

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name PRASHANTH KULKARNI	Social security number 671-46-5622
Spouse's name SINDUSHRUTHA GUNDAMARAJU	Spouse's social security number 679-73-7897

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	89,176.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	8,139.
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	13,811.
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	5,672.
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

6	5	6	2	2
---	---	---	---	---

 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name 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

3	7	8	9	7
---	---	---	---	---

 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name 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 PRASHANTH	Last name KULKARNI	Your social security number 671-46-5622
If a joint return, spouse's first name and initial SINDUSHRUTHA	Last name GUNDAMARAJU	Spouse's social security number 679-73-7897
Home address (number and street). If you have a P.O. box, see instructions. 400 N CORONADO ST		Apt. no. 2112
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHANDLER AZ 85224		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	Foreign postal code

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(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)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b 2

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above 2

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	89,065.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	111.
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	89,176.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	89,176.

38	Amount from line 37 (adjusted gross income)	38	89,176.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,593.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	68,583.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	60,483.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	8,139.
	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	8,139.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,139.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	8,139.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	13,811.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	13,811.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,672.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	5,672.
Direct deposit? See instructions.	b Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 7 6 8 6 5 6 9		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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

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

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

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	HOMEMAKER	<input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/22/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's EIN		Phone no.	
GLOBAL TAXES LLC	30-1017196		(678) 965-9729	
Firm's address	2530 Pebble Creek Ln Cumming GA 30041			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU

671-46-5622

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		1,158.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	1,158.

Interest You Paid

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

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

Gifts to Charity

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

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

Casualty and Theft Losses

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

Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	21,219.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	21,219.
25	Enter amount from Form 1040, line 38 25 89,176.		
26	Multiply line 25 by 2% (0.02)	26	1,784.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	19,435.

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	28	
-----------	---	-----------	--

Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		20,593.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **129A**

Your name PRASHANTH KULKARNI	Occupation in which you incurred expenses	Social security number 671-46-5622
---------------------------------	---	---------------------------------------

You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,200.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	15,400.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,419.
5 Meals and entertainment expenses: \$ <u>4,400.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,200.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	21,219.

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

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

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					89,176.
Adjustments to income					
Adjusted gross income					89,176.
Tax expense					1,158.
Interest expense . . .					
Contributions					
Miscellaneous deductions					19,435.
Other Itemized Deductions					
Total itemized/standard deduction . .					20,593.
Exemption amount . .					8,100.
Taxable income					60,483.
Tax					8,139.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					13,811.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					5,672.
Effective tax rate % . .					9.13
**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, Social Security Number. Values: PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU, 671-46-5622

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, Input field. Rows: 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) (with X in box)

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) 65622, Spouse's PIN (5 numbers) 37897, Date 02/15/2018

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 KULKARNI
 First name PRASHANTH
 Middle initial _____ Suffix _____
 Social security no. 671-46-5622
 Occupation SOFTWARE ENGINEER
 Date of birth 08/07/1988 (mm/dd/yyyy)
 Age as of 1-1-2018 29
 Date of death _____
 Legally blind
 E-mail address Kulkarniprashanth7@gmail.com
 Work phone _____ Ext _____
 Cell phone (678) 230-1217
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) GUNDAMARAJU
 First name SINDUSHRUTHA
 Middle initial _____ Suffix _____
 Social security no. 679-73-7897
 Occupation HOMEMAKER
 Date of birth 05/11/1989 (mm/dd/yyyy)
 Age as of 1-1-2018 28
 Date of death _____
 Legally blind
 E-mail address Shruthakulkarni7@gmail.com
 Work phone _____ Ext _____
 Cell phone (678) 488-3491
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (678) 230-1217
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 400 N CORONADO ST Apt no. 2112
 City CHANDLER State AZ ZIP code 85224

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

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

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU, 671-46-5622

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. 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. 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, Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, NY Document number.

State Identification Card Detail

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

Table with 2 columns: Name(s) Shown on Return (PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU) and Social Security Number (671-46-5622)

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

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

Non Paid Preparer Information

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

Form with three rows for selection: IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer, each with a checkbox.

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.

