

2017

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2017

DO NOT MAIL!

STATE OF DELAWARE

YOUR SOCIAL SECURITY NUMBER 328572739 SPOUSE'S SOCIAL SECURITY NUMBER
FIRST NAME(S) AND INITIAL(S) SANDEEPKUMAR LAST NAME PODDUTTURI
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 191 VILLAS DRIVE, APT. 5
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE NEW CASTLE DE 19720
DAYTIME TELEPHONE NUMBER

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 2 columns: Line number and Amount. Line 1: 39,440. Line 2: 1,621. Line 3: 1,481. Line 4: (blank). Line 5: 30.

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Type of Account Checking Savings 7. Routing number
8. Account number
9. Is this refund going to or through an account that is located outside of the United States? Yes No

PART 3 DECLARATION OF TAXPAYER

10. I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

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

I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct Debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2017 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements and the disclosure of all information pertaining to my use of the system and software, and to the transmission of my tax return electronically to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE SIGNATURE DATE SPOUSE'S SIGNATURE DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN THE '2017 DELAWARE INDIVIDUAL MEF E-FILE HANDBOOK FOR SOFTWARE DEVELOPERS, TRANSMITTERS, AND EROs WHO FILE DELAWARE INDIVIDUAL INCOME TAX RETURNS' AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN HERE ERO'S SIGNATURE DATE EIN, SSN, OR PTIN.
GLOBAL TAXES LLC
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF ALSO PREPARER CHECK IF SELF-EMPLOYED
2530 PEBBLE CREEK LN CUMMING GA 30041 (678) 965-9729
ADDRESS (STREET, CITY, STATE & ZIP CODE) Business phone #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN HERE PREPARER'S SIGNATURE DATE EIN, SSN, OR PTIN.
APPANA RUPA VENKATA SATYA SAI MANI KUMAR
FIRM'S NAME (OR YOURS IF SELF-EMPLOYED) CHECK IF SELF-EMPLOYED
2530 PEBBLE CREEK LN CUMMING GA 30041
ADDRESS (STREET, CITY, STATE & ZIP CODE)

## What is a Payment Voucher and Why Should I Use It?

A payment voucher is a statement you send with your payment when you have a balance due on your electronically filed tax return. It is like the part of other bills—utilities, credit cards, etc.—that you send back with your payment.

This payment voucher is intended for use only when you have filed your Delaware return electronically and have a balance due to the State of Delaware. By submitting a voucher with the payment, the Delaware Division of Revenue is better able to match up your payment with your previously received return.

If you have a balance due on your 2017 Form 200-01 or 200-02, please send the payment voucher with your payment. By sending it, you will help save tax dollars since we will be able to process your payment more accurately and efficiently. We strongly encourage you to use Form DE-200V, but it is not required.

## How Do I Fill in the Payment Voucher?

**Box 1.** Enter your Social Security Number. Enter in box 1 the SSN shown first on your return and the second SSN in box 4. **Box 2.** Enter the first four letters of your last name. See examples below:

<u>Name</u>	<u>Enter</u>
John Brown	BROW
Joan A. Lee	LEE
John O'Neill	ONEI
Juan DeJesus	DEJE
Jean McCarthy	MCCA
Pedro Torres-Lopez	TORR

**Box 3.** Enter the amount of your payment.

**Box 4.** If you are filing a joint or married filing separate return, enter the spouse's SSN.

**Box 5.** Enter your name(s) and address.

## How Do I Make My Payment?

- Make your check or money order payable to the "Delaware Division of Revenue". Don't send cash.
- Make sure your name and address appear on your check or money order.
- Write your SSN, daytime telephone number, and "2017 Form 200-01" or "2017 Form 200-02" on your check or money order.
- Detach the payment voucher at the perforation.
- Mail your payment and payment voucher to the address below.

### Mail To:

Delaware Division of Revenue  
P.O. Box 830  
Wilmington, DE 19899-0830

**NOTE: DO NOT attach your return or DE 8453 to your payment or the payment voucher. By sending a copy of your return or the DE 8453 with your payment or payment voucher, you will be duplicating your previously filed electronic return and/or its paper representation.**

## When is My Payment Due?

Payment of Individual Income Taxes is due on or before April 30, 2018, for all taxpayers filing on a calendar year basis. All others must pay their taxes by the last day of the fourth month following the close of their tax year. Non-calendar year filers may not file electronically and therefore will not have use for this form. Although extensions are sometimes granted to file income tax returns past the due date, there is no extension of time for payment of tax. Please review your Individual Income Tax Return Instructions for additional information on substantial penalties and interest for failure to pay (in whole or in part) the tax liability due by the due date.

