Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

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.

Subm	nission Identification Number (SID)		
Taxpaye	er's name	Social security numl	ber
VIN	OD KUMAR R SURASANI	735-12-6004	1
Spouse	e's name	Spouse's social sec	urity number
Part	<u> </u>	,	
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22 line 37)		R, 97,884.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ		
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040EZ, line 7; Form 1040NR, line 62a)	1040, line 64; Form 1040A, line 4	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, I Form 1040NR, line 73a)		
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form	1040EZ, line 14; Form 1040NR, line 7	5) 5
Part	II Taxpayer Declaration and Signature Authorization	(Be sure you get and keep a c	opy of your return)
interme of recei authoria account instituti authoria receive paymen	wed during the tax year. I further declare that the amounts in Part I above are ediate service provider, transmitter, or electronic return originator (ERO) to send elipt or reason for rejection of the transmission, (b) the reason for any delay in prize the U.S. Treasury and its designated Financial Agent to initiate an ACH at indicated in the tax preparation software for payment of my federal taxes ion to debit the entry to this account. This authorization is to remain in full force ization. To revoke (cancel) a payment, I must contact the U.S. Treasury Finaled no later than 2 business days prior to the payment (settlement) date. I also at ant of taxes to receive confidential information necessary to answer inquiries and identification number (PIN) below is my signature for my electronic income to	If my return to the IRS and to receive from a coessing the return or refund, and (c) the delectronic funds withdrawal (direct debit) owed on this return and/or a payment of e and effect until I notify the U.S. Treasury ancial Agent at 1-888-353-4537. Payment uthorize the financial institutions involved in and resolve issues related to the payment	the IRS (a) an acknowledgement date of any refund. If applicable, entry to the financial institution estimated tax, and the financial Financial Agent to terminate the trancellation requests must be at the processing of the electronic to I further acknowledge that the
Тахра	ayer's PIN: check one box only		
×	·	to enter or generate my PIN	2 6 0 0 4
	ERO firm name		Enter five digits, but don't enter all zeros
_	as my signature on my tax year 2017 electronically filed income	tax retain.	
	I will enter my PIN as my signature on my tax year 2017 electr entering your own PIN and your return is filed using the Practit	onically filed income tax return. Che ioner PIN method. The ERO must co	eck this box only if you are omplete Part III below.
Your s	signature >	Date ►	
Spous	se's PIN: check one box only		
	I authorize ERO firm name		Enter five digits, but don't enter all zeros
_	as my signature on my tax year 2017 electronically filed income		
	I will enter my PIN as my signature on my tax year 2017 electrentering your own PIN and your return is filed using the Practit	onically filed income tax return. Che ioner PIN method. The ERO must co	eck this box only if you are omplete Part III below.
Spous	se's signature ▶	Date ▶	
	Practitioner PIN Method Return	-	
Part	Certification and Authentication — Practitioner Pl	N Method Only	
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit se		0 1 1 7 5 3 9 enter all zeros
the tax	fy that the above numeric entry is my PIN, which is my signature expayer(s) indicated above. I confirm that I am submitting this returned and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers or	rn in accordance with the requirement	
ERO's	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-De		Individual Inco			, 2017	, ending			, 20	Se	e separate instruct	tions.
Your first name and		, or ourse tax your bogining	Last n	ame	, 2011	,			, 20		ur social security nu	
VINOD KUMA	AR R		SITE	RASANI						73	35-12-6004	
If a joint return, spor		name and initial	Last n							_	ouse's social security	number
Home address (num	ber and s	street). If you have a P.O.	box, see	instructions.					Apt. no.		Make sure the SSN	(s) above
6600 KITTE	N LAK	CE DRIVE									and on line 6c are	correct.
City, town or post office	ce, state, a	and ZIP code. If you have a	foreign add	lress, also complete s	paces below	(see instr	uctions).			Pı	residential Election Ca	ampaign
Midland GA		20									ck here if you, or your spou y, want \$3 to go to this fun	
Foreign country nan	ne			Foreign pro	vince/state/	county/		For	eign postal co	a box	x below will not change you	ur tax or
		_								refun	nd. You	Spouse
Filing Status	1	Single				4	Hea	ad of house	ehold (with qu	alifying p	oerson). (See instruction	ons.)
	2	Married filing joint								child but	t not your dependent,	enter this
Check only one	3	☐ Married filing sepa	•	nter spouse's SS	SN above	_		d's name h		·	4:	
box.		and full name here							idow(er) (see	instruc		
Exemptions	6a	Yourself. If som	ieone ca	n claim you as a	dependen	t, do no	t chec	к бох ба		•	Boxes checked on 6a and 6b	1
	b	Spouse		(2) Dependent!				(4) \(\sigma \) if	child under age	17	No. of children on 6c who:	
	C (1) First	Dependents: name Last na	mα	(2) Dependent's social security nun		(3) Depend lationship		qualifying	g for child tax cr e instructions)		lived with you did not live with	
	(1) 11130	name Last na	iic .					(36)	e ilistructions)	<u> </u>	you due to divorce	,
If more than four											or separation (see instructions)	
dependents, see instructions and									1		Dependents on 6c not entered above	
check here ►												
_	d	Total number of exe	mptions	claimed	/	. 7					Add numbers on lines above ▶	1
Income	7	Wages, salaries, tips	s, etc. At	tach Form(s) W-2		K				7	97,	884.
income	8a	Taxable interest. At	tach Sch	edule B if require	ed	.				8a		
=	b	Tax-exempt interes	t. Do no	t include on line 8	За	. 8b						
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required								9a		
attach Forms	b											
W-2G and	10 Taxable refunds, credits, or offsets of state and local income taxes								10			
1099-R if tax was withheld.	11	Alimony received .)					11		
mao mamorar	12	Business income or	` '						_	12		
If you did not	13	Capital gain or (loss)			quired. If n	ot requi	red, ch	neck here	• ▶ ⊔	13		
get a W-2,	14	Other gains or (losse IRA distributions .	´ 1			 _b				14		
see instructions.	15a 16a	Pensions and annuiti	15a es 16a			┥		amount amount		15b 16b		
	10a 17	Rental real estate, re			ornoration	_				17		
	18	Farm income or (los								18		
	19	Unemployment com	•							19		
	20a	Social security benef		1		b Ta	xable a	amount		20b		
	21	Other income. List t	ype and	amount		_				21		
	22	Combine the amounts	in the far	right column for lir	nes 7 throug	gh 21. Th	is is yo	ur total in	come >	22	97,	884.
Adiustad	23	Educator expenses				. 23						
Adjusted Gross	24	Certain business expe				d						
Income		fee-basis government				24						
IIICOIIIC	25	Health savings acco				. 25						
	26	Moving expenses. A				. 26						
	27	Deductible part of self										
	28	Self-employed SEP,										
	29 30	Self-employed healt Penalty on early with										
	30 31a	Alimony paid b Red		_		. 30						
	31a	IRA deduction				. 32						
	33	Student loan interes				. 33						
	34	Tuition and fees. Att				. 34						
	35	Domestic production										
	36	Add lines 23 through								36		
	37	Subtract line 36 from							•	37	97,	884.

