

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

APO/FPO/DPO address APO FPO DPO

Part II – Federal Filing Status

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

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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
MUGIL RAMANATHAN		579-89-8105 Son	06/08/2015	2	12		L	
SHWETHA RAMANATHAN		037-51-7814 Daughter	01/24/2009	8	12		L	

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

Part-Year Resident State Allocation Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Social Security Number 147-37-7661
---	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	89,323.	<u>CT</u>	<u>CT</u>	55,129.
		<u>TN</u>	<u>TN</u>	34,194.
		—	—	
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends	129.	<u>01/01</u>	<u>05/30</u>	<u>TN</u>		0.
		<u>05/12</u>	<u>12/31</u>	<u>CT</u>		0.
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T			See Sch E Income Allocation Smart Worksheet				
S							

* Enter the state of source for this income (See Tax Help)

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	89,452.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses	541.	01/01	05/30	TN	0.
		05/12	12/31	CT	0.
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
S						
31 Total adjustments T						541.
S						
32 Adjusted gross income T						88,911.
S						

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN) and Social Security Number (147-37-7661)

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

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

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

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

Driver's License Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, and NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, and NY Document number.

* 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:

- Input boxes for New client, Returning client to same preparer and firm, and 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

RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN

Social Security Number

147-37-7661

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

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

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Social Security Number 147-37-7661
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
COGNIZANT TECHNOLOGY		89,323.	8,510.	55,129.	3,854.
Totals		89,323.	8,510.	55,129.	3,854.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	89,323.		89,323.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,510.		8,510.
3 & 7	Total social security wages/tips	99,112.		99,112.
4	Total social security tax withheld	6,145.		6,145.
5	Total Medicare wages and tips	99,112.		99,112.
6	Total Medicare tax withheld	1,437.		1,437.
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	24,905.		24,905.
b	Elective deferrals to qualified plans	9,789.		9,789.
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	15,116.		15,116.
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	55,129.		55,129.
17	Total state tax withheld	3,854.		3,854.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return RAMANATHAN MARI BALASUBRAMANIAN	Social Security Number 147-37-7661
--	---------------------------------------

Employer EIN 13-3924155
Employer Name COGNIZANT TECHNOLOGY
 Name (cont.) SOLUTIONS US CORPORATION
Street Address or P. O. Box 211 QUALITY CIR STE 150
City College Station **State** TX **ZIP** 77845
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	89,323.	2 Federal tax withheld	8,510.
3 Social security wages	99,112.	4 Social sec tax withheld	6,145.
5 Medicare wages and tips	99,112.	6 Medicare tax withheld	1,437.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	45.	A: Enter amount attributable to RRTA Tier 2 tax
D	9,789.	M: Enter amount attributable to RRTA Tier 2 tax
P	859.	P: Double click to link to Form 3903, line 4 <u>Untitled</u>
DD	14,212.	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
CT	13-3924155 000 4	55,129.	3,854.

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 c63e-0fa2-aa0f-2ff3
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>		10
Dependent care benefits - Amount forfeited from flexible spending account		
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11

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

Keep for your records

RAMANATHAN MARI BALASUBRAMANIAN	147-37-7661 Page 2
Employer Name COGNIZANT TECHNOLOGY	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 147-37-7661

First name M.I. Last name Suff.

RAMANATHAN MARI BALASUBRAMANIAN

Address City St ZIP code

48 AVONWOOD ROAD, Apt. 106 Avon CT 06001

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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Interest and Dividends Summary

2017

▶ Keep for your records

Name(s) Shown on Return
RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN

Social Security Number
147-37-7661

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

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B	129.	129.		
2 From K-1 Worksheets				
Subtotal	129.	129.		
Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶	129.			
8 Total qualified dividends. . . ▶		129.		
9 Total capital gains ▶				
10 Total nontaxable dividends . ▶				

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

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

Name as Shown on Return
RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN

Social Security No.
147-37-7661

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

Part 1

1	Number of qualifying children: <u>2</u> X \$1,000. Enter the result	1	<u>2,000.</u>
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	<u>88,911.</u>
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	<u>0.</u>
4	Add lines 2 and 3. Enter the total	4	<u>88,911.</u>
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 	5	<u>110,000.</u>
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	<u>0.</u>
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	<u>2,000.</u>