Form titled 'State/City *' with checkboxes and labels for New York and Vermont, and blank lines for other states/cities.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU	Social Security Number 671-46-5622
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ZUVEN TECHNOLOGIES INC		89,065.	13,811.	89,065.	1,158.
Totals		89,065.	13,811.	89,065.	1,158.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	89,065.		89,065.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	13,811.		13,811.
3 & 7	Total social security wages/tips	89,065.		89,065.
4	Total social security tax withheld	5,522.		5,522.
5	Total Medicare wages and tips	89,065.		89,065.
6	Total Medicare tax withheld	1,291.		1,291.
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			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
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	89,065.		89,065.
17	Total state tax withheld	1,158.		1,158.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return PRASHANTH KULKARNI	Social Security Number 671-46-5622
---	---------------------------------------

Employer EIN 26-4137101
 Employer Name ZUVEN TECHNOLOGIES INC
 Name (cont.) _____
 Street Address or P. O. Box 2222 W SPRING CREEK PKWY 102
 City PLANO State TX ZIP 75023
 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	89,065.	2	Federal tax withheld	13,811.
3	Social security wages	89,065.	4	Social sec tax withheld	5,522.
5	Medicare wages and tips	89,065.	6	Medicare tax withheld	1,291.
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:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
AZ	26-4137101	89,065.	1,158.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

Keep for your records

PRASHANTH KULKARNI	671-46-5622 Page 2
Employer Name ZUVEN TECHNOLOGIES INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 671-46-5622

First name M.I. Last name Suff.

PRASHANTH KULKARNI

Address City St ZIP code

400 N CORONADO ST, Apt. 2112 CHANDLER AZ 85224

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

▶ Keep for your records

Name(s) Shown on Return PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU	Social Security No. 671-46-5622
--	------------------------------------

Worksheet Description COPY 1

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer): Check if Taxpayer <input type="checkbox"/> Check if Spouse <input type="checkbox"/> Check if Joint <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Payer's Federal ID number	43-1283723		
	Enter the abbreviation of State or Locality issuing this payment:			
10 a	State abbreviation	<u>MO</u>	_____	_____
	Locality abbreviation	_____	_____	_____
	Payer's name	State of MO		
1 a	Unemployment compensation	_____	_____	_____
2	Amount repaid	_____	_____	_____
3	State or local income tax refunds, credits, or offsets	111.	_____	_____
4	Box 2 amount is for tax year	<u>2016</u>	_____	_____
5	Federal income tax withheld	_____	_____	_____
6	RTAA payments	_____	_____	_____
7	Taxable grants	_____	_____	_____
7	Agriculture payments	_____	_____	_____
	(Double-click) to:			
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Schedule F Line 6a, 41 . ▶	_____	_____	_____
c	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
d	Link to Form 4835 Line 5a . . . ▶	_____	_____	_____
8	Check if the amount in box 2 applies to income from a trade or business. ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 ▶	_____	_____	_____
b	Link to Schedule F line 8b, 43b . ▶	_____	_____	_____
	Enter the taxable portion of the amount in box 2 to be reported	_____	_____	_____
9	Market gain	_____	_____	_____
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
10 b	State identification no	_____	_____	_____
11	State income tax withheld	_____	_____	_____
12 a	Locality name.	_____	_____	_____
13	Local Income Tax Withheld	_____	_____	_____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU	Social Security Number 671-46-5622
--	---------------------------------------

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	13,811.	1,158.	
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	13,811.	1,158.	
20 Total Tax Payments for 2017	13,811.	1,158.	

	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 PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU	Social Security Number 671-46-5622
--	---------------------------------------

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	89,065.	_____	89,065.
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	89,065.	_____	89,065.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	89,065.	_____	89,065.
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	89,065.	_____	89,065.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	89,065.	_____	89,065.
17 Net self-employment loss	_____	_____	_____
18 Alimony received.	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2.	89,065.	_____	89,065.

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

23 Self-employed, church and statutory employees . . .	_____	_____	_____
24 Wages, salaries, tips, etc	89,065.	_____	89,065.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	89,065.	_____	89,065.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU	Social Security Number 671-46-5622
--	---------------------------------------

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		20,593.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		89,176.
6	Tax liability for Form 2210 or Form 2210-F		8,139.
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

PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

Wages and salaries	89,065.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	111.
Total Gross Income	89,176.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 89,176.

Itemized/Standard Deductions

Medical and dental	
Taxes	1,158.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	19,435.
Phaseout of itemized deductions	
Total Itemized Deductions	20,593.
Standard deduction	
Exemption amount	8,100.

Taxable Income 60,483.

Income tax	8,139.
Alternative minimum tax	
Total Taxes before Credits	8,139.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 8,139.