Form 1040 (2017)			Page 2
	38	Amount from line 37 (adjusted gross income)	38	97,884.
Tay and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Tax and		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a		
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	26,803.
Deduction	41	Subtract line 40 from line 38	41	71,081.
for— • People who	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
check any	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	67,031.
box on line 39a or 39b or	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	12,495.
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent,	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
see instructions.	47	Add lines 44, 45, and 46	47	12,495.
All others:	48	Foreign tax credit. Attach Form 1116 if required 48		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
separately, \$6,350	50	Education credits from Form 8863, line 19		
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51		
jointly or	52	Child tax credit. Attach Schedule 8812, if required 52		
Qualifying widow(er),	53	Residential energy credits. Attach Form 5695		
\$12,700	54	Other credits from Form: a 3800 b 8801 c 54		
Head of household,	55	Add lines 48 through 54. These are your total credits	55	
\$9,350	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	12,495.
	57	Self-employment tax. Attach Schedule SE	57	12,473.
0.11	5 <i>1</i>	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Other	59		59	
Taxes		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	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	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	10 405
	63	Add lines 56 through 62. This is your total tax	63	12,495.
Payments	64			
If you have a	65	2017 estimated tax payments and amount applied from 2016 return 65 Earned income credit (EIC) NO 66a		
qualifying	66a			
child, attach	b	Nontaxable combat pay election 66b	4	
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812	-	
	68	American opportunity credit from Form 8863, line 8 68	-	
	69	Net premium tax credit. Attach Form 8962	-	
	70	Amount paid with request for extension to file	-	
	71 72	Excess social security and tier 1 RRTA tax withheld	-	
			1	
	73	Credits from Form: a 2439 b Reserved c 8885 d 73		16 747
Deferred	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	16,747.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,252.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here .	76a	4,252.
Direct deposit? See	▶ b	Routing number X X X X X X X X X D c Type: Checking Savings		
instructions.	► d	Account number X X X X X X X X X X X X X X X X X X X		
Amount	77	Amount of line 75 you want applied to your 2018 estimated tax > 77		
You Owe	78 70	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)		
Third Party				olete below. X No
Designee		signee's Phone Personal iden number (PIN)		•
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and statements.		
Here		ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all informations of preparer (other than taxpayer) is based on all informations.	1	
Joint return? See	101	ur signature Date Your occupation	Daytin	ne phone number
instructions.	0::	PROGRAMMER ANALYST	If th - ID	Coopt you on Identify Durtury
Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	PIN, ent	
	D'	at/Tuna proparatio nama	here (se	
Paid		nt/Type preparer's name	Check	e I if PTIN
Preparer		Y THOMAS JOBY THOMAS 08/20/2018		mployed P01614202
Use Only		m's name ► E TAX PLANNER, LLC		EIN ► 27-4700277
	<u>Fi</u> rr	m's address ► 6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645	Phone	no. (703)829-4357

