

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

# 2017 California e-file Return Authorization for Individuals

# 8453

Your first name and initial <b>SURESH</b>		Last name <b>BODIGE</b>		Suffix	Your SSN or ITIN <b>778-09-7751</b>
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box <b>28319 SHINING CREEK LN</b>			Apt. no. /ste. no.	PMB/private mailbox	Daytime telephone number
City <b>SPRING</b>				State <b>TX</b>	ZIP code <b>77386</b>
Foreign country name		Foreign province/state/county			Foreign postal code

### Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. **1** 20,947.

2 Refund or no amount due. See instructions **2** 472.

3 Amount you owe. See instructions **3** \_\_\_\_\_

### Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4  Direct deposit of refund 5  Electronic funds withdrawal 5a Amount \_\_\_\_\_ 5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Make Estimated Tax Payments for Taxable Year 2018 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

### Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 472. 12 The remaining amount of my refund for direct deposit \_\_\_\_\_

9 Routing number 321171184 13 Routing number \_\_\_\_\_

10 Account number 42014757167 14 Account number \_\_\_\_\_

11 Type of account:  Checking  Savings 15 Type of account:  Checking  Savings

### Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's/RDP's signature. If filing jointly, both must sign. Date \_\_\_\_\_  
*It is unlawful to forge a spouse's/RDP's signature.*

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. 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. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date <b>06/11/2018</b>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address <b>GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA</b>	FEIN <b>30-1017196</b>	ZIP code <b>30041</b>		

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. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date <b>06/11/2018</b>	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P02090332</b>
	Firm's name (or yours if self-employed) and address <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA</b>	FEIN <b>30-1017196</b>	ZIP code <b>30041</b>	

APE

778-09-7751 BODI
SURESH BODIGE

17

A
R
RP

28319 SHINING CREEK LN
SPRING TX 77386

06-21-1991

- 1 [X] Single
2 [ ] Married/RDP filing jointly. See inst.
3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 [ ] Head of household (with qualifying person). See instructions.
5 [ ] Qualifying widow(er) with dependent child. Enter year spouse/RDP died
If your California filing status is different from your federal filing status, check the box here [ ]

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst [ ]

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$114 = \$ 114

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [ ] X \$114 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [ ] X \$114 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 [ ] X \$353 = \$

11 Exemption amount: Add line 7 through line 10 11 [ ] X \$114 = \$ 114

12 Total California wages from your Form(s) W-2, box 16 12 20947 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 26830 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 26830 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 26830 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions 18 4236 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 22594 00

Total Taxable Income

Your name: BODIGE

Your SSN or ITIN: 778-09-7751

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	432	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	20947	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	17640	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 1 9 1
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	337	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	7 8 0 7
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39	89	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	248	00
	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
	42	Add line 40 and line 41	42	248	00

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
	58	Enter credit name _____ code _____ and amount	58		00
	59	Enter credit name _____ code _____ and amount	59		00
	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
62	Add line 50 and line 55 through 61. These are your total credits	62		00	
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	248	00	

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
	72	Mental Health Services Tax. See instructions	72		00
	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	248	00

Payments	81	California income tax withheld. See instructions	81	720	00
	82	2017 CA estimated tax and other payments. See instructions	82		00
	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPDI) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86	720	00

Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	472	00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102	0	00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	472	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00



	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . .	● 400	00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	00
California Firefighters' Memorial Fund . . . . .	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	00
California Sea Otter Fund . . . . .	● 410	00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	00
School Supplies for Homeless Children Fund . . . . .	● 422	00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	00
Revive the Salton Sea Fund . . . . .	● 432	00
California Domestic Violence Victims Fund . . . . .	● 433	00
Special Olympics Fund . . . . .	● 434	00
Type 1 Diabetes Research Fund . . . . .	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	00
<b>120</b> Add code 400 through code 440. This is your total contribution . . . . .	<b>● 120</b>	00

Contributions



2017 California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: S U R E S H B O D I G E SSN or ITIN: 7 7 8 0 9 7 7 5 1

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

- 1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [ ] Part-Year Resident [ ] Resident
b Spouse: [ ] Nonresident [ ] Part-Year Resident [ ] Resident

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information like domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Section A — Income

Main income adjustment table with columns A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows 7-22a detailing wages, interest, dividends, and other income.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	<b>b</b> Enter totals from Side 1, line 22a, col. A through col. E. . . . .	27,830.			27,830.	20,947.
23	Educator expenses. . . . .					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . .					
25	Health savings account deduction. . . . .					
26	Moving expenses. . . . .	1,000.			1,000.	0.
27	Deductible part of self-employment tax. . . . .					
28	Self-employed SEP, SIMPLE, and qualified plans. . . . .					
29	Self-employed health insurance deduction. . . . .					
30	Penalty on early withdrawal of savings. . . . .					
31a	Alimony paid. <b>b</b> Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____					
32	IRA deduction. . . . .					
33	Student loan interest deduction. . . . .					
34	Tuition and fees. . . . .					
35	Domestic production activities deduction. . . . .					
36	Add line 23 through line 35 in each column, A through E. . . . .	1,000.			1,000.	0.
37	<b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . .	26,830.			26,830.	20,947.

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14). . . . .	38	909.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . .	39	909.
40	Subtract line 39 from line 38. . . . .	40	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____	41	
42	Combine line 40 and line 41. . . . .	42	0.
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b> Single or married/RDP filing separately . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 <b>No.</b> Transfer the amount on line 42 to line 43. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . .	43	0.
44	<b>Enter the larger of the amount on line 43 or your standard deduction. See instructions.</b> . . . . .	44	4,236.

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E. . . . .	45	20,947.
46	Enter your deductions from line 44. . . . .	46	4,236.
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . .	47	0.7807
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47. . . . .	48	3,307.
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . .	49	17,640.

# California Information Worksheet

2017

▶ Keep for your records

## Part I — Personal Information

**Taxpayer:**

Last Name . . . . . BODIGE  
 First Name . . . . . SURESH  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 778-09-7751  
 Date of Birth . . . . . 06/21/1991 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 26  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Home phone . . . . . \_\_\_\_\_

**Spouse/RDP:**

Last name (if different) . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_

Check to print phone number on Form 540. . . . .  Home  Taxpayer work  Spouse/RDP work  
 Check to print email address on Form 540, 540NR or 540X . . . . .  Taxpayer  Spouse

c/o Address . . . . . \_\_\_\_\_  
 Street Address . . . . . 28319 SHINING CREEK LN  
 Unit Description . . . . . \_\_\_\_\_ Unit Number \_\_\_\_\_ Private Mailbox (PMB) . . . . . \_\_\_\_\_  
 City . . . . . Spring State . . . . . TX ZIP Code . . . . . 77386  
 Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign country . . . . . \_\_\_\_\_

**Military Filers:**

APO  FPO  
 For Military Extension:  
 Military indicator . . ▶ Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II — Main Form

Form 540: Resident Income Tax Return . . . . . ▶  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ▶  
 Enter the state of residence as of December 31, 2017 . . . . . TX  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . . \_\_\_\_\_  
 In which state (or foreign country) did taxpayer reside before this change? . . . . . \_\_\_\_\_  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ \_\_\_\_\_

## Part III — Filing Status

Single  
 Married/RDP filing joint return  
 Married/RDP filing separate return  
 Taxpayer **did not** live with spouse at any time during the year  
**Yes No**  
  If filing electronically, is spouse a CA Nonresident?  
  If filing electronically, is spouse Active Duty Military?  
 Head of household (with qualifying person) **Stop**. See instructions.  
 If the 'qualifying person' is child but **not** dependent:  
 Child's name . . . . . \_\_\_\_\_  
 Child's social security number . . . . . \_\_\_\_\_  
 Qualifying widow(er)  
 Year spouse/RDP died . .  2015  2016  
 Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship



Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

X File the California 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

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

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

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Direct deposit your client's <b>state tax refund</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for your client's <b>state balance due</b> (EF only)?

**Bank Information** (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) . . . . . CITI BANK

Account type . . . . . Checking .  Savings .

Routing number . . . . . 321171184

Account number . . . . . 42014757167

**If your client is requesting direct deposit of refund** (not applicable to Intuit Refund Card):

Total refund available . . . . . 472.

Amount to be deposited in first account . . . . . \_\_\_\_\_

Amount to be deposited in second account . . . . . \_\_\_\_\_

Name of Financial Institution (optional) . . . . . \_\_\_\_\_

Account type . . . . . Checking .  Savings .

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125 . . . . . \_\_\_\_\_

**Enter the following information only if your client requests electronic funds withdrawal of balance due:**

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

Enter an amount to withdraw from the account above . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**International ACH Transactions**

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

**Part IX – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	_____
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	_____
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	_____
4	Rare and Endangered Species Preservation Program . . . . .	4	_____
5	California Breast Cancer Research Fund . . . . .	5	_____
6	California Firefighters' Memorial Fund . . . . .	6	_____
7	Emergency Food For Families Fund . . . . .	7	_____
8	California Peace Officer Memorial Foundation Fund . . . . .	8	_____
9	California Sea Otter Fund . . . . .	9	_____
10	California Cancer Research Fund . . . . .	10	_____
11	School Supplies for Homeless Children Fund . . . . .	11	_____
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	_____
13	Protect Our Coast and Oceans Fund . . . . .	13	_____
14	Keep Arts in Schools Fund . . . . .	14	_____
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	_____
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	_____
17	Revive the Salton Sea Fund . . . . .	17	_____
18	California Domestic Violence Victims Fund . . . . .	18	_____
19	Special Olympics Fund . . . . .	19	_____
20	Type 1 Diabetes Research Fund . . . . .	20	_____
21	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	21	_____
22	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	22	_____
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	23	_____
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	24	_____
25	Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	25	_____

**Part X – Preparer Information**

Enter preparer Code from Firm/Preparer Info . . . 1

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

- "Self-Prepared"
- "Non-Paid Preparer"

**Part XI – Extension Status**

**Yes** **No**  
  Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶ \_\_\_\_\_

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes** **No** \*Note Payment is required for electronic filing  
  Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 State balance-due amount paid with this extension (Form 3519) . . . . . \_\_\_\_\_

**Automatic extension information for military filers (Electronic Filing Only):**

	<b>Taxpayer</b>	<b>Spouse</b>
Date deployed overseas or entered combat zone/QHDA . . . . .	_____	_____
Date returned from overseas or entered combat zone/QHDA . . . . .	_____	_____
Combat zone/QHDA Operation or Area Served . . . . .	_____	_____

**QuickZoom** to Form 540 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name SURESH BODIGE	Social Security Number 778-09-7751
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## 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	720.
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	720.
15	Date return will be filed and balance paid . . . . .	15	

# California Electronic Filing Information Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return <u>SURESH BODIGE</u>	Social Security Number <u>778-09-7751</u>
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## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

<u>Firm Name</u> GLOBAL TAXES LLC	<u>Social Security Number/Preparer Tax ID Number</u>	
<u>Name</u> GLOBAL TAXES LLC	<u>Phone Number</u> (678)965-9729	<u>Fax Number</u>
<u>Address</u> 2530 Pebble Creek Ln	<u>Employer Identification Number</u> 30-1017196	
<u>City</u> Cumming	<u>State</u> GA	<u>Zip Code</u> 30041
<u>Country</u>	<u>E-mail Address</u> kumar@gtaxfile.com	

## Paid Preparer Information

<u>Firm Name</u> GLOBAL TAXES LLC	<u>Social Security Number/Preparer Tax ID Number</u> P02090332	
<u>Name</u> APPANA RUPA VENKATA SATYA SAI MANI KUMAR	<u>Employer Identification Number</u> 30-1017196	<u>Fax Number</u>
<u>Address</u> 2530 Pebble Creek Ln	<u>Phone Number</u> (678)965-9729	<u>Fax Number</u>
<u>City</u> Cumming	<u>State</u> GA	<u>Zip Code</u> 30041
<u>Country</u>	<u>E-mail Address</u> kumar@gtaxfile.com	

## Electronic Filing Review Check

		Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
9 Is this a fiscal year filer? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return? . . . . .	▶ <input type="checkbox"/>		<input type="checkbox"/>

# Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 8453: E-File Return Authorization

<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 8453: Form W-2 (Copy 2) _____ _____ _____
<b>D</b>	<b>Retain Form 8453 and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

<b>Form 540NR California Income Tax Withheld Smart Worksheet</b>	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>720.</u>
<b>B</b>	Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 81. Subtract line B from line A . . . . . <u>720.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

<b>Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet</b>	
<b>1</b>	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>20,947.</u>