

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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name <b>BHANU PRAKASH RAYAPANENI</b>	Social security number <b>144-19-7859</b>
Spouse's name <b>BHAVANA RAYAPANENI</b>	Spouse's social security number <b>710-24-2057</b>

**Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>92,443.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>4,991.</b>
<b>3</b> 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) . . . . .	<b>3</b>	<b>14,256.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>9,265.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**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 

9	7	8	5	9
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 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 

4	2	0	5	7
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 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					
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**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 <b>BHANU PRAKASH</b>	Last name <b>RAYAPANENI</b>	<b>Your social security number</b> 144-19-7859
If a joint return, spouse's first name and initial <b>BHAVANA</b>	Last name <b>RAYAPANENI</b>	<b>Spouse's social security number</b> 710-24-2057
Home address (number and street). If you have a P.O. box, see instructions. <b>169 DICENZO BLD</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>MARLBOROUGH MA 01752</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

(1) 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)
First name	Last name			
SIDDASAI	THANVIKA RAYAPANENI	919-79-5161	Daughter	<input checked="" type="checkbox"/>
HASITH SIVA	RAYAPANENI	795-93-4030	Son	<input checked="" 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 . . . . . **2**
- did not live with you due to divorce or separation (see instructions) . . . . .

**Dependents on 6c not entered above** . . . . .

**Add numbers on lines above** ▶ **4**

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	DCB	7	92,443.
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	
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	92,443.

**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	92,443.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	92,443.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked ▶ 39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	23,426.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	69,017.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	52,817.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	6,991.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	6,991.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	2,000.
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	2,000.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	4,991.
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	4,991.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	14,256.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> <input type="checkbox"/> <b>NO</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b> <input type="checkbox"/>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	14,256.
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	9,265.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	9,265.
<b>b</b>	Routing number <input type="text" value="091000019"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="5087282637"/>		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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) ▶
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**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, <b>both</b> 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"/>	SOFTWARE ENGINEER	<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	05/26/2018	<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](http://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

BHANU PRAKASH & BHAVANA RAYAPANENI

144-19-7859

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

<b>5</b>	State and local ( <b>check only one box</b> ):	<b>5</b>	
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		4,891.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Personal property taxes . . . . .	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8 . . . . .	<b>9</b>	4,891.

**Interest You Paid**

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

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	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 ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14 . . . . .	<b>15</b>	

**Gifts to Charity**

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

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

**Casualty and Theft Losses**

<b>20</b>	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 . . . . .	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	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> . . . . .	<b>21</b>	20,384.
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	20,384.
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 92,443.		
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	1,849.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>	18,535.

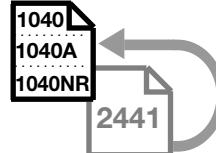
**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	
	<input checked="" type="checkbox"/> <b>No.</b> 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.		23,426.
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		<input type="checkbox"/>

**Child and Dependent Care Expenses**



Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
- ▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Your social security number

BHANU PRAKASH & BHAVANA RAYAPANENI

144-19-7859

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

**4** Enter your **earned income**. See instructions

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

**6** Enter the **smallest** of line 3, 4, or 5

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

**Part III Dependent Care Benefits**

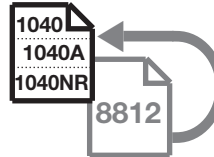
<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	3,125.
<b>13</b>	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions . . . . .	<b>14</b>	( )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	3,125.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	0.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	58,830.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	30,488.
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	0.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	3,125.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	0.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". . . . .	<b>26</b>	3,125.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2016 expenses in 2017, see the instructions for line 9 . . . . .	<b>29</b>	
<b>30</b>	Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	

**SCHEDULE 8812**  
**(Form 1040A or 1040)**

# Child Tax Credit



OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

Name(s) shown on return

BHANU PRAKASH & BHAVANA RAYAPANENI

Your social security number

144-19-7859

**Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)**



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 **Yes**       **No**

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

**Part II Additional Child Tax Credit Filers**

<b>1</b> If you file Form 2555 or 2555-EZ, <b>stop</b> here; you cannot claim the additional child tax credit.				
If you are required to use the worksheet in <b>Pub. 972</b> , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:				
<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).				2,000.
<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).				
<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).				
<b>2</b> Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	<b>2</b>			2,000.
<b>3</b> Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit	<b>3</b>			0.
<b>4a</b> Earned income (see separate instructions)	<b>4a</b>			
<b>b</b> Nontaxable combat pay (see separate instructions)	<b>4b</b>			
<b>5</b> Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>			
<b>6</b> Multiply the amount on line 5 by 15% (0.15) and enter the result	<b>6</b>			
<b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.				

**Part III Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .	<b>7</b>	
<b>8</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.  <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>8</b>	
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).  <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>	

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>	
-----------	--	-----------	--

**1040**  
**1040A**  
**1040NR**

Enter this amount on  
 Form 1040, line 67,  
 Form 1040A, line 43, or  
 Form 1040NR, line 64.



**Paid Preparer's Due Diligence Checklist**

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

**2017**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>BHANU PRAKASH &amp; BHAVANA RAYAPANENI</b>	Taxpayer identification number <b>144-19-7859</b>
Enter preparer's name and PTIN <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	<b>P02090332</b>

**Part I Due Diligence Requirements**

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

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

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

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

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

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

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

**Part V Credit Eligibility Certification**

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

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

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

# 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](http://www.irs.gov/Form2106EZ) for the latest information.**

**2017**  
Attachment  
Sequence No. **129A**

Your name <b>BHANU PRAKASH RAYAPANENI</b>	Occupation in which you incurred expenses	Social security number <b>144-19-7859</b>
--	---	--

**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**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	1,840.
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	1,600.
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	14,400.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	944.
<b>5</b> Meals and entertainment expenses: \$ <u>3,200.</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.)	<b>5</b>	1,600.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.) . . . . .	<b>6</b>	20,384.

**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) ▶ 01/01/2017
- 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 3,440 **b** Commuting (see instructions) 760 **c** Other 760
- 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

BHANU PRAKASH & BHAVANA RAYAPANENI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					92,443.
Adjustments to income					
Adjusted gross income					92,443.
Tax expense . . . . .					4,891.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					18,535.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					23,426.
Exemption amount . .					16,200.
Taxable income . . . .					52,817.
Tax . . . . .					6,991.
Alternative min tax . .					
Total credits . . . . .					2,000.
Other taxes . . . . .					
Payments . . . . .					14,256.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					9,265.
Effective tax rate % . .					5.40
**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 (BHANU PRAKASH & BHAVANA RAYAPANENI) and Social Security Number (144-19-7859)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 97859 Spouse's PIN (5 numbers) . . . . . 42057 Date . . . . . 03/01/2018

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 . . . . . RAYAPANENI  
 First name . . . . . BHANU PRAKASH  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 144-19-7859  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 08/13/1980 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 37  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . Bhanugdr1@gmail.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (713)589-5577  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . RAYAPANENI  
 First name . . . . . BHAVANA  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 710-24-2057  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 08/30/1981 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 36  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . Bhanugdr1@gmail.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (832)405-1562  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (713)589-5577  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 169 DICENZO BLD Apt no. . . . . \_\_\_\_\_  
 City . . . . . MARLBOROUGH State . . . . . MA ZIP code . . . . . 01752