SCHEDULE A (Form 1040)

Department of the Treasury

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information. ► Attach to Form 1040.

OMB No. 1545-0074 Attachment

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28. Internal Revenue Service (99) Sequence No. 07 Name(s) shown on Form 1040 Your social security number VINOD KUMAR R SURASANI 735-12-6004 Caution: Do not include expenses reimbursed or paid by others. Medical 1 1 Medical and dental expenses (see instructions) and 2 Enter amount from Form 1040, line 38 2 **Dental 3** Multiply line 2 by 7.5% (0.075). **Expenses** 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**Taxes You** 5 State and local (check only one box): a X Income taxes, or 5 4,401. **Paid b** General sales taxes 6 Real estate taxes (see instructions) . 6 7 Personal property taxes Other taxes. List type and amount 8 4,401. Add lines 5 through 8. Interest 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 You Paid to the person from whom you bought the home, see instructions Note: and show that person's name, identifying no., and address Your mortgage interest deduction may be limited (see 12 Points not reported to you on Form 1098. See instructions for instructions). 12 **13** Mortgage insurance premiums (see instructions) . . . 13 14 Investment interest. Attach Form 4952 if required. See instructions 14 **15** Add lines 10 through 14. 15 Gifts to 16 Gifts by cash or check. If you made any gift of \$250 or more, Charity 16 17 Other than by cash or check. If any gift of \$250 or more, see If you made a gift and got a instructions. You **must** attach Form 8283 if over \$500 . . . 17 benefit for it. 18 see instructions. **19** Add lines 16 through 18 . . . 19 **Casualty and** Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and **Theft Losses** enter the amount from line 18 of that form. See instructions **Job Expenses** 21 Unreimbursed employee expenses—job travel, union dues, and Certain job education, etc. Attach Form 2106 or 2106-EZ if required. Miscellaneous 24,360. See instructions. ▶ Employee business expenses 21 **Deductions** 22 23 Other expenses—investment, safe deposit box, etc. List type and amount 23 **24** Add lines 21 through 23 24,360. **25** Enter amount from Form 1040, line 38 **25** Multiply line 25 by 2% (0.02) 26 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-22,402. Other Other—from list in instructions. List type and amount ▶ Miscellaneous **Deductions** Total 29 Is Form 1040, line 38, over \$156,900? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 29 26,803. ☐ **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

BAA

4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

Name(s) shown on return Identifying number VINOD KUMAR R SURASANI Form 2106 PROGRAMMER ANALYST 735-12-6004 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 510,000. Total cost of section 179 property placed in service (see instructions) 2 900. 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 2,030,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 0. Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 510,000. 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost CELLPHONE 900. 900. 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 900. 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 900. 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 97,884. 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 900. 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 0. Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only—see instructions) (b) Month and year (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in service 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM 5/1 property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. ММ S/L property MM S/L Section C-Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21

22

900.