DETACH HERE AND MAIL BOTTOM PORTION WITH YOUR PAYMENT

**DELAWARE  
FORM  
DE 200-V**

**2017**

**Electronic  
Filer  
Payment  
Voucher**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Enter your social security number

3 2 8 5 7 2 7 3 9

2. Enter the first four letters of your last name

P O D D

3. Enter the amount of the payment you are making.

\$ 30

4. If a joint return, enter your spouse's social security number

5. Name(s)

SANDEEPKUMAR PODDUTTURI

Address

191 VILLAS DRIVE, APT. 5

City

NEW CASTLE

State

DE

ZIP Code

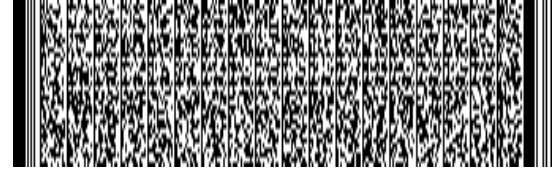
19720



For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

3 2 8 5 7 2 7 3 9

Your Last Name First Name and Middle Initial Jr., Sr., III, etc. PODDUTTURI SANDEEPKUMAR Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.



ATTACH LABEL HERE

Present Home Address (Number and Street) Apt. # 191 VILLAS DRIVE, APT. 5

City State Zip Code NEW CASTLE DE 19720

FILING STATUS (MUST CHECK ONE)

- 1. Single, Divorced, Widow(er) [X] 3. Married & Filing Separate Forms 5. Head of Household 2. Joint 4. Married & Filing Combined Separate on this form

Form DE2210 If you were a part-year resident in 2017, give the dates you resided in Delaware: 2017 2017

Attached

Column A is for Spouse information, Filing Status 4 only. All other filing statuses use Column B.

Column A

Column B

1. DELAWARE ADJUSTED GROSS INCOME. Begin Return on Page 2, Line 29, then enter amount from Line 42 here. > 1 39440

2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... X Filing Statuses 1, 3 & 5 enter \$3250 in Column B; Filing Status 2 enter \$6500 in Column B; Filing Status 4 enter \$3250 in Column A and in Column B



b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... Filing Statuses 1, 2, 3 and 5, enter itemized deductions from reverse side, Line 48 in Column B Filing Status 4 enter itemized deductions from reverse side, Line 48 in Columns A and B 2 3250

3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions) Multiply the number of boxes checked below by \$2500. If you are filing a combined separate return (Filing status 4), enter the total for each appropriate column. All others enter total in Column B.

Column A - if SPOUSE was: 65 or over Blind Column B - if YOU were: 65 or over Blind 3

4. TOTAL DEDUCTIONS - Add line 2 & 3 and enter here..... 4 3250

5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this amount 5 36190

6. Tax Liability from Tax Rate Table/Schedule Column A Column B See Instructions..... 1621 7

7. Tax on Lump Sum Distribution (Form 329)..... 7

8. TOTAL TAX - Add Lines 6 and 7 and enter here..... > 8 1621

9a. PERSONAL CREDITS If you are Filing Status 3, see instructions on Page 6. If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B. Enter number of exemptions claimed on Federal return 1 x \$110..... 9a 110 On Line 9a, enter the number of exemptions for: Column A Column B 1

9b. CHECK BOX(ES) Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 9b x \$110..... 9b

10. Tax imposed by State of (Must attach copy of DE Schedule I and other state return.) ..... 10

11. Volunteer Firefighter Co.# - Spouse (Column A) Self (Column B) Enter credit amount..... 11

12. Other Non-Refundable Credits (see instructions on Page 7) ..... 12

13. Child Care Credit. Must attach Form 2441. (Enter 50% of Federal credit) ..... 13

14. Earned Income Tax Credit. See instructions on Page 8 for ALL required documentation..... 14 0

15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here ..... 15 110

16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero)..... 16 1511

17. Delaware Tax Withheld (Attach W2s/1099s)..... 1481 17

18. 2017 Estimated Tax Paid & Payments with Extensions... 18

19. S Corp Payments and Refundable Business Credits..... 19

20. 2017 Capital Gains Tax Payments (Attach Form 5403).. 20

21. TOTAL Refundable Credits. Add Lines 17, 18, 19, and 20 and enter here..... > 21 1481

22. BALANCE DUE. If Line 16 is greater than Line 21, subtract 21 from 16 and enter here..... > 22 30

23. OVERPAYMENT. If Line 21 is greater than Line 16, subtract 16 from 21 and enter here..... > 23 0

24. CONTRIBUTIONS TO SPECIAL FUNDS If electing a contribution, complete and attach DE Schedule III..... 24

25. AMOUNT OF LINE 23 TO BE APPLIED TO 2018 ESTIMATED TAX ACCOUNT..... ENTER > 25

26. PENALTIES AND INTEREST DUE. If Line 22 is greater than \$400, see estimated tax instructions..... ENTER > 26

27. NET BALANCE DUE (For Filing Status 4, see instructions, page 9)..... PAY IN FULL > 27 30

For all other filing statuses, enter Line 22 plus Lines 24 and 26 NET REFUND (For Filing Status 4, see instructions, page 9)..... ZERO DUE/TO BE REFUNDED > 28

For all other filing statuses, subtract Lines 24, 25, and 26 from Line 23

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

Filing Status 4 ONLY Spouse Information COLUMN A All other filing statuses You or You plus Spouse COLUMN B

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

Table with 3 columns: Line number, Description, and Amount. Includes lines 29-33 for additions, totaling 39440.

SECTION B - SUBTRACTIONS (-)

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-42 for subtractions, totaling 39440.

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

Table with 3 columns: Line number, Description, and Amount. Includes lines 43-48 for itemized deductions.

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c and d below. See instructions for details.

Form with fields for: a. Routing Number, b. Type (Checking/Savings), c. Account Number, d. Is this refund going to or through an account that is located outside of the United States? (Yes/No)

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Signature and address information form. Fields include: Your Signature, Date, Signature of Paid Preparer, Date, Spouse's Signature, Date, Address, Home Phone, Business Phone, City, State, Zip, E-Mail Address, EIN, SSN or PTIN, Business Phone, E-Mail Address.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27) DELAWARE DIVISION OF REVENUE P.O. BOX 508 WILMINGTON, DE 19899-0508

REFUND (LINE 28): DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN



Delaware Information Worksheet

2017

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

First Name . . . . . SANDEEPKUMAR
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . PODDUTTURI
Social Security No. . . . . 328-57-2739
Date of Birth . . . . . 02/01/1992
Age as of 12/31/2017 . . . . . 25
Date of Death . . . . .
Daytime Phone . . . . .
Home Phone . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .
Date of Birth . . . . .
Age as of 12/31/2017 . . . . .
Date of Death . . . . .
Daytime Phone . . . . .

Print phone number on tax return . . . . . [ ] Home [ ] Taxpayer Daytime [ ] Spouse Daytime

Address . . . . . 191 VILLAS DRIVE Apt No . . . . . 5
City . . . . . NEW CASTLE State . . . . . DE ZIP Code . . . . . 19720

Part II — Main Form

- [X] Form 200-01: Full-Year Resident . . . . .
[ ] Form 200-02: Non-Resident . . . . .
[ ] Form 200-01: Part-Year Resident treated as Full-Year Resident . . . . .
[ ] Form 200-02: Part-Year Resident treated as Non-Resident . . . . .
Part-Year residency dates . . . . . From / 2017 To / 2017

Nonresidents and Part-Year residents must complete Form 200-02, Section A,
Income and Adjustments from Federal Return . . . . .

Part III — Filing Status

- [X] 1 Single, divorced, widow(er)
[ ] 2 Married filing joint return
[ ] 3 Married filing separate return
[ ] 4 Married filing combined separate return (Delaware residents only)
[ ] 5 Head of Household

Part IV — Standard Deductions/Itemized Deductions

- [ ] Check if itemizing even though itemized deductions are less than your standard deduction
[ ] Check to take the standard deduction even if less than itemized deductions

Part V — Other Information

Child Care Credit:

Total amount from line 11 of federal Form 2441 (must be attached) . . . . .

Above value multiplied by 50%. Enter on line 13 of Form 200-01 . . . . .

Farming or Fishing

[ ] Check this box if at least 2/3 rds of your gross income was from farming or fishing in both
2016 and 2017 and the return will be filed and all tax due will be paid by March 1, 2018.

Discuss with Preparer

[ ] Check here to allow the state of Delaware to discuss this return with preparer.

Part VI — Electronic Filing Information

New! State e-file disclosure consent

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

[X] File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

EF Status Dates:

Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Enter the date Form DE 200-V was given to client . . . . .

QuickZoom to Form DE-8453 Additional Information SmartWorksheet . . . . .

Part VII — Direct Deposit Information or Direct Debit Information

Yes No

[X] [ ] Elect direct deposit of state tax refund?
[ ] [ ] Electronic funds withdrawal of state tax payment (EF Only)?

Note: Electronic funds withdrawal occurs upon acceptance date

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

Bank Information:

Name of Financial Institution (optional) . . . . . BANK OF AMERICA
Account type . . . . . Checking [X] Savings [ ]
Routing number . . . . . 121000358
Account number . . . . . 325070168262

International ACH Transactions

Yes No

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

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

Part VIII — Paid Preparer Information:

Enter Preparer Code from Firm/Preparer Info 1

QuickZoom to Firm/Preparer Info . . . . .

Part IX — Extension Status

Yes No

[ ] [X] Tax return due date extended?

Extended due date . . . . .

QuickZoom to Form 1027:Application of Automatic Extension of Time to File . . . . .

Previous Delaware payment made . . . . .
Previous Delaware refund received . . . . .

QuickZoom to Form 200-01: Resident Tax Return . . . . .

QuickZoom to Form 200-02: Nonresident or Part-Year Resident Tax Return . . . . .

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name SANDEEPKUMAR PODDUTTURI	Social Security Number 328-57-2739
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## Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	Date	Payment
1 First Payment . . . . .				
2 Second Payment . . . . .				
3 Third Payment . . . . .				
4 Fourth Payment . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
6 Overpayment from previous year applied to current year . . . . .				
7 Amount paid with current year extension . . . . .				
8 <b>Total tax payments</b> . . . . .				

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2 . . . . .			1,481.
10 State withholding on Forms W-2G . . . . .			
11 State withholding on Forms 1099-R . . . . .			
12 a State withholding on Forms 1099-MISC . . . . .			
b State withholding on Forms 1099-G . . . . .			
c State withholding on Forms 1099-K . . . . .			
13 Other state tax withholding . . . . .			
14 <b>Total income tax withheld</b> . . . . .			1,481.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

### Smart Worksheets from your 2017 Delaware Tax Return

SMART WORKSHEET FOR: Form 8453: Individual Income Tax Declaration for Electronic Filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form DE-8453: <u>Form W-2 (State Copy)</u> _____ _____ _____
<b>D</b>	Document to attach to the BACK of Form DE-8453: <u>Copies of all Federal/Delaware Schedules for income/losses reported</u> <u>on Delaware return.</u> _____ <u>Copies of other state tax returns for the credit for</u> <u>See BATTACH</u> _____
<b>E</b>	<b>Retain Form DE-8453 and all attachments for a period of three years</b> <b>DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 200-01: DE Individual Resident Income Tax Return

<b>Capital Gains Tax Payments Smart Worksheet</b>		
	Spouse	Taxpayer
<b>A</b>	Delaware <b>tax withheld</b> from the Tax Payments Worksheet . . . . .	1,481.
<b>B</b>	Capital Gains Tax Payments from form 5403 included above . . . . .	_____
<b>C</b>	Delaware <b>estimated taxes paid</b> from the Tax Payments Worksheet . .	_____
<b>D</b>	Capital Gains Tax Payments from form 5403 included above . . . . .	_____



## Additional information from your 2017 Delaware Tax Return

**SMART WORKSHEET FOR: Form 8453: Individual Income Tax Declaration for Electronic Filing**  
**BATTACH** **Continuation Statement**

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taxes paid to another state.  
All documents requiring manual signatures