Withholding	13,811.
Estimated tax payments	
Other payments	
Total Payments	13,811.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 5,672.

Refund 5,672.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	9.13 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>8,139.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>8,139.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

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

- A Income from Form 1040, line 38 89,176.
- B Nontaxable income entered elsewhere on return
- C Available income: 2016 refundable credits in excess of tax 0.
- D **Enter** any additional nontaxable income
- E Total available income for sales taxes 89,176.
- F Sales tax table information:

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

QuickZoom to Misc Global Options to enter default locality ►

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

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
AZ	01/01/17	12/31/17	5.6000	5.6000	0.0000	806.	0.	806.

- Total general sales taxes from table 806.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 806.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 1,158.

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 1)

Form 1099-G Electronic Filing Information Smart Worksheet <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
Payer 1 If CORRECTED check here <input type="checkbox"/>	Recipient 1
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . <u>43-1283723</u> Name, street address, city, state, ZIP code and telephone number. <u>State of MO</u> <u>MISSOURI DEPARTMENT OF REVENUE</u> <u>PO BOX 2200</u> <u>JEFFERSON CITY MO 65105-2200</u> Telephone number _____ Ext: _____	Recipient Information: Identification Number <u>671-46-5622</u> Name <u>PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU</u> Street address _____ Apartment No. _____ <u>400 N CORONADO ST 2112</u> City _____ State _____ Zip code _____ <u>CHANDLER AZ 85224</u> Account No. (optional) _____
Payer 2 If CORRECTED check here <input type="checkbox"/>	Recipient 2
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____
Payer 3 If CORRECTED check here <input type="checkbox"/>	Recipient 3
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____

Your First Name and Middle Initial 1 PRASHANTH		Last Name KULKARNI	Enter your SSN(s).	Your Social Security Number 671 46 5622
Spouse's First Name and Middle Initial 1 SINDUSHRUTHA		Last Name GUNDAMARAJU		Spouse's Social Security No. 679 73 7897
Current Home Address - number and street, rural route 2 400 N CORONADO ST		Apt. No. 2112	Daytime Phone (with area code) 94	
City, Town or Post Office 3 CHANDLER		State AZ	ZIP Code 85224	
			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
			81 PM	
			80 RCVD	

Enter the amount of payment enclosed..... \$

694	00
-----	----

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- ✓ Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2017 Tax" on your payment.
- ✓ Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card!
 American Express ♦ Visa ♦ Discover Card ♦ MasterCard
www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- ✓ Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 17, 2018. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] AND ENDING [M,M,D,D], [Y,Y]. 66F

Your First Name and Middle Initial PRASHANTH Last Name KULKARNI Your Social Security Number 671-46-5622

Spouse's First Name and Middle Initial (if box 4 or 6 checked) SINDUSHRUTHA Last Name GUNDAMARAJU Spouse's Social Security No. 679-73-7897

Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 400 N CORONADO ST 2112 94

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) CHANDLER AZ 85224 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single

EXEMPTIONS Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10 Dependents: Do not include self or spouse. 11 Qualifying parents and grandparents

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

If completing lines 8 through 11, also complete lines 38 through 41. 81 PM 80 RCVD

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits.

(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017.

12 Federal adjusted gross income (from your federal return) 12 89,176 00

13 Non-Arizona municipal interest..... 13 00

14 Partnership Income adjustment: See instructions 14 00

15 Total federal depreciation 15 00

16 Other Additions to Income: See instructions and include your own schedule..... 16 00

17 Subtotal: Add lines 12 through 16 and enter the total 17 89,176 00

18 Total net capital gain or (loss): See instructions 18 00

19 Total net short-term capital gain or (loss): See instructions 19 00

20 Total net long-term capital gain or (loss): See instructions 20 00

21 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 21 00

22 Multiply line 21 by 25% (.25) and enter the result 22 00

23 Net capital gain derived from investment in qualified small business..... 23 00

24 Recalculated Arizona depreciation 24 00

25 Partnership Income adjustment: See instructions 25 00

This box may be blank or may contain a printed barcode of data from your return.