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

23

Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property Part V used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 🛛 Yes 🗌 No | 24b If "Yes," is the evidence written? 🗌 Yes 🗵 No (g) Business Basis for depreciation (d) Type of property (list Date placed Method/ Depreciation Elected section 179 Recovery nvestment use Cost or other basis (business/investment vehicles first) Convention deduction in service period cost use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: 07/01/2017 38.50 % S/L -BMW5208i S/L-% S/L· 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (e) Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 30 Total business/investment miles driven during the year (don't include commuting miles) . 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal Yes Yes Yes Yes use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
Pai	rt VI Amortization		

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year	
42	42 Amortization of costs that begins during your 2017 tax year (see instructions):							
43	Amortization of costs that beg	43						
44	Total. Add amounts in column	44						
							4=00	

Form **2106-EZ**

Unreimbursed Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

► Go to www.irs.gov/Form2106EZ for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 129A

Department of the Treasury Internal Revenue Service (99)

Occupation in which you incurred expenses Social security number VINOD KUMAR R SURASANI PROGRAMMER ANALYST 735-12-6004

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.

Pari	Figure Your Expenses				
1	Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1		1,6	548.
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2		7	20.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3		13,2	200.
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment .	4		4,2	242.
5	Meals and entertainment expenses: $\frac{9,100.}{\times 50\%}$ (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		4,5	550.
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		24,3	360.
Part	Information on Your Vehicle. Complete this part only if you are claiming vehicle ex	pens	se on line 1.		
7	When did you place your vehicle in service for business use? (month, day, year) ► 07/01/201	7		_	
8	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you use	ed you	ur vehicle for	:	
а	Business 3,080 b Commuting (see instructions) c O	ther _	4,92	20	
9	Was your vehicle available for personal use during off-duty hours?		🗵 Y e	es 🗆	No
10	Do you (or your spouse) have another vehicle available for personal use?		Y e	s 🗵	No
11a	Do you have evidence to support your deduction?		🛚 🗡 Y e	es [No
b	If "Yes," is the evidence written?		_ Ye	s 🗵	No



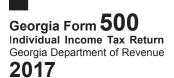
1800411518



Georgia Form 500 (Rev. 06/22/17)
Individual Income Tax Return
Georgia Department of Revenue
2017 (Approved software version)

Page 1

Fiscal Year					
Beginning					
Fiscal Year Ending Year	OUR DRIVER'S LICE	ENSE/STATE ID		STAT	E ISSUED
YOUR FIRST NAME	MI		SECURITY NUMBER		
1. VINOD KUMAR	R	735-12-	-6004		
LAST NAME		SU	FFIX		
SURASANI					
ODOLIOSIO SIDOT NAME		00000000000	OLAL OF CURITY NUMBER		
SPOUSE'S FIRST NAME	MI	SPOUSE'S SO	CIAL SECURITY NUMB	EK	DEPARTMENT USE ONLY
LAST NAME		SU	IFFIX		
			_		
ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd	d address line for Ap	ot, Suite or Build	ing Number) CHECK IF	ADDRESS HAS CHANGED	
2.6600 KITTEN LAKE DRIVE					
		07175	710 0005		
CITY (Please insert a space if the city has multiple name 3. MIDLAND	s)	state GA	ZIP CODE 31820		
(COUNTRY IS FOREIGN)					
(COUNTRY IF FOREIGN)				F	Residency Status
4. Enter your Residency Status with the appropriate nu	mber				> 4. 1
1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT			то		3. NONRESIDENT
1. FULL- TEAR RESIDENT 2. PART- TEAR RESIDENT			10		3. NONRESIDENT
Part-Year Residents and Nonresidents must o	mit Lines 9 thru	14 and use Fo	rm 500 Schedule 3.		E''. 0
5. Enter Filing Status with appropriate letter (See	IT-511 Tay Bo	oklat)			Filing Status
3. Enter I ming Status with appropriate letter (See	TIT-STI TAX DO	OKIEL)			J. A
A. Single B. Married filing joint C. Married filing separate	(Spouse's social sec	curity number mus	st be entered above) D. H	lead of Household or Q	ualifying Widow(er)
6. Number of exemptions (Check appropriate bo	ox(es) and enter	total in 6c.)	6a. Yourself X	6b. Spouse	6c. 1