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.***
SIDDASAI THANVIKA RAYAPANENI		919-79-5161 Daughter	10/19/2009	8	8		L	
HASITH SIVA RAYAPANENI		795-93-4030 Son	11/05/2012	5	8		L	

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

► Keep for your records

Name(s) Shown on Return BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security Number 144-19-7859
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INCOME	Federal Amount	DE Amount
1 Wages, salaries, tips, etc. . . . . T	61,955.	52,406.
S	30,488.	
2 Taxable interest . . . . . T		
S		
3 Dividends . . . . . T		
S		
4 State/local tax refunds . . . . . T		
S		
5 Alimony received . . . . . T		
S		
6 Business income or loss . . . . . T		
S		
7 Capital gain or loss . . . . . T		
S		
8 Other gains and losses . . . . . T		
S		
9 Taxable IRA distribution . . . . . T		
S		
10 Taxable pension and annuities . . . . . T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
S		
12 Farm income or loss . . . . . T		
S		
13 Unemployment compensation . . . . . T		
S		
14 a Taxable social security benefits . . . . . T		
S		
b Taxable railroad retirement benefits . . . . . T		
S		
15 Other income . . . . . T		
S		
16 Total income . . . . . T	61,955.	52,406.
S	30,488.	

## Nonresident State Allocation Worksheet

BHANU PRAKASH & BHAVANA RAYAPANENI

144-19-7859

	<b>ADJUSTMENTS</b>		Federal Amount	DE Amount
17	Educator expenses . . . . . T			
	S			
18	Certain business expenses . . . . . T			
	S			
19	Health savings account deduction . . . . . T			
	S			
20	Moving expenses . . . . . T			
	S			
21	Self-employment tax deduction . . . . . T			
	S			
22	Self-employed SEP, SIMPLE, and qualified plans . . . . . T			
	S			
23	Self-employed health insurance deduction . . . . . T			
	S			
24	Penalty on early withdrawal of savings . . . . . T			
	S			
25	Alimony paid . . . . . T			
	S			
26	IRA deduction . . . . . T			
	S			
27	Student loan interest deduction . . . . . T			
	S			
28	Tuition/fees deduction . . . . . T			
	S			
29	Domestic production activities deduction . . . . . T			
	S			
30	Total other adjustments . . . . . T			
	S			
31	<b>Total adjustments</b> . . . . . T			
	S			
32	<b>Adjusted gross income</b> . . . . . T		61,955.	52,406.
	S		30,488.	



**Identity Verification Worksheet**

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security Number 144-19-7859
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**Driver's License or State Id Information**

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

**Note:** Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

**All identity verification information should be entered here and will automatically flow to the state return.**

**Taxpayer/Spouse does not have a driver's license or state id**

- Taxpayer **Note:** Alabama does not allow this option
- Spouse

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

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

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

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

**Driver's License Detail**

<b>Taxpayer:</b> Issuing state . . . . . MN License number . . . . . L882131663118 Issue date . . . . . 01/01/2016 Expiration date . . . . . 08/13/2020 Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____	<b>Spouse:</b> Issuing state . . . . . _____ License number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____
--	---

**State Identification Card Detail**

<b>Taxpayer:</b> Issuing state . . . . . _____ Identification number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____	<b>Spouse:</b> Issuing state . . . . . _____ Identification number . . . . . _____ Issue date . . . . . _____ Expiration date . . . . . _____ Does not expire . . . . . <input type="checkbox"/> NY Document number (first 3 chars)* . . . . . _____
--	--

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

**Additional Verification Information**

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

**Client Status:**

- New client
- Returning client to same preparer and firm
- Returning client to same firm

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return

BHANU PRAKASH & BHAVANA RAYAPANENI

Social Security Number

144-19-7859

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

Date Form 1040-V was given to client . . . . .

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Form with header 'State/City \*' and checkboxes for New York, Vermont, and blank lines.

**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 BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security Number 144-19-7859
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
COGNIZANT TECHNOLOGY SOLUTIONS		58,830.	11,207.	111,236.	3,538.
ICON IT GROUP INC	X	30,488.	3,049.	30,488.	1,353.
<b>Totals</b> . . . . .		89,318.	14,256.	141,724.	4,891.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	58,830.	30,488.	89,318.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
<b>2</b>	Total federal tax withheld . . . . .	11,207.	3,049.	14,256.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	63,422.	30,488.	93,910.
<b>4</b>	Total social security tax withheld . . . . .	3,932.	1,890.	5,822.
<b>5</b>	Total Medicare wages and tips . . . . .	63,422.	30,488.	93,910.
<b>6</b>	Total Medicare tax withheld . . . . .	920.	442.	1,362.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .	3,125.		3,125.
	<b>b</b> Offsite dependent care benefits	3,125.		3,125.
	<b>c</b> Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	10,310.		10,310.
	<b>b</b> Elective deferrals to qualified plans . . . . .	4,592.		4,592.
	<b>c</b> Roth contrib. to 401(k), 403(b), 457(b) plans. .			
	<b>d</b> Deferrals to government 457 plans . . . . .			
	<b>e</b> Deferrals to non-government 457 plans . . . . .			
	<b>f</b> Deferrals 409A nonqual deferred comp plan. .			
	<b>g</b> Income 409A nonqual deferred comp plan. . .			
	<b>h</b> Uncollected Medicare tax . . . . .			
	<b>i</b> Uncollected social security and RRTA tier 1 . .			
	<b>j</b> Uncollected RRTA tier 2 . . . . .			
	<b>k</b> Income from nonstatutory stock options . . . .			
	<b>l</b> Non-taxable combat pay . . . . .			
	<b>m</b> QSEHRA benefits . . . . .			
	<b>n</b> Total other items from box 12 . . . . .	5,718.		5,718.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
	<b>b</b> Total deductible charitable contributions . . . .			
	<b>c</b> Total deductible employee expenses . . . . .			
	<b>d</b> Total RR Compensation . . . . .			
	<b>e</b> Total RR Tier 1 tax . . . . .			
	<b>f</b> Total RR Tier 2 tax . . . . .			
	<b>g</b> Total RR Medicare tax . . . . .			
	<b>h</b> Total RR Additional Medicare tax . . . . .			
	<b>i</b> Total RRTA tips. . . . .			
	<b>j</b> Total other items from box 14 . . . . .	5,163.		5,163.
<b>16</b>	Total state wages and tips . . . . .	111,236.	30,488.	141,724.
<b>17</b>	Total state tax withheld . . . . .	3,538.	1,353.	4,891.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return BHANU PRAKASH RAYAPANENI	Social Security Number 144-19-7859
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**Employer EIN** . . . . . 13-3924155  
**Employer Name** . . . . . COGNIZANT TECHNOLOGY SOLUTIONS  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 211 QUALITY CIRCLE  
**City** COLLEGE STATION **State** TX **ZIP** 77845  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	58,830.	<b>2</b> Federal tax withheld . . . . .	11,207.
<b>3</b> Social security wages . . . . .	63,422.	<b>4</b> Social sec tax withheld . . . . .	3,932.
<b>5</b> Medicare wages and tips . . . . .	63,422.	<b>6</b> Medicare tax withheld . . . . .	920.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	28.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
D	4,592.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
P	54.	P: Double click to link to Form 3903, line 4 . . . . . MINNESOTA
DD	5,636.	R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> 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
MN	3351572	58,830.	931.
DE	1133924155001	52,406.	2,607.