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	<u>8,049.</u>
10	Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	10	<u>0.</u>
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	<u>0.</u>
12	Subtract line 11 from line 9. Enter the result.	12	<u>8,049.</u>
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	<u>2,000.</u>

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

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

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

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above.	1	
2	Enter earned income from the Earned Income Worksheet that applies to you	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	7,582.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Enter the larger of line 4 or line 10	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
13	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 Then, go to line 13. Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet	14	
15	Add lines 13 and 14. Enter the total	15	

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

Note: Railroad Employees

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

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

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2017

Line 44

► Keep for your records

Name(s) Shown on Return RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Social Security Number 147-37-7661
--	---------------------------------------

1	Enter the amount from Form 1040, line 43	1	<u>60,011.</u>
2	Enter the amount from Form 1040, line 9b	2	<u>129.</u>
3	Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u> </u>
	<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	<u>129.</u>
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5	<u>0.</u>
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	<u>129.</u>
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	<u>59,882.</u>
8	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.	8	<u>75,900.</u>
9	Enter the smaller of line 1 or line 8	9	<u>60,011.</u>
10	Enter the smaller of line 7 or line 9	10	<u>59,882.</u>
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	<u>129.</u>
12	Enter the smaller of line 1 or line 6	12	<u>129.</u>
13	Enter the amount from line 11	13	<u>129.</u>
14	Subtract line 13 from line 12.	14	<u>0.</u>
15	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.	15	<u>470,700.</u>
16	Enter the smaller of line 1 or line 15	16	<u>60,011.</u>
17	Add lines 7 and 11	17	<u>60,011.</u>
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	<u>0.</u>
19	Enter the smaller of line 14 or line 18	19	<u>0.</u>
20	Multiply line 19 by 15% (.15)	20	<u>0.</u>
21	Add lines 11 and 19	21	<u>129.</u>
22	Subtract line 21 from line 12	22	<u>0.</u>
23	Multiply line 22 by 20% (.20)	23	<u>0.</u>
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u>8,049.</u>
25	Add lines 20, 23, and 24	25	<u>8,049.</u>
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	26	<u>8,071.</u>
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.	27	<u>8,049.</u>

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Social Security Number 147-37-7661
---	--

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

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

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	8,510.	3,854.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	8,510.	3,854.	
20 Total Tax Payments for 2017	8,510.	3,854.	

	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 RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Social Security Number 147-37-7661
---	--

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	89,323.		89,323.
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	89,323.		89,323.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	89,323.		89,323.
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	89,323.		89,323.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	89,323.		89,323.
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.	89,323.		89,323.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	89,323.		89,323.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	89,323.		89,323.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN	Social Security Number 147-37-7661
--	---------------------------------------

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

RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN 147-37-7661

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		3,854.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		88,911.
6	Tax liability for Form 2210 or Form 2210-F		6,049.
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
RAMANATHAN MARI BALASUBRAMANIAN & PREETHA MURUGAN

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

Wages and salaries	89,323.
Interest and dividend income	129.
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	89,452.

Adjustments to Income 541.

Adjusted Gross Income (Last year's AGI) 88,911.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,854.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	3,854.
Standard deduction	12,700.
Exemption amount	16,200.

Taxable Income 60,011.

Income tax	8,049.
Alternative minimum tax	_____
Total Taxes before Credits	8,049.
Nonbusiness credits	2,000.
Business credits	_____
Total Credits	2,000.
Self-employment tax	_____
Other taxes	_____

Total Tax 6,049.

Withholding	8,510.
Estimated tax payments	_____
Other payments	_____
Total Payments	8,510.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 2,461.

Refund 2,461.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	6.80 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax 8,049.
	Check if from:
1	Tax table <input 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 checked="" 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 8,049.

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

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

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet

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

B Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form 859.

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

D Enter the number of miles from your **old home** to your **new workplace** 1,771 miles

E Enter the number of miles from your **old home** to your **old workplace** 21 miles

F Subtract line E from line D. If zero or less, enter -0- 1,750 miles

Is line F at least 50 miles?

Yes ▶ You meet this test.

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

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

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

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

A Travel and lodging expenses for this move (excluding auto expenses) 400.

B Parking fees and tolls _____

C Gasoline and oil _____

D Miles driven traveling to new home _____

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>6,145.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,437.</u>
C	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) <u>0.</u>
D	Add line A, B, and C <u>7,582.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>7,582.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J _____
O	Add line L, M, and N _____
Line 6 Amount	
P	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>7,582.</u>

NRPY1217V011555



Form CT-1040NR/PY - 2017
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/17)

Page 1 of 4

Other taxable year, beginning: and ending:

N S Y FJ N FS N HH N QW
147 - 37 - 7661 844 - 38 - 5424

RAMANATHAN MARI BALASUBRAMANIAN N Dec. Y P
PREETHA MURUGAN N Dec. N N

48 AVONWOOD RD N CT-8379 N CT-2210

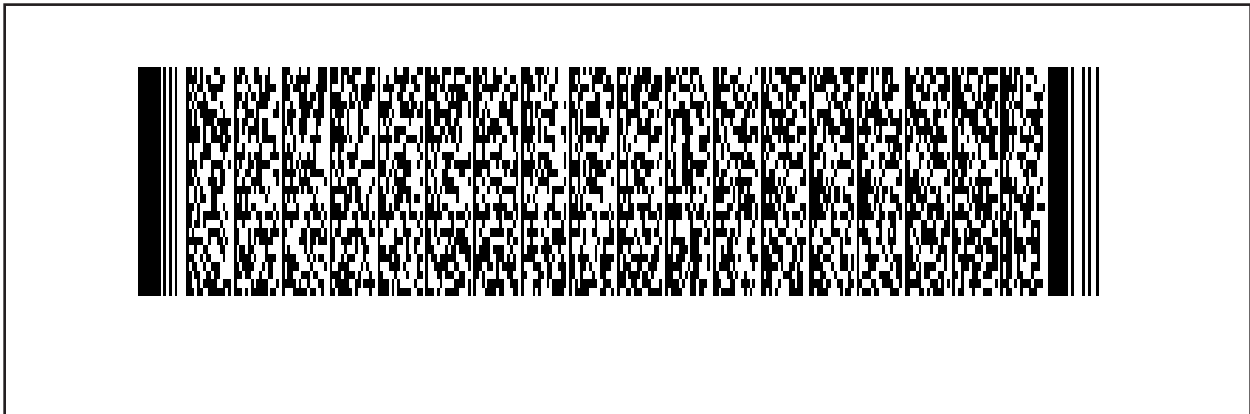
APT 106 N CT-1040CRC

AVON CT 06001 - •

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	88911
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	88911
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	88911
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	55129
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	88911
8. Income tax	8.	3642
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.6200
10. Line 9 multiplied by Line 8	10.	2258
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	2258
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	2258
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	2258
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	2258



Clip check here. Do not staple.
Do not send W-2 or 1099 forms.



Form CT-1040NR/PY, Page 2 of 4

NRPY1217V021555



• 147377661

19. Amount from Line 18

19. • 2258

W-2, W-2G, and 1099 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	13 - 3924155	• 55129	•	3854
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C. 20. 3854

21. All 2017 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040CRC, Line 6) 22a. 0

23. **Total payments:** Add Lines 20, 21, 22 and 22a. 23. 3854

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 1596

25. Amount of Line 24 you want **applied to your 2018 estimated tax** 25. 0

26. CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. 27. 1596

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y N Sv. 27b. Rout. # 072000805 27c. Acct. # 375010187321

27d. Refund going to a bank account outside the U.S. 27d. N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 30. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 31. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. **Total amount due:** Add Lines 28 through 31. 32. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Your signature •		Date •	Home/cell telephone number
Spouse's signature (if joint return) •		Date •	Daytime telephone number •
Paid preparer's signature • APPANA RUPA VENKATA SATYA		Date • 060218	Telephone number • 6789659729
Paid preparer's name APPANA RUPA VENKA		Firm's name, address, and ZIP code • GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	
		Preparer's SSN or PTIN P02090332	FEIN 301017196