Page 2

YOUR SOCIAL SECURITY NUMBER 735-12-6004

7a. Number of Dependents (Enter details on Line 7c., and DO	NOT include yourself or your spouse) 7a.
7b. Enter the total number of exemptions and dependents (Add I	ines 6c and 7a)
7c. Dependents (If you have more than 5 dependents, att First Name, MI.	ach a list of additional dependents) Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number INCOME COMPUTATIONS	Relationship to You
If amount on line 8, 9, 10, 13 or 15 is negative, use the m 8. Federal adjusted gross income (From Federal Form 1040,104 (Do not use FEDERAL TAXABLE INCOME) If the am W-2s you must include a copy of your Federal Form	10A or 1040 EZ)
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax	Booklet)▶ 9.
10. Georgia adjusted gross income (Net total of Line 8 and Lin	ne 9)▶10. 97884

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2017



Page 3

YOUR SOCIAL SECURITY NUMBER 735-12-6004

11.	Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) (See IT-511 Tax Booklet) b. Self: 65 or over? Blind?	▶ 11a.	
	Spouse: 65 or over?	▶ 11b.	
12.	c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines) Total Itemized Deductions used in computing Federal Taxable Income. If y	11c. you use itemized deductions, you must inclu	ude Federal Schedule A
	a. Federal Itemized Deductions (Schedule A-Form 1040)	▶12a.	26803
	b. Less adjustments: (See IT-511 Tax Booklet)	▶12b.	0
	c. Georgia Total Itemized Deductions	▶12c.	26803
13.	Subtract either Line 11c or Line 12c from Line 10; enter balance	13.	71081
14a	Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status or D or multiply by \$3,700 for filing status B or C	A ▶ 14a.	2700
14b	Enter the number from Line 7a. Multiply by \$3,000	> 14b.	
14c	. Add Lines 14a. and 14b. Enter total	▶14c.	2700
15.	Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	68381
16.	Tax (Use Tax Table in the IT-511 Tax Booklet)	▶ 16.	3911
17.	Low Income Credit 17a. 17b.	▶ 17c.	
18.	Other State(s) Tax Credit (Include a copy of the other state(s) return)	▶ 18.	
19.	Credits used from IND-CR Summary Worksheet	▶19.	
20.	Total Credits Used from Schedule 2 Georgia Tax Credits	▶ 20.	
21.	Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	▶21.	0
22.	Balance (Line 16 less Line 21) if zero or less than zero, enter zero	▶ 22.	3911
23.	Georgia Income Tax Withheld on Wages and 1099s (Enter Tax Withheld Only and include W-2s and/or 1099s)	▶ 23.	4401
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	▶ 24.	
			DEV 444647 DDG