26 Reserved 26

27 Interest on U.S. obligations..... 27 00

28 Exclusion for fed., AZ state or local govt. pensions 28 00

29 Arizona state lottery winnings on federal return. 29 00

30 U.S. Social Security or Railroad Retirement Act 30 00

31 Certain wages of American Indians 31 00

32 Pay received for being an active service member 32 00

33 Net operating loss adjustment 33 00

34 Contributions to 529 College Savings Plans 34 00

35 Other Subtractions: See instructions 35 00

36 Subtract lines 22 through 35 from line 17. 36 89,176 00

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU
 Your Social Security Number 671-46-5622

Exemptions	37	Enter the amount from page 1, line 36	37	89,176	00	
	38	Age 65 or over: Multiply the number in box 8 by \$2,100	38		00	
	39	Blind: Multiply the number in box 9 by \$1,500	39		00	
	40	Dependents: Multiply the number in box 10 by \$2,300	40		00	
	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000	41		00	
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference	42	89,176	00	
Balance of Tax	43	Deductions: Check box and enter amount. See instructions..... 43 <input checked="" type="checkbox"/> ITEMIZED 43 <input type="checkbox"/> STANDARD	43	20,593	00	
	44	Personal exemptions: See instructions.....	44	4,300	00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	64,283	00	
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	1,852	00	
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	47		00	
	48	Subtotal of tax: Add lines 46 and 47 and enter the total	48	1,852	00	
	49	Family income tax credit (from the worksheet - see instructions)	49		00	
	50	Credits from Arizona Form 301, Part 2, line 76	50		00	
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is greater than line 48, enter "0"	51	1,852	00	
Total Payments and Refundable Credits	52	2017 AZ income tax withheld.....	52	1,158	00	
	53	2017 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b.. 53c	53		00	
	54	2017 AZ extension payment (Form 204)	54		00	
	55	Increased Excise Tax Credit (from the worksheet - see instructions)	55		00	
	56	Property Tax Credit from Form 140PTC	56		00	
	57	Other refundable credits: Check the box(es) and enter the total amount..... 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349	57		00	
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total	58	1,158	00	
Tax Due or Overpayment	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62.....	59	694	00	
	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment.....	60		00	
	61	Amount of line 60 to be applied to 2018 estimated tax.....	61		00	
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62		00	
Voluntary Gifts	63 - 73 Voluntary Gifts to:					
		Solutions Teams Assigned to Schools..... 63	<input type="text" value="00"/>	Arizona Wildlife..... 64	<input type="text" value="00"/>	
	Child Abuse Prevention..... 65	<input type="text" value="00"/>	Domestic Violence Shelter..... 66	<input type="text" value="00"/>	Political Gift..... 67	<input type="text" value="00"/>
	Neighbors Helping Neighbors.. 68	<input type="text" value="00"/>	Special Olympics..... 69	<input type="text" value="00"/>	Veterans' Donations Fund..... 70	<input type="text" value="00"/>
	I Didn't Pay Enough Fund..... 71	<input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 72	<input type="text" value="00"/>	Spay/Neuter of Animals.. 73	<input type="text" value="00"/>
	74	Political Party (if amount is entered on line 67 - check only one): 741 <input type="checkbox"/> Democratic 742 <input type="checkbox"/> Green Party 743 <input type="checkbox"/> Libertarian 744 <input type="checkbox"/> Republican				
	75	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	75		00	
76	761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty					
77	Add lines 63 through 73 and 75; enter the total.....	77		00		
Refund or Amount Owed	78	REFUND: Subtract line 77 from line 62. If less than zero, enter amount owed on line 79.....	78		00	
	Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account ; see instructions. 78A <input type="checkbox"/>					
	<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings	ROUTING NUMBER <input type="text" value=""/>	ACCOUNT NUMBER <input type="text" value=""/>			
79	AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	79	694	00		

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION SOFTWARE ENGINEER

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION HOMEMAKER

APPANA RUPA VENKATA SATYA SAI MANI KUMAR 05/22/2018 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9729
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Include with your return.