Third Party Designee - Complete the following to authorize DRS to contact another person about this return. Self-employed N

Designee's name •	Telephone number •	Personal identification number (PIN) • _____
----------------------	-----------------------	---

NRPY1217V021555

Form CT-1040NR/PY, Page 3 of 4

NRPY1217V031555



• 147377661

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Domestic production activities (from federal Form 1040, Line 35)	38.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of Connecticut teacher's retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1217V031555

NRPY1217V041555



• 147377661

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62. Individual use tax: Add Lines 62a, 62b, and 62c.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email

Schedule CT-SI

Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

2017

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial RAMANATHAN	Last name MARI BALASUBRAMANIAN	Your Social Security Number 1 4 7 : 3 7 : 7 6 6 1
If joint return, spouse's first name and middle initial PREETHA	Last name MURUGAN	Spouse's Social Security Number 8 4 4 : 3 8 : 5 4 2 4

See instructions on Page 28 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶ 1	55,129	
2. Taxable interest	▶ 2		
3. Ordinary dividends	▶ 3	0	
4. Alimony received	▶ 4		
5. Business income or (loss)	▶ 5		
6. Capital gain or (loss)	▶ 6		
7. Other gains or (losses)	▶ 7		
8. Taxable amount of IRA distributions	▶ 8		
9. Taxable amount of pensions and annuities	▶ 9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶ 10		
11. Farm income or (loss)	▶ 11		
12. Unemployment compensation	▶ 12		
13. Taxable amount of social security benefits	▶ 13		
14. Other income: See instructions.	▶ 14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶ 15	55,129	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	▶ 16		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	▶ 17		
18. Health savings account deduction	▶ 18		
19. Moving expenses	▶ 19	0	
20. Deductible part of self-employment tax	▶ 20		
21. Self-employed SEP, SIMPLE, and qualified plans	▶ 21		
22. Self-employed health insurance deduction	▶ 22		
23. Penalty on early withdrawal of savings	▶ 23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ ▶	▶ 24		
25. IRA deduction	▶ 25		
26. Student loan interest deduction	▶ 26		
27. Tuition and fees	▶ 27		
28. <i>Reserved for future use</i>	▶ 28		
29. Total adjustments: Add Lines 16 through 27.	▶ 29	0	
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶ 30	55,129	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 32.

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days: Add Line A and Line B.	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E		
F. Total income being apportioned	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G		

Schedule CT-1040AW

Part-Year Resident Income Allocation

2017

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial RAMANATHAN	Last name MARI BALASUBRAMANIAN	Your Social Security Number 1 4 7 : 3 7 : 7 6 6 1
If joint return, spouse's first name and middle initial PREETHA	Last name MURUGAN	Spouse's Social Security Number 8 4 4 : 3 8 : 5 4 2 4

Part 1 – Adjusted Gross Income		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period	Connecticut Nonresident Period	
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>
1. Wages, salaries, tips, etc.	1	89,323	55,129	34,194	0
2. Taxable interest.....	2				
3. Ordinary dividends.....	3	129	0	129	0
4. Alimony received	4				
5. Business income or (loss).....	5				
6. Capital gain or (loss).....	6				
7. Other gains or (losses)	7				
8. Taxable amount of IRA distributions	8				
9. Taxable amount of pensions and annuities.....	9				
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	10				
11. Farm income or (loss).....	11				
12. Unemployment compensation	12				
13. Taxable amount of social security benefits	13	0		0	
14. Other income: See instructions.	14				
15. Add Lines 1 through 14.	15	89,452 00	55,129 00	34,323 00	0 00

Part 2 – Adjustments to Income

16. Educator expenses	16				
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17				
18. Health savings account deduction	18				
19. Moving expenses.....	19	541	0	541	0
20. Deductible part of self-employment tax	20				
21. Self-employed SEP, SIMPLE, and qualified plans..	21				
22. Self-employed health insurance deduction.....	22				
23. Penalty on early withdrawal of savings.....	23				
24. Alimony paid	24				
25. IRA deduction	25				
26. Student loan interest deduction	26				
27. Tuition and fees	27				
28. <i>Reserved for future use</i>	28				
29. Total adjustments: Add Lines 16 through 27.	29	541	0	541	0
30. Subtract Line 29 from Line 15.	30	88,911 00	55,129 00	33,782 00	0 00

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.
Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-Year Resident Information

Moved Into Connecticut

- Date **you** moved into Connecticut 0 5 / 1 2 / 1 7 and state of **prior** residence: TN
- Date **your spouse** moved into Connecticut 0 5 / 1 2 / 1 7 and state of **prior** residence: TN

Moved Out of Connecticut

- Date **you** moved out of Connecticut / / and state of **new** residence:
- Date **your spouse** moved out of Connecticut / / and state of **new** residence:

Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? Yes No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No

Connecticut Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name MARI BALASUBRAMANIAN
First Name RAMANATHAN
Middle Initial Suffix
Social Security No. 147-37-7661
Date of Birth 04/30/1978
Date of Death
Daytime Phone
Home Phone

Spouse:

Last Name MURUGAN
First Name PREETHA
Middle Initial Suffix
Social Security No. 844-38-5424
Date of Birth 09/28/1981
Date of Death
Daytime Phone
Home Phone

* Check one box for taxpayer and one box for spouse to print daytime phone numbers on Form CT-1040 or CT-1040NR, page 2. Check daytime or home box to print on Form CT-1040EXT or CT-1040X.

Address 48 AVONWOOD RD Apt no. 106
City AVON State CT ZIP Code 06001
Taxpayer email address

Connecticut forms provide only two lines of 30 characters each for the main address (not including City, State, and Zip). We may have abbreviated certain words in your address. If the address below is incorrect or incomplete, please adjust. If using "c/o" or "Attn.", enter these on the first Address line only.

Address, Line 1 48 AVONWOOD RD
Address, Line 2 APT 106

Part II - Main Form

- Form CT-1040: Resident Tax Return (Long form)
Form CT-1040NR/PY: Nonresident Tax Return
[X] Form CT-1040NR/PY: Part-Year Resident Tax Return

Connecticut residency dates (use MM/DD/YYYY format) . . . From 05/12/2017 To 12/31/2017

Part III - Filing Status

- Single
[X] Married filing jointly
Married filing separately
Spouse's full name
Spouse's social security number
Taxpayer did not live with spouse for the entire year
Head of household (with qualifying person)
Qualifying widow(er) with dependent child

Part IV - Other Information

- I qualify as a farmer or fisherman
Yes No
[X] My city and zip code of residence are different than what's entered above
If so, enter resident City 5 digit resident Zip code

Part V - Electronic Filing Information

New! State e-file disclosure consent:

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

- [X] 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.

Table with 2 columns: Description, Filename

EF Status Dates:

Date return was EFiled
Date return was accepted by the state
Date Form CT-1040V was given to client.

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elect direct deposit of state tax refund
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal of state tax payment (EF Only)

Bank Information:

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

Name of Financial Institution (optional) BANK OF AMERICA

Account type Checking Savings

Routing number 072000805

Account number 375010187321

Payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Paid Preparer and Third Party Designee Information

Enter Preparer Code from Firm/Preparer Info 1

<input type="checkbox"/>	Preparer is the third party designee
<input type="checkbox"/>	Do not transfer third party designee information from federal return

If Not, Complete the following:

Designee's name _____

Designee's phone number _____

Personal identification number _____

Part VIII – Extension Status

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax return due date extended?
		Extended due date _____

QuickZoom to Form CT-1040 EXT: Application for Extension of Time to File Inc Tax Return ▶ _____

QuickZoom to Form CT-1040: Resident Income Tax Return ▶ _____

QuickZoom to Form CT-1040NR/PY: Nonresident and Part-Year Resident Income Tax Return . . . ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name R MARI BALASUBRAMANIAN & P MURUGAN	Social Security Number 147-37-7661
--	---------------------------------------

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	3,854.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	3,854.
15	Date return will be filed and balance paid	15	