REV 11/13/17 PRO

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2017



Page 4

YOUR SOCIAL SECURITY NUMBER 735-12-6004

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

	other income statements complete Line + using th	C IIIC	ome reported from 1 om 62-10. Line 12 of 13, 10	011111	32-Li Line II, or for I dilli 32-i L enter 2010.
	(INCOME STATEMENT A)		(INCOME STATEMENT B)		(INCOME STATEMENT C)
1.	WITHHOLDING TYPE: □ □ □	1.	WITHHOLDING TYPE:	1.	WITHHOLDING TYPE:
	W-2s		☐ W-2s ☐ G2-A ☐ G2-LP ☐ 1099s ☐ G2-FL ☐ G2-RP		☐ W-2s ☐ G2-A ☐ G2-LP ☐ 1099s ☐ G2-FL ☐ G2-RP
2	☐ 10998 ☐ G2-FL ☐ G2-RP EMPLOYER/PAYER FEDERAL	2	EMPLOYER/PAYER FEDERAL	•	EMPLOYER/PAYER FEDERAL
۷.	ID NUMBER (FEIN) SSN	۷.	ID NUMBER (FEIN) SSN	۷.	ID NUMBER (FEIN) SSN
	510614937		· · · · —		
	310011937			4	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
	3239312SC				
	GA WAGES / INCOME		OA WAGES (INCOME		
4.		4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
	80150			\neg	
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD
	4401				
	(INCOME STATEMENT D)		(INCOME STATEMENT E)		(INCOME STATEMENT F)
1.	WITHHOLDING TYPE: ☐ W-2s ☐ G2-A ☐ G2-LP	1.	WITHHOLDING TYPE: W-2s G2-A G2-LP	1.	WITHHOLDING TYPE: W-2s G2-A G2-LP
	☐ 1099s ☐ G2-FL ☐ G2-RP		□1099s □ G2-FL □ G2-RP		☐ 1099s ☐ G2-FL ☐ G2-RP
2.	EMPLOYER/PAYER FEDERAL	2.	EMPLOYER/PAYER FEDERAL	2.	EMPLOYER/PAYER FEDERAL
	ID NUMBER (FEIN) SSN		ID NUMBER (FEIN) SSN		ID NUMBER (FEIN) SSN
				•	
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME	4.	GA WAGES / INCOME
_					
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD	5.	GA TAX WITHHELD
		4			
	Please complete t	he S	Supplemental W-2 Income Statement if add	ition	al space is needed.
25	. Estimated Tax paid for 2017 and Form	IT-5	60		
26.	Total prepayment credits (Add Lines 23, 2	24 a	and 25) ▶ 26.		4401
	If Line 22 exceeds Line 26, subtract Line				1101
	balance due				
28.	If Line 26 exceeds Line 22, subtract Line				
	overpayment		▶ 28.		490
29	Amount to be credited to 2018 ESTIMA	ΛTΕ	D TAX ▶ 29.		0

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2017



Page 5

YOUR SOCIAL SECURITY NUMBER 735-12-6004

30.	0. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	▶ 30.	
31.	1. Georgia Fund for Children and Elderly (No gift of less than \$1.00)	31.	
32.	32. Georgia Cancer Research Fund (No gift of less than \$1.00)	▶ 32.	
33.	33. Georgia Land Conservation Program (No gift of less than \$1.00)	▶ 33.	
34.	4. Georgia National Guard Foundation (No gift of less than \$1.00)	▶ 34.	
35.	5. Dog & Cat Sterilization Fund (No gift of less than \$1.00)	▶ 35.	
36.	6. Saving the Cure Fund (No gift of less than \$1.00)	▶ 36.	
37.	 Realizing Educational Achievement Can Happen (REACH) Program	▶ 37.	
38.	8. Public Safety Memorial Grant (No gift of less than \$1.00)	▶ 38.	
39.	9. Form 500 UET (Estimated tax penalty) 500 UET exception attached	ed▶ 39.	
40.	 (If you owe) Add Lines 27, 30 thru 39 MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENU 	NUE▶ 40.	
41. THI S	1. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line :	ne 28 41.	490
	Routin		
41a	1a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Savings		
	Accou	nber	
	you do not enter Direct Deposit information or if bu are a first time filer a paper check will be issued. (PAYMENT) (PAYMENT) (PAYMENT) ATLANTA, GA 303	PARTMENT OF REVENUE (REFUND and NO GEORGIA DEPARTMENT OF PO BOX 740380	REVENUE
and	INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s //We declare under the penalties of perjury that I/we have examined this return (including ac and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful n	g accompanying schedules and statements) and to the best of my/our known yer(s), this declaration is based on all information of which the preparer has	
•	Taxpayer's Signature (Check box if deceased)	Spouse's Signature (Check box if deceased)	
[Date	Date	
1	Taxpayer's Phone Number	REV 11/1: I authorize DOR to discuss this return with the named preparer.	3/17 PRO
		Preparer's Phone Number	
	JOBY THGMAS Signature of Preparer	703-829-4357	
١	Name of Preparer Other Than Taxpayer JOBY THOMAS	Preparer's FEIN 27-4700277	
	Preparer's Firm Name E TAX PLANNER, LL	Preparer's SSN/PTIN/SIDN P01614202	
	Pages (1-5) are Reg	equired for Processing	