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

<b>9</b> Verification Code . . . . .		<b>9</b> 7d4f-f649-6685-d550
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>		<b>10</b> 3,125.
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b>

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).
TXREL	5,163.	Other (not classified)

Keep for your records

BHANU PRAKASH RAYAPANENI

144-19-7859 Page 2

Employer Name . . . . . COGNIZANT TECHNOLOGY SOLUTIONS

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

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

Clergy only:
D [ ] Designated housing or parsonage allowance . . . . . D
E [ ] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . E
F If no FICA was withheld, check the applicable box below
1 [ ] Pay self-employment tax on housing or parsonage allowance only
2 [ ] Pay self-employment tax on W-2 income only
3 [ ] Pay self-employment tax on W-2 income and housing allowance
4 [ ] 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 [ ] Pay self-employment tax on this W-2 income
2 [ ] 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
2 [ ] Tips less than \$20 in a month which were not required to be reported . . . . . H2
3 [ ] Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
4 [ ] Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
5 [ ] Tips paid out through a tip-sharing arrangement . . . . . H5
6 [ ] 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. . . . . 144-19-7859
First name M.I. Last name Suff.
BHANU PRAKASH RAYAPANENI
Address City St ZIP code
169 DICENZO BLD MARLBOROUGH MA 01752
Foreign Province/County Foreign Postal Code
Foreign Country

Name as shown on return BHAVANA RAYAPANENI	Social Security Number 710-24-2057
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**Employer EIN** . . . . . 46-2004234  
**Employer Name** . . . . . ICON IT GROUP INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6813 TROY LANE NORTH  
**City** MAPLE GROVE **State** MN **ZIP** 55311  
**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.

<b>1</b> Wages, tips, other comp . . . . .	30,488.	<b>2</b> Federal tax withheld . . . . .	3,049.
<b>3</b> Social security wages . . . . .	30,488.	<b>4</b> Social sec tax withheld . . . . .	1,890.
<b>5</b> Medicare wages and tips . . . . .	30,488.	<b>6</b> Medicare tax withheld . . . . .	442.
<b>7</b> Social security tips . . . . .		<b>8</b> 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 <b>not</b> 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
MN	2955192	30,488.	1,353.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

**9** Verification Code . . . . . **9** \_\_\_\_\_  
**10** Dependent care benefits (Check if employer furnished care at work) . . . . .  **10** \_\_\_\_\_  
 Dependent care benefits - Amount forfeited from flexible spending account . . . . . \_\_\_\_\_  
**11** Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** \_\_\_\_\_

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



Keep for your records

BHAVANA RAYAPANENI	710-24-2057 Page 2
<b>Employer Name . . . .</b> <u>ICON IT GROUP INC</u>	

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b> <b>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		
<b>6</b> <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. . . . . 710-24-2057

First name BHAVANA M.I. Last name RAYAPANENI Suff. \_\_\_\_\_

Address 169 DICENZO BLD City MARLBOROUGH St MA ZIP code 01752

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. . . . . ▶ \_\_\_\_\_

# Wages, Salaries, & Tips Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>BHANU PRAKASH &amp; BHAVANA RAYAPANENI</b>	Social Security Number <b>144-19-7859</b>
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The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	58,830.	30,488.	89,318.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137 . . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Reserved			
<b>b</b>			
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	58,830.	30,488.	89,318.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .	3,125.		3,125.
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2 . . . . .			
<b>14</b> Other non-earned income:			
<b>15 Total of lines 10 through 14 . . . . .</b>	61,955.	30,488.	92,443.

Name as Shown on Return BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security No. 144-19-7859
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: 2 X \$1,000. Enter the result . . . . .	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	92,443.
3	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>Exclusion of income from Puerto Rico, and</li> <li>Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A filers:</b> Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total . . . . .	4	92,443.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>Married filing jointly — \$110,000</li> <li>Single, head of household, or qualifying widow(er) — \$75,000</li> <li>Married filing separately — \$55,000</li> </ul>	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result. . . . .	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	2,000.

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	6,991.
10	Add the amounts from — Form 1040, line 48 . . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>Mortgage interest credit, Form 8396</li> <li>Adoption Credit, Form 8839</li> <li>Residential energy efficient property credit, Form 5695, Part I</li> <li>District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result. . . . .	12	6,991.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	13	2,000.

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

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

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

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	7,184.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
13	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> Then, go to line 13. Enter the total of the amounts from — <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

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

**Note: Railroad Employees**

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

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

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <b>BHANU PRAKASH &amp; BHAVANA RAYAPANENI</b>	Social Security Number <b>144-19-7859</b>
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**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								
<b>Tot Estimated Payments . . .</b>								

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	14,256.	4,891.	
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 <b>Total Withholding</b> Lines 10 through 18d . . . . .	14,256.	4,891.	
20 <b>Total Tax Payments for 2017</b> . . . . .	14,256.	4,891.	

	State	ID	Local	ID
<b>Prior Year Taxes Paid In 2017</b> (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 <b>BHANU PRAKASH &amp; BHAVANA RAYAPANENI</b>	Social Security Number <b>144-19-7859</b>
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>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 . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	58,830.	30,488.	89,318.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	58,830.	30,488.	89,318.
<b>9 a</b> Taxable dependent care benefits . . . . .	3,125.		3,125.
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	61,955.	30,488.	92,443.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	61,955.	30,488.	92,443.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	58,830.	30,488.	89,318.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	58,830.	30,488.	89,318.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	61,955.	30,488.	92,443.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	61,955.	30,488.	92,443.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security Number 144-19-7859
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**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
<b>Totals . .</b>						

**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 . . . . .		23,426.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		92,443.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		4,991.
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  
**BHANU PRAKASH & BHAVANA RAYAPANENI**

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 4

**Gross Income**

Wages and salaries . . . . .	92,443.
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 . . . . .	_____
<b>Total Gross Income</b> . . . . .	92,443.

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 92,443.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,891.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	18,535.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	23,426.
Standard deduction . . . . .	_____
Exemption amount . . . . .	16,200.

**Taxable Income** . . . . . 52,817.

Income tax . . . . .	6,991.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	6,991.
Nonbusiness credits . . . . .	2,000.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	2,000.
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 4,991.

Withholding . . . . .	14,256.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	14,256.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 9,265.