Your Name as shown on Form 140 PRASHANTH KULKARNI	Your Social Security Number 671-46-5622
Spouse's Name as shown on Form 140 (if filing joint) SINDUSHRUTHA GUNDAMARAJU	Spouse's Social Security Number 679-73-7897

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses.....	1		00
2 Amount of distributions used to pay qualified medical expenses from your Arizona Long-Term Health Care Savings Account (AZLTHSA) included on line 1.	2		00
3 Medical expenses allowed to be taken as a federal itemized deduction.....	3		00
4 Add line 2 and line 3.....	4		00
5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6.....	5		00
6 If line 4 is more than line 1, subtract line 1 from line 4.....	6		00

Adjustment to Interest Deduction

7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2017 that is equal to the amount of your 2017 federal credit.....	7		00
---	---	--	----

Adjustment to Gambling Losses

8 Wagering losses allowed as a federal itemized deduction.....	8		00
9 Total gambling winnings included in your federal adjusted gross income.....	9		00
10 Arizona lottery subtraction from Form 140, page 1, line 29.....	10		00
11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9.....	11		00
12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "0".....	12		00

Adjustment to Charitable Contributions

13 Amount of charitable contributions for which you are claiming a credit under Arizona law.....	13		00
--	----	--	----

Other Adjustments

14 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax.....	14		00
--	----	--	----

Adjusted Itemized Deductions

15 Add the amounts on lines 5 and 7.....	15		00
16 Add the amounts on lines 6, 12, 13 and 14.....	16		00
17 Total federal itemized deductions allowed to be taken on federal return.....	17	20,593	00
18 Enter the amount from line 15 above.....	18		00
19 Add lines 17 and 18.....	19	20,593	00
20 Enter the amount from line 16 above.....	20		00
21 Arizona itemized deductions: Subtract line 20 from line 19. Enter the result here and on Form 140, page 2, line 43.....	21	20,593	00



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

Arizona Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name PRASHANTH
Middle Initial Suffix
Last Name KULKARNI
Social Security No 671-46-5622
Date of Birth 08/07/1988
Date of Death
Daytime Phone (678) 230-1217
Extension

Spouse:

First Name SINDUSHRUTHA
Middle Initial Suffix
Last Name GUNDAMARAJU
Social Security No 679-73-7897
Date of Birth 05/11/1989
Date of Death
Daytime Phone
Extension

Home Phone
Print this daytime phone on forms Taxpayer daytime Spouse daytime Home
Street Address . 400 N CORONADO ST Apt No. . 2112
City CHANDLER State AZ ZIP Code 85224

Last name(s) in prior years if different from name(s) used in current year

Part II - Main Form

- X Form 140: Resident Tax Return (Long form)
Form 140A: Resident Tax Return (Short form)
Form 140NR: Nonresident Tax Return
Enter Nonresident income allocations on Form 140NR
Form 140PY: Part-Year Resident Tax Return
Dates of Residency: From: To:
Other states of residency:
Enter Part-Year Resident income allocations on Form 140PY
Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only.

Military personnel and composite return filers:

- You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
You are filing a composite return on Form 140NR

Part III - Filing Status

- X Married filing joint return
Injured spouse protection of joint overpayment (Form 203)
Head of household
Child's First name MI Last Name Suff
Head of household and married in 2017
Married filing separate return
Spouse itemized deductions
Married filing separate with one spouse claiming at least one dependent
Single

Part IV - Other Information

- Checkboxes for Arizona gross income, dependent status, farmer/fisherman, itemized deductions, standard deduction, and first-time filer.

Increased Excise Tax Credit

- Checkbox for 60 days or more in prison during tax year 2017.

Voluntary Gifts

- Numbered list of voluntary gift funds (Solutions Teams, Arizona Wildlife, Child Abuse, etc.) with checkboxes and lines for amounts.

Part V - Electronic Filing Information

- Checked checkbox for electronic filing.

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename. (Empty rows)

- Yes/No checkboxes for Federal PIN(s) usage.

Date return was EFiled, Date return was accepted by the state, Enter the date Form AZ-140V was given to client.

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes/No checkboxes for direct deposit and electronic funds withdrawal.

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

Name of Financial Institution (optional) DCU BANK, Account type Checking, Routing number 211391825, Account number 17686569.

International ACH Transactions

- Yes/No checkboxes for international ACH transactions.

Part VII - Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) ▶ 1

Part VIII – Extension Status

Yes **No**
 Has the tax return due date been extended for a six month extension?
Extended due date _____

QuickZoom to Form 204: Application for Filing Extension ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name PRASHANTH KULKARNI & SINDUSHRUTHA GUNDAMARAJU	Social Security Number 671-46-5622
---	---------------------------------------

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	1,158.
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	1,158.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Using the Federal PIN(s) (See help) ▶ <input checked="" type="checkbox"/>
D	Document to attach to the BACK of E-File Signature Authorization Form: <u>Form W-2 (Copy 2)</u> _____ _____ _____
E	Retain E-File Signature Authorization Form and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES