

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name PRADEEP NEELAMSETTY	Social security number 474-53-4732
Spouse's name JYOTHI NEELAMSETTY	Spouse's social security number 970-86-9863

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	111,607.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	7,176.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	11,783.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	4,607.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

3	4	7	3	2
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 as my signature on my tax year 2017 electronically filed income tax return. 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

6	9	8	6	3
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 as my signature on my tax year 2017 electronically filed income tax return. 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 PRADEEP	Last name NEELAMSETTY	Your social security number 474-53-4732
If a joint return, spouse's first name and initial JYOTHI	Last name NEELAMSETTY	Spouse's social security number 970-86-9863
Home address (number and street). If you have a P.O. box, see instructions. 5555 WESTON LN N		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Minneapolis MN 55446		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

(1) First name		Last name		(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)
SATVIK		NEELAMSETTY		371-39-9303	Son	<input checked="" type="checkbox"/>
KARTIKEYA		NEELAMSETTY		472-55-0454	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	7	111,148.
8a	Taxable interest. Attach Schedule B if required	8a	459.
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	111,607.

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	111,607.

38	Amount from line 37 (adjusted gross income)	38	111,607.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	28,705.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	82,902.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	66,702.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	9,076.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	9,076.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	1,900.
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	1,900.
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,176.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	7,176.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	11,783.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	11,783.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,607.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,607.
Direct deposit? See instructions.	b Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 7 8 8 9 6 4 3		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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

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

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

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/26/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's EIN		Firm's address	
GLOBAL TAXES LLC	30-1017196		2530 Pebble Creek Ln Cumming GA 30041	
Firm's address	Phone no.			
2530 Pebble Creek Ln Cumming GA 30041	(678)965-9729			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

PRADEEP & JYOTHI NEELAMSETTY

474-53-4732

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):		
a	<input checked="" type="checkbox"/> Income taxes, or	5	4,896.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	4,896.

Interest You Paid

10	Home mortgage interest and points reported to you on Form 1098	10	8,887.
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	8,887.

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

Gifts to Charity

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

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

Casualty and Theft Losses

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

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	17,154.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	17,154.
25	Enter amount from Form 1040, line 38 25 111,607.		
26	Multiply line 25 by 2% (0.02)	26	2,232.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	14,922.

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	28,705.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

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 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return PRADEEP & JYOTHI NEELAMSETTY	Taxpayer identification number 474-53-4732
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Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	PTIN P02090332
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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"/>
1 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"/> Yes <input type="checkbox"/> No		
2 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"/> Yes <input type="checkbox"/> No		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 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"/> Yes <input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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"/> Yes <input type="checkbox"/> No		
5 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"/> Yes <input type="checkbox"/> No		
6 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"/> Yes <input type="checkbox"/> No		
7 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"/> Yes <input type="checkbox"/> No		
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

	EIC	CTC/ACTC	AOTC
9a 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 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		
c 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.)

10a 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 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	
c 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.)

11 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
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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.**

12 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
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Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

Your name PRADEEP NEELAMSETTY	Occupation in which you incurred expenses	Social security number 474-53-4732
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You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	1,498.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	14,000.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	756.
5 Meals and entertainment expenses: \$ <u>1,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	900.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	17,154.

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 2,800 **b** Commuting (see instructions) _____ **c** Other 5,200
- 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

PRADEEP & JYOTHI NEELAMSETTY

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					111,607.
Adjustments to income					
Adjusted gross income					111,607.
Tax expense					4,896.
Interest expense . . .					8,887.
Contributions					
Miscellaneous deductions					14,922.
Other Itemized Deductions					
Total itemized/standard deduction . .					28,705.
Exemption amount . .					16,200.
Taxable income					66,702.
Tax					9,076.
Alternative min tax . .					
Total credits					1,900.
Other taxes					
Payments					11,783.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					4,607.
Effective tax rate % . .					6.43
**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 (PRADEEP & JYOTHI NEELAMSETTY) and Social Security Number (474-53-4732)

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, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) 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) 34732 Spouse's PIN (5 numbers) 69863 Date 02/22/2018

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

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return PRADEEP & JYOTHI NEELAMSETTY	Your Social Security No. 474-53-4732
--	--

Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name Regions Bank	1 Mortgage interest received from payer(s) _____ 7,067.
Street address P.O. Box 11007 City BIRMINGHAM State ZIP code AL 35288 Telephone number	2 Outstanding mortgage principal as of 1/1/2017 _____
RECIPIENT'S federal identification number 63-0371391	PAYER'S social security number 474-53-4732
PAYER'S/BORROWER'S name PRADEEP NEELAMSETTY Street address 5555 WESTON LN N City State ZIP code Minneapolis MN 55446	3 Mortgage origination date _____ 07/17/2017
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	4 Refund of overpaid interest _____
9 If the property securing the mortgage has no address, provide a description of the property below _____	5 Mortgage insurance premiums _____
Account number 1899003699	6 Points paid on purchase of principal residence _____
10 Property tax _____	8 Address of the property securing this mortgage (if different than your mailing address shown) Street address 5555 WESTON LN N City State ZIP code PLYMOUTH MN 55446

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

- 1** Mortgage was used to finance (check one):
- | | | |
|--|---|--|
| a <input checked="" type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity
- | | |
|--|-------|
| a Schedule C, Business | _____ |
| b Schedule F, Farm | _____ |
| c Schedule E, Rental or Royalty | _____ |
| d Form 4835, Farm Rental | _____ |

Rental of Owner-Occupied or Vacation Home

- 1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA
- 2** If yes, complete lines 2a and 2b:
- | | |
|--|-------|
| a Mortgage interest qualifying for main or second home treatment | _____ |
| b Mortgage interest not qualifying for main or second home treatment | _____ |

Mortgage Insurance Premiums Information

- 1** Did your home loan close after December 31, 2006? Yes No

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return PRADEEP & JYOTHI NEELAMSETTY	Your Social Security No. 474-53-4732
--	--

Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name DHI MORTGAGE COMPANY LTD	1 Mortgage interest received from payer(s) 699.
Street address 5555 WESTON LN N	2 Outstanding mortgage principal as of 1/1/2017
City State ZIP code PLYMOUTH MN 55446	3 Mortgage origination date 07/17/2017
Telephone number	4 Refund of overpaid interest
RECIPIENT'S federal identification number 74-2853239	PAYER'S social security number 474-53-4732
5 Mortgage insurance premiums	6 Points paid on purchase of principal residence 1,121.
PAYER'S/BORROWER'S name PRADEEP NEELAMSETTY	8 Address of the property securing this mortgage (if different than your mailing address shown)
Street address 5555 WESTON LN N	Street address 5555 WESTON LANE NORTH
City State ZIP code AUSTIN TX 78750	City State ZIP code PLYMOUTH MN 55446
7 The address above is the same as the address of the property securing the mortgage . . . <input type="checkbox"/> (If not, enter the property address in box 8)	9 If the property securing the mortgage has no address, provide a description of the property below
Account number	10 Property tax

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

- 1** Mortgage was used to finance (check one):
- | | | |
|--|---|--|
| a <input checked="" type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity
- | | |
|--|-------|
| a Schedule C, Business | _____ |
| b Schedule F, Farm | _____ |
| c Schedule E, Rental or Royalty | _____ |
| d Form 4835, Farm Rental | _____ |

Rental of Owner-Occupied or Vacation Home

- 1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA
- 2** If yes, complete lines 2a and 2b:
- | | |
|--|-------|
| a Mortgage interest qualifying for main or second home treatment | _____ |
| b Mortgage interest not qualifying for main or second home treatment | _____ |

Mortgage Insurance Premiums Information

- 1** Did your home loan close after December 31, 2006? Yes No

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name NEELAMSETTY
 First name PRADEEP
 Middle initial _____ Suffix _____
 Social security no. 474-53-4732
 Occupation SOFTWARE ENGINEER
 Date of birth 06/01/1975 (mm/dd/yyyy)
 Age as of 1-1-2018 42
 Date of death _____
 Legally blind
 E-mail address neelampradeep@gmail.com
 Work phone _____ Ext _____
 Cell phone (763)489-8419
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) . NEELAMSETTY
 First name JYOTHI
 Middle initial _____ Suffix _____
 Social security no. 970-86-9863
 Occupation HOMEMAKER
 Date of birth 08/20/1980 (mm/dd/yyyy)
 Age as of 1-1-2018 37
 Date of death _____
 Legally blind
 E-mail address neelampradeep@gmail.com
 Work phone _____ Ext _____
 Cell phone (763)489-8419
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (763)489-8419
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 5555 WESTON LN N Apt no. _____
 City Minneapolis State MN ZIP code 55446

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.***
SATVIK NEELAMSETTY		371-39-9303 Son	06/27/2012	5	12		L	
KARTIKEYA NEELAMSETTY		472-55-0454 Son	03/19/2010	7	12		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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (PRADEEP & JYOTHI NEELAMSETTY) and Social Security Number (474-53-4732)

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

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

State Identification Card Detail

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

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

Additional Verification Information

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

Client Status:

- Input boxes for New client, Returning client to same preparer and firm, and 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

PRADEEP & JYOTHI NEELAMSETTY

Social Security Number

474-53-4732

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 PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
MPOWER TECH INC		111,148.	11,783.	111,148.	4,896.
Totals		111,148.	11,783.	111,148.	4,896.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	111,148.		111,148.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	11,783.		11,783.
3 & 7	Total social security wages/tips	123,648.		123,648.
4	Total social security tax withheld	7,666.		7,666.
5	Total Medicare wages and tips	123,648.		123,648.
6	Total Medicare tax withheld	1,793.		1,793.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	21,206.		21,206.
b	Elective deferrals to qualified plans	12,500.		12,500.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits	4,353.		4,353.
n	Total other items from box 12	4,353.		4,353.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	111,148.		111,148.
17	Total state tax withheld	4,896.		4,896.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return PRADEEP NEELAMSETTY	Social Security Number 474-53-4732
--	---------------------------------------

Employer EIN 83-0423122
Employer Name MPOWER TECH INC
 Name (cont.) _____
Street Address or P. O. Box 5715 GRANDWOOD LN
City KATY **State** TX **ZIP** 77450
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	111,148.	2 Federal tax withheld	11,783.
3 Social security wages	123,648.	4 Social sec tax withheld	7,666.
5 Medicare wages and tips	123,648.	6 Medicare tax withheld	1,793.
7 Social security tips	_____	8 Allocated tips	_____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
S	12,500.	A: Enter amount attributable