**Refund** . . . . . 9,265.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	5.40 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>6,991.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>6,991.</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 . . . . . 92,443.  
**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 . . . . . 92,443.  
**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) <b>Enter</b> Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MN	01/01/17	12/31/17	6.8750	6.8750	0.0000	1,047.	0.	1,047.

Total general sales taxes from table . . . . . 1,047.  
**H** **Enter** additions to table amount (motor vehicle, boat) . . . . . \_\_\_\_\_  
**I** Total sales taxes from table plus additions to table amount . . . . . 1,047.  
**J** **Enter** actual sales taxes paid (in lieu of table amount) . . . . . \_\_\_\_\_  
**K** Total income taxes paid . . . . . 4,891.

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

**Paid Preparer Smart Worksheet**

**If different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

**A** Enter paid preparer code from Firm/Preparer Info. . . . . 1

SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>5,822.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,362.</u>
<b>C</b>	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>7,184.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>7,184.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . . _____
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 6 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>7,184.</u>



**2017 Form M1, Individual Income Tax**

Leave unused boxes blank. Do not use staples on anything you submit.

<b>Your First Name and Initial</b> BHANU PRAKASH	<b>Last Name</b> RAYAPANENI	<b>Your Social Security Number</b> 144197859	
<b>If a Joint Return, Spouse's First Name and Initial</b> BHAVANA	<b>Spouse's Last Name</b> RAYAPANENI	<b>Spouse's Social Security Number</b> 710242057	
<b>Current Home Address</b> 169 DICENZO BLD	<b>Check if:</b> <input type="checkbox"/> <b>New Address</b> <input type="checkbox"/> <b>Foreign Address</b>	<b>Your Date of Birth</b> 08131980	
<b>City</b> MARLBOROUGH	<b>State</b> MA	<b>Zip Code</b> 01752	<b>Spouse's Date of Birth</b> 08301981

**2017 Federal Filing Status**  (1) Single  (2) Married filing jointly  (3) Married filing separately:  
 (place an X in one box):  (4) Head of household  (5) Qualifying widow(er)  
 Enter spouse name and Social Security number \_\_\_\_\_

**State Elections Campaign Fund**  
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

<b>Political party and code number:</b>		<b>Your code</b> _____
Republican . . . . . 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now . . . . . 17
Democratic/Farmer-Labor . 12	Green . . . . . 15	General Campaign
Independence . . . . . 13	Libertarian . . . . . 16	Fund . . . . . 99

**Spouse code** \_\_\_\_\_

<b>From Your Federal Return</b> (see instructions)	<b>A</b> Wages, salaries, tips, etc. 92443	<b>B</b> IRA, pensions, and annuities 0	<b>C</b> Unemployment 0	<b>D</b> Federal adjusted gross income 92443
---	---	--	----------------------------	---

▲ Place an X in box if a negative number

<b>1</b> Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) . . . . .	<b>1</b> <input type="checkbox"/> 52817
<b>2</b> State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions . . . . .	<b>2</b> 4891
<b>3</b> Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) . . . . .	<b>3</b> _____
<b>4</b> Add lines 1 through 3 (if a negative number, place an X in the box). . . . .	<b>4</b> <input type="checkbox"/> 57708
<b>5</b> State income tax refund from line 10 of federal Form 1040 . . . . .	<b>5</b> _____
<b>6</b> Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) . . . . .	<b>6</b> _____
<b>7</b> Total subtractions. Add lines 5 and 6 . . . . .	<b>7</b> _____
<b>8</b> Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank. . . . .	<b>8</b> 57708
<b>9</b> Tax from the table in the M1 instructions . . . . .	<b>9</b> 3441
<b>10</b> Alternative minimum tax (enclose Schedule M1MT) . . . . .	<b>10</b> _____
<b>11</b> Add lines 9 and 10 . . . . .	<b>11</b> 3441
<b>12</b> Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . . . . .	<b>12</b> 3441
<b>a</b> <input type="checkbox"/> 0 <b>b</b> <input type="checkbox"/> 0 (Place an X in box if a negative number)	
<b>13</b> Tax on lump-sum distribution (enclose Schedule M1LS) . . . . .	<b>13</b> _____



14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) ..... 14 \_\_\_\_\_

15 Tax before credits. Add lines 12, 13, and 14 ..... 15 3441

16 Marriage Credit for joint return when both spouses have taxable earned income  
or taxable retirement income (enclose Schedule M1MA) ..... 16 ■ 1 3 4

17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) ..... 17 ■ 1855

18 Other nonrefundable credits (enclose Schedule M1C) ..... 18 ■ \_\_\_\_\_

19 Total nonrefundable credits. Add lines 16, 17, and 18 ..... 19 1989

20 Subtract line 19 from line 15 (if result is zero or less, leave blank) ..... 20 1452

21 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe ..... 21 ■ \_\_\_\_\_

22 Add lines 20 and 21 ..... 22 1452

23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from W-2, 1099, and W-2G forms (do not send) ..... 23 ■ 2284

24 Minnesota estimated tax and extension payments made for 2017 ..... 24 ■ \_\_\_\_\_

25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,  
K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. .... 25 ■ \_\_\_\_\_

26 Business and investment credits (enclose Schedule M1B) ..... 26 ■ \_\_\_\_\_

27 Total payments. Add lines 23 through 26 ..... 27 2284

28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions).  
For direct deposit, complete line 29 ..... 28 ■ 832

29 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
**Account Type**                      **Routing Number**                      **Account Number**  
 Checking     Savings    091000019                      5087282637

30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract  
line 27 from line 22 (see instructions) ..... 30 ■ \_\_\_\_\_

31 Penalty amount from Schedule M15 (see instructions). Also subtract  
this amount from line 28 or add it to line 30 (enclose Schedule M15) ..... 31 ■ \_\_\_\_\_

**IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.

32 Amount from line 28 you want sent to you ..... 32 ■ \_\_\_\_\_

33 Amount from line 28 you want applied to your 2018 estimated tax ..... 33 ■ \_\_\_\_\_

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
_____	_____	APPANA RUPA VENKA	05262018
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
_____	7135895577	6789659729	P02090332
Your email address	Preparer's email address		
Bhanugdr1@gmail.com	kumar@gtaxfile.com		

**Include a copy of your 2017 federal return and schedules.**

Mail to: Minnesota Individual Income Tax  
St. Paul, MN 55145-0010

To check on the status of your refund, visit [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



## 2017 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<b>Your First Name and Initial</b> BHANU PRAKASH	<b>Last Name</b> RAYAPANENI	<b>Your Social Security Number</b> 144197859
<b>If a Joint Return, Spouse's First Name and Initial</b> BHAVANA	<b>Spouse's Last Name</b> RAYAPANENI	<b>Spouse's Social Security Number</b> 710242057

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

<b>A</b> If the W-2 is for: • you, enter 1 • spouse, enter 2	<b>B—Box 13</b> If Retirement Plan box is checked mark an X below.	<b>C—Box 15</b> Employer's 7-digit Minnesota state tax ID number	<b>D—Box 16</b> State wages, tips, etc. (round to nearest whole dollar)	<b>E—Box 17</b> Minnesota tax withheld (round to nearest whole dollar)
<u>1</u>	<input checked="" type="checkbox"/>	MN <u>3351572</u>	<u>58830</u>	<u>931</u>
<u>2</u>	<input type="checkbox"/>	MN <u>2955192</u>	<u>30488</u>	<u>1353</u>
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional W-2s (from line 5 on the back) ..... \_\_\_\_\_

**Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) ..... 1 ■ 2284**

**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

<b>A</b> If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	<b>B</b> Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	<b>C</b> Income amount (see the table on the back for amounts to include)	<b>D</b> Minnesota tax withheld (round to nearest whole dollar)
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____

Subtotal for additional 1099 and W-2G forms (from line 6 on the back) ..... \_\_\_\_\_

**Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2 and 3.  
Enter the total here and on line 23 of Form M1 ..... **4 ■ 2284**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and/or KF.**







# 2017 Schedule M1MA, Marriage Credit

<b>Your First Name and Initial</b> BHANU PRAKASH	<b>Last Name</b> RAYAPANENI	<b>Social Security Number</b> 144197859
<b>Spouse's First Name and Initial</b> BHAVANA	<b>Last Name</b> RAYAPANENI	<b>Social Security Number</b> 710242057

	A Taxpayer	B Spouse
<b>1</b> Wages, salaries, tips, etc. (from line 7 of federal Form 1040 or Form 1040A, or line 1 of Form 1040EZ) . . . . .	61955	30488
<b>2</b> Self-employment income (from line 3 of federal Schedule SE less the self-employment tax deduction from line 6 of Schedule SE) . . . . .		
<b>3</b> Taxable pension income (see instructions) . . . . .		
<b>4</b> Taxable Social Security income (from line 20b of Form 1040 or 14b of Form 1040A) . . . . .		
<b>5</b> Add lines 1 through 4 for each column . . . . .	61955	30488
<b>6</b> Amount from line 5, Column A or B, whichever is less (If less than \$23,000, <b>STOP HERE</b> . You do not qualify) . . . . .		30488
<b>7</b> Joint taxable income from line 8 of Form M1. (If less than \$38,000, <b>STOP HERE</b> . You do not qualify) . . . . .		57708
<b>8</b> If line 6 is less than \$101,000, determine the amount of your credit using lines 6 and 7 and the table in the instructions. <b>Full-year residents:</b> Enter the result here and on line 16 of Form M1. <b>Part-year residents and nonresidents:</b> Continue with line 20 . . . . .		134

**If line 6 is \$101,000 or more, complete lines 9 through 19.**

<b>9</b> Enter the amount from line 6 . . . . .		
<b>10</b> Value of one personal exemption plus one-half of the married-joint standard deduction . . . . .		10,400
<b>11</b> Subtract line 10 from line 9 . . . . .		
<b>12</b> Using the tax table for <b>single persons</b> in the M1 instructions, compute the tax for the amount on line 11 . . . . .		
<b>13</b> Amount from line 7 . . . . .		
<b>14</b> Amount from line 11 . . . . .		
<b>15</b> Subtract line 14 from line 13 (if zero or less, you do not qualify) . . . . .		
<b>16</b> Using the tax table for <b>single persons</b> in the M1 instructions, compute the tax for the amount on line 15 . . . . .		
<b>17</b> Tax from line 9 of Form M1 . . . . .		
<b>18</b> Add lines 12 and 16 . . . . .		
<b>19</b> Subtract line 18 from line 17. If the result is more than \$1,433, enter \$1,433. If result is zero or less, you do not qualify. <b>Full-year residents:</b> Enter the result here and on line 16 of Form M1. <b>Part-year residents and nonresidents:</b> Continue with line 20 . . . . .		

**Part-Year Residents and Nonresidents**

<b>20</b> <b>Part-year residents and nonresidents:</b> Enter the percentage from line 25 of Schedule M1NR . . . . .		
<b>21</b> Multiply line 8 or line 19, whichever is applicable, by line 20. Enter the result here and on line 16 of Form M1 . . . . .		

**Include this schedule when you file Form M1. Keep a copy for your records.**



**2017 Schedule M1CR, Credit for Income Tax Paid to Another State**

Your First Name and Initial	Last Name	Social Security Number
BHANU PRAKASH RAYAPANENI		144197859
State or Canadian Province or Territory That Taxed Income Also Taxed By Minnesota		

Delaware

*You must complete a separate Schedule M1CR for each state or province to which you paid tax. Use Schedule M1R, Credit for Taxes Paid to Wisconsin, to report tax paid to Wisconsin.*

*To be eligible for this credit, you must have been a Minnesota resident or part-year resident in 2017 and have paid 2017 state income tax on the same income to Minnesota and also to another state or Canadian province. Use Schedule M1R to report tax paid to Wisconsin.*

**Round amounts to the nearest whole dollar.**

**Full-Year Residents and Part-Year Residents**

- 1 Amount of federal adjusted gross income you received while a Minnesota resident that was taxed by the other state *(see instructions)* ..... **1** 52406
- 2 Your federal adjusted gross income adjusted by U.S. bond interest and/or bonds of another state *(determine from instructions)*.  
**Part-year residents: See instructions** ..... **2** 92443
- 3 Divide line 1 by line 2. Enter the result as a decimal *(carry to five decimal places; if line 1 is more than line 2, enter 1.00000)* ..... **3** .56690
- 4 Complete the lines below to determine your Minnesota tax after credits.
  - a Tax from line 12 of Form M1. .... **4a** 3441
  - b Add line 16 of Form M1 and lines 1, 2, 4, 6, 7, 8, and 9 of Schedule M1C ..... **4b** 134
- Subtract line 4b from line 4a *(if result is zero or less, enter 0)* ..... **4** 3307
- 5 Multiply line 4 by line 3 ..... **5** 1875
- 6 From the income tax return of the other state, enter the tax amount before you subtract any tax withheld or estimated tax payments *(see instructions)*.  
If you paid taxes to a Canadian province or territory, see instructions ..... **6** 1855

**Full-Year Residents**

- 7 Amount from line 5 or line 6, whichever is less. Enter here and on line 17 of Form M1 ..... **7** 1855

**Part-Year Residents**

- 8 From the income tax return of the other state, enter the amount of income taxed by that state before itemized or standard deductions are subtracted ..... **8** \_\_\_\_\_
- 9 Divide line 1 by line 8. Enter the result as a decimal *(carry to five decimal places; if line 1 is more than line 8, enter 1.00000)* ..... **9** \_\_\_\_\_
- 10 Multiply line 6 by line 9 ..... **10** \_\_\_\_\_
- 11 Amount from line 5 or line 10, whichever is less.  
Enter the amount here and on line 17 of Form M1 ..... **11** \_\_\_\_\_

**You must include this schedule with your Form M1.**

Minnesota Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . BHANU PRAKASH
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . RAYAPANENI
Social Security No. . . . . 144-19-7859
Date of Birth . . . . . 08/13/1980
Age as of 1-1-2018. . . . . 37
Date of Death . . . . .
Daytime Phone . . . . . (713) 589-5577 \* [X]
Extension . . . . .
Home Phone . . . . . \* [ ]
Street Address . . . . . 169 DICENZO BLD
City . . . . . MARLBOROUGH
County . . . . .

Spouse:

First Name . . . . . BHAVANA
Middle Initial . . . . . Suffix . . . . .
Last Name (if different)
Social Security No. . . . . 710-24-2057
Date of Birth . . . . . 08/30/1981
Age as of 1-1-2018. . . . . 36
Date of Death . . . . .
Daytime Phone . . . . . \* [ ]
Extension . . . . .
Apartment . . . . .
State . MA ZIP Code . . . . . 01752
Check box if foreign address . . . . . [ ]

\* Check one of these boxes to print optional daytime phone number

Part II - Main Form

[X] Full-year resident filing Form M1
[ ] Part-year resident filing Form M1
Taxpayer . . . . . From: . . . . . To: . . . . . Resident 12/31/2017 of . . . . .
Spouse . . . . . From: . . . . . To: . . . . . Resident 12/31/2017 of . . . . .
[ ] Nonresident filing Form M1
Nonresidents and part-year residents also must complete Schedule M1NR.

Part III - Filing Status

[ ] Single
[X] Married filing joint
[ ] Married filing separate
[ ] Head of household
[ ] Qualifying widow(er)
[ ] Taxpayer eligible to claim spouse's exemption
[ ] Taxpayer did not live with spouse at any time during the year

Part IV - Other Information

New! State Driver's License and ID Card

Minnesota does not require state driver's license or state ID card information.

Taxpayer Information:

Taxpayer Spouse
[ ] [ ] Age 65 or over?
[ ] [ ] Blind?
[ ] [ ] Disabled?
[ ] [ ] Paid premiums in 2017 for a qualified long-term care insurance policy? (See Tax Help)

Decedent Information:

[ ] You are filing a joint return with your deceased spouse and a personal representative has not been appointed

Stillborn Children Information:

[ ] You experienced the birth of a stillborn child in 2017.

First-Time Homebuyer Information:

[ ] You opened a qualified first-time homebuyer savings account in 2017.

Farmer Information:

[ ] At least two-thirds of gross income was derived from farming or commercial fishing

American Indian Information:

If you are an enrolled member of an American Indian Tribe, enter income earned on the reservation while living on the reservation . . . . .

Active Duty Military:

Resident of a state other than Minnesota and on federal active duty

**Credit for Past Military Service:**

Check the boxes below only if you have been separated from military service and meet the conditions below:

- Taxpayer was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years, or has 100% total/permanent service-related disability
- Spouse was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years or has 100% total/permanent service-related disability

**Part V – Preparer Information**

Enter the preparer's assigned code from Preparer's Information Worksheet . . . . 1

If not signing as preparer, have following printed instead of firm information:

- self-prepared or
- prepared by a non-paid preparer

**Yes No**

Is the Minnesota Department of Revenue authorized to discuss this return with the preparer or the third-party designee indicated on the federal return?

Self prepared and Non-paid prepared returns to be e-filed **must** have the following info for the submitter:

Preparer Name . . . . . \_\_\_\_\_  
Preparer PTIN . . . . . \_\_\_\_\_

**Part VI – Direct Deposit or Electronic Funds Withdrawal Information**

**Yes No**

Do you want to elect direct deposit of state tax refund?  
\* See Tax Help for refund expectation

Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

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

Name of financial institution (optional) . . . . . wellsfargo  
Routing number . . . . . 091000019  
Account number . . . . . 5087282637  
Type of account . . . . . Checking  Savings   
Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
State balance-due amount from this return . . . . . \_\_\_\_\_  
Enter an amount to debit the account above . . . . . \_\_\_\_\_  
If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**International ACH Transactions:**

**Yes No**

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

**Part VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

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

The state return will be filed electronically

**Electronic PDF Attachments**

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

Description	Filename

Enter the date return was EFiled . . . . . \_\_\_\_\_  
Date return was accepted by the state . . . . . \_\_\_\_\_  
Enter the date Form M60 was given to client . . . . . \_\_\_\_\_

**Part VIII – Extension Status**

**Yes No**

Tax return due date extended?

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form M13, Income Tax Extension Payment . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form M1, Individual Income Tax Return (Main Form) . . . . . ▶ \_\_\_\_\_

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# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security Number 144-19-7859
--	---------------------------------------

## Tax Payments for the Current Year

		State	
		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 . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	2,284.
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	<b>Total income tax withheld</b> . . . . .	14	2,284.
15	Date return will be filed and balance paid . . . . .	15	

**Additional Nontaxable Income,  
Losses, and Deductions Worksheet**

**2017**

► Keep for your records

Name as Shown on Return BHANU PRAKASH & BHAVANA RAYAPANENI	Social Security Number 144-19-7859
---	---------------------------------------

**Additional Nontaxable Income**

1	Payment received under the state Medicaid Home & Community - Based Services Waiver (Medicaid Waiver) . . . . .	1	_____
2	Workers' compensation benefits . . . . .	2	_____
3	Your contributions to an employee elective deferral plan, such as a 401(k), 403(b), 457 deferred compensation or SIMPLE/SEP plan . . . . .	3	4,592.
4	Contributions to dependent care accounts. . . . .	4	_____
5	Contributions to medical expense accounts . . . . .	5	_____
6	Nontaxable employee transit and parking expenses . . . . .	6	_____
7	Veterans' benefits . . . . .	7	_____
8	Nontaxable scholarships, fellowships, grants for education, including those from foreign sources, and tuition waivers or reductions . . . . .	8	_____
9	Nontaxable pension and annuity payments, including disability payments . . . . .	9	_____
10	Income excluded by a tax treaty . . . . .	10	_____
11	Lump-sum distribution reported on line 1 of Schedule M1LS . . . . .	11	_____
12	Federally nontaxed interest and mutual fund dividends . . . . .	12	_____
13	Reduction in your rent for caretaking responsibilities equal to the difference between your actual rent and the amount your rent would have been if you had not been the caretaker . . . . .	13	_____
14	Housing allowance for military . . . . .	14	_____
15	Housing allowance for clergy . . . . .	15	_____
16	Nontaxable military earned income, such as combat pay . . . . .	16	_____
17	Strike benefits . . . . .	17	_____
18	Employer paid education expenses . . . . .	18	_____
19	Employer paid adoption expenses . . . . .	19	_____
20	Gain on the sale of your home excluded from federal income . . . . .	20	_____
21	Other additional nontaxable income. Enter the type(s) of income below: _____ . . . . .	21	_____

**Losses and Deductions**

1	Capital loss carryforward . . . . .	1	_____
2	Net operating loss carryforward/carryback. . . . .	2	_____
3	Passive activity loss that is not disallowed as a result of section 469, paragraph (i) of the Internal Revenue Code and the amount of passive activity loss carryover allowed under section 469(b) of the Internal Revenue Code . . . . .	3	_____
4	Prior year passive activity loss carryforward claimed in current year for federal purposes . . . . .	4	_____
5	Health savings account deduction . . . . .	5	_____
6	Archer MSA deduction . . . . .	6	_____
7	Domestic production activities deduction . . . . .	7	_____
8	Educator expenses deduction . . . . .	8	_____
Total additional nontaxable income, losses, and deductions . . . . .			4,592.

## Smart Worksheets from your 2017 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

<b>Federal Taxable Income Smart Worksheet</b>	
<b>A</b>	Federal adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or 1040EZ, line 4) . . . . . <u>92443</u>
<b>B</b>	Less: Standard or itemized deductions (Form 1040, line 40a or Form 1040A, line 24a or 1040EZ, line 5) . . . . . <u>23426</u>
<b>C</b>	Less: Exemptions claimed on federal return (Form 1040, line 42 or Form 1040A, line 26) . . . . . <u>16200</u>
<b>D</b>	Federal taxable income (Line A less lines B and C) . . . . . <u>52817</u>
<i>Note: Line D flows to line 1. If line D is negative, it is displayed on line 1 as a positive number and the line 1 box is checked as required by the Minnesota Department of Revenue.</i>	

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

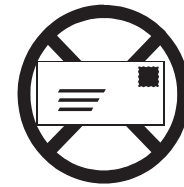
<b>State Income Tax or Sales Tax Addition Smart Worksheet</b>	
<b>A</b>	Total itemized deductions from federal return (Schedule A, line 29) . . . . . <u>23426</u>
<b>B</b>	Amount computed using the table in the Form M1 instructions . . . . . <u>12700</u>
<b>C</b>	Subtract line 2b from line 2a . . . . . <u>10726</u>
<b>D</b>	State income tax or sales tax included on line 5 of your federal Schedule A . . . . . <u>4891</u>
<b>E</b>	Additional income tax listed on line 8 of your federal Schedule A . . . . . <u>          </u>
<b>F</b>	Total state income tax . . . . . <u>4891</u>

SMART WORKSHEET FOR: Schedule M1CR (Delaware): Credit for Tax Paid to Another State

<b>Other State/Canadian Province or Territory Income and Tax Smart Worksheet</b>		
	<b>A Amount</b>	<b>B * Amount if different</b>
<b>A</b> Other state's AGI (adjusted gross income) . . . . .	52,406.	
<b>B</b> Amount of tax imposed by another state or Canadian Province or Territory . . . . .	1,855.	

\* Use Column B only to modify an entry made by the program in Column A.





2017

DE-8453

DELAWARE INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING FOR THE YEAR JANUARY 1 - DECEMBER 31, 2017

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER 144197859 SPOUSE'S SOCIAL SECURITY NUMBER 710242057
FIRST NAME(S) AND INITIAL(S) BHANU PRAKASH & BHAVANA LAST NAME RAYAPANENI
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 169 DICENZO BLD
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE MARLBOROUGH MA 01752
DAYTIME TELEPHONE NUMBER

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

Table with 5 rows: 1. TOTAL DELAWARE ADJUSTED GROSS INCOME (FORM 200-01, LINE 1 or FORM 200-02, LINE 37) 92,443. 2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8 or FORM 200-02, LINE 42) 2,104. 3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 17 or FORM 200-02, LINE 48) 2,607. 4. NET REFUND (FORM 200-01, LINE 28 or FORM 200-02, LINE 59) 752. 5. NET BALANCE DUE (FORM 200-01, LINE 27 or FORM 200-02, LINE 58)

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

6. Type of Account X Checking Savings 7. Routing number 0 9 1 0 0 0 0 1 9
8. Account number 5 0 8 7 2 8 2 6 3 7
9. Is this refund going to or through an account that is located outside of the United States? Yes X No

PART 3 DECLARATION OF TAXPAYER

10. X 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.
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. 30-1017196
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. 30-1017196
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)

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

1 4 4 1 9 7 8 5 9 7 1 0 2 4 2 0 5 7

Your Last Name First Name and Middle Initial Jr., Sr., III, etc.

RAYAPANENI BHANU PRAKASH

Spouse's Last Name Spouse's First Name, Jr., Sr., III, etc.

RAYAPANENI BHAVANA

Present Home Address (Number and Street) Apt. #

169 DICENZO BLD

City State Zip Code
MARLBOROUGH MA 01752

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

Check if FULL-YEAR non-resident in 2017
FILING STATUS (MUST CHECK ONE)
1. Single, Divorced, Widow(er)
2. X Joint
3. Married & Filing Separate Forms
5. Head of Household

Table with columns for Line number, Description, and Amount. Includes rows for DELAWARE ADJUSTED GROSS INCOME, DEDUCTIONS, TAXABLE INCOME, and NET BALANCE DUE.

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 contact information section including fields for Your Signature, Spouse's Signature, Home Phone, Business Phone, and Address of Paid Preparer.

Business Phone (646) 727-7157
EIN, SSN, or PTIN 301017196
Email Address KUMAR@GTAXFILE.COM



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE



DF20317021555

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Wages, salaries, tips, etc.; Interest; Dividends; State refunds, credits or offsets of state & local income taxes; Alimony received; Business income or (loss); Capital gain or (loss); Other gains or (losses); IRA distributions; Taxable pensions and annuities; Rents, royalties, partnerships, S corps, estates, trusts, etc.; Farm income or (loss); Unemployment compensation (insurance); Taxable Social Security benefits; Other income (state nature and source); Total income; Total Federal Adjustments; Federal Adjusted Gross Income for Delaware purposes.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Interest received on obligations of any state other than Delaware; Fiduciary adjustment, oil depletion; TOTAL - Add Lines 18 & 19; Add Lines 17 & 20.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Interest received on U.S. obligations; Pension/Retirement Exclusions; Delaware State tax refund; Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward; Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion; TOTAL - Add lines 22 through 26; Subtract Line 27 from Line 21 and enter here; Exclusion for certain persons 60 and over or disabled; Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income; Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Rows include Enter total Itemized Deductions; Enter Foreign Taxes Paid; Enter Charitable Mileage Deduction; TOTAL - Add Lines 31, 32, and 33; Enter State Income Tax included in Line 31 above; Enter Form 700 Tax Credit Adjustment; Subtract Line 35a and 35b from Line 34.

SECTION E - 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.

a. Routing Number 0 9 1 0 0 0 0 1 9

b. Type: Checking X Savings

c. Account Number 5 0 8 7 2 8 2 6 3 7

d. Is this refund going to or through an account that is located outside of the United states? Yes No X

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.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): 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

Delaware Information Worksheet

2017

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

First Name . . . . . BHANU PRAKASH
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . RAYAPANENI
Social Security No. . . . . 144-19-7859
Date of Birth . . . . . 08/13/1980
Age as of 12/31/2017 . . . . . 37
Date of Death . . . . .
Daytime Phone . . . . .
Home Phone . . . . .

Spouse:

First Name . . . . . BHAVANA
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . RAYAPANENI
Social Security No. . . . . 710-24-2057
Date of Birth . . . . . 08/30/1981
Age as of 12/31/2017 . . . . . 36
Date of Death . . . . .
Daytime Phone . . . . .

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

Address . . . . . 169 DICENZO BLD Apt No . . . . .
City . . . . . MARLBOROUGH State . . . . . MA ZIP Code . . . . . 01752

Part II — Main Form

- Form 200-01: Full-Year Resident
[X] 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

- 1 Single, divorced, widow(er)
[X] 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) . . wells Fargo
Account type . . . . . Checking [X] Savings [ ]
Routing number . . . . . 091000019
Account number . . . . . 5087282637

International ACH Transactions

Yes No

[ ] [X] 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 . . . . .

► Keep for your records — Do not file

BHANU PRAKASH & BHAVANA RAYAPANENI	144-19-7859
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**Worksheet A:**

**Married Filing Combined Separately Allocation Worksheet for Form 200-01, Line 43**

Complete this worksheet only if you are using filing status 4 and you are claiming itemized deductions.

Check this box to use actual allocated amounts.

Taxpayer/Spouse Income Ratios \_\_\_\_\_ 1.0000

Schedule A — Itemized Deductions	Federal	Spouse	Taxpayer
4 Schedule A, line 4 (medical and dental expenses) . . . . .	0 .		0 .
9 Schedule A, line 9 (taxes paid)* (see help) . . . . .	4,891 .		4,891 .
15 Schedule A, line 15 (interest paid) . . . . .	0 .		0 .
19 Schedule A, line 19 (charitable contributions) . . . . .	0 .		0 .
20 Schedule A, line 20 (casualty and theft losses) . . . . .	0 .		0 .
27 Schedule A, line 27 (job expenses and misc) . . . . .	18,535 .		18,535 .
28 Schedule A, line 28 (other misc deductions) . . . . .	0 .		0 .
Total Itemized Deductions . . . . .	23,426 .		23,426 .
<b>29 * Total Itemized Deductions</b> . . . . .	23,426 .		23,426 .

**Worksheet B :**

**Itemized Deduction Adjustments Worksheet For Form 200-01 Section C / Form 200-02 Section D**

	Spouse	Taxpayer
1 Itemized deductions from federal Form 1040 Schedule A, line 29. . . . .		23,426 .
2 Foreign taxes paid (see help). . . . .		
3 Additional Charitable Mileage deduction Charitable miles claimed on Federal return _____ X \$.26 per mile . . . .		
<b>4 Subtotal</b> — Add lines 1, 2 and 3 . . . . .		23,426 .
	<b>Spouse</b>	<b>Taxpayer</b>
I Delaware taxes paid included on Sch A, line 5 . . . . .		2,607 .
II Taxes imposed and paid to other states that are included in Federal itemized deductions . . . . .		
<b>III * State Taxes Paid</b> after limitations (if any) . . . . .		2,607 .
<b>5a</b> Total Delaware income tax included in line 1 after limitations (if any) . . . . .		2,607 .
<b>5b</b> Enter line 11 from Form 700 tax credits . . . . .		
<b>6 Total</b> — Subtract line 5a and line 5b from line 4. <b>Residents:</b> Enter here and on Form 200-01, line 2. <b>Nonresidents:</b> Enter here and on Form 200-02, line 38. . . . .		20,819 .

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name <b>BHANU PRAKASH &amp; BHAVANA RAYAPANENI</b>	Social Security Number <b>144-19-7859</b>
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## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
<b>9</b> State withholding on Forms W-2 . . . . .			2,607.
<b>10</b> State withholding on Forms W-2G . . . . .			
<b>11</b> State withholding on Forms 1099-R . . . . .			
<b>12 a</b> State withholding on Forms 1099-MISC . . . . .			
<b>b</b> State withholding on Forms 1099-G . . . . .			
<b>c</b> State withholding on Forms 1099-K . . . . .			
<b>13</b> Other state tax withholding . . . . .			
<b>14 Total income tax withheld</b> . . . . .			2,607.
<b>15</b> Date return will be filed and balance paid . . . . .		<b>15</b>	

## Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return <b>BHANU PRAKASH &amp; BHAVANA RAYAPANENI</b>	Your Social Security No. <b>144-19-7859</b>
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	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from DE sources
<b>T - Taxpayer; S - Spouse</b>				
<b>7</b> Wages, salaries, tips, etc. . . . . <b>T</b>	61,955.		61,955.	52,406.
<b>S</b>	30,488.		30,488.	0.
<b>8</b> Federally taxable interest inc . . . . <b>T</b>				
<b>S</b>				
<b>9</b> Dividends . . . . . <b>T</b>				
<b>S</b>				
<b>10</b> State/local tax refunds . . . . . <b>T</b>				
<b>S</b>				
<b>11</b> Alimony received . . . . . <b>T</b>				
<b>S</b>				
<b>12</b> Business income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>13</b> Capital gain or loss . . . . . <b>T</b>				
<b>S</b>				
<b>14</b> Other gains and losses . . . . . <b>T</b>				
<b>S</b>				
<b>15</b> Taxable IRA distribution . . . . . <b>T</b>				
<b>S</b>				
<b>16</b> Taxable pension and annuities . . . <b>T</b>				
<b>S</b>				
<b>17</b> Rentals, royalties, p'ship, etc. . . . <b>T</b>				
<b>S</b>				
<b>18</b> Farm income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>19</b> Unemployment compensation . . . <b>T</b>				
<b>S</b>				
<b>20 a</b> Taxable social security benefits . <b>T</b>				
<b>S</b>				
<b>b</b> Taxable railroad retirements . . . <b>T</b>				
<b>S</b>				
<b>21</b> Other income . . . . . <b>T</b>				
<b>S</b>				
<b>22</b> <b>Total income</b> . . . . . <b>T</b>	61,955.		61,955.	52,406.
<b>S</b>	30,488.		30,488.	0.



		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from DE sources
23	Educator expenses . . . . . T				
	S				
24	Certain business expenses . . . . T				
	S				
25	Health savings account . . . . . T				
	S				
26	Moving expenses . . . . . T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty . . . . . T				
	S				
31	Alimony paid . . . . . T				
	S				
32	IRA deduction . . . . . T				
	S				
33	Student loan interest deduction . . T				
	S				
34	RESERVED T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments . . . . . T				
	S				
36	<b>Total adjustments</b> . . . . . T				
	S				
37	<b>Adjusted gross income</b> . . . . . T	61,955.		61,955.	52,406.
	S	30,488.		30,488.	0.

### 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: Form W-2 (State Copy) _____ _____ _____
<b>D</b>	Document to attach to the BACK of Form DE-8453: Copies of all Federal/Delaware Schedules for income/losses reported on Delaware return. _____ Copies of other state tax returns for the credit for See BATTACH _____
<b>E</b>	<b>Retain Form DE-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 200-02: DE Individual Non-Resident Income Tax Return

<b>Capital Gains Tax Payments Smart Worksheet</b>	
<b>A</b>	Delaware <b>tax withheld</b> from the Tax Payments Worksheet . . . . . <u>2,607.</u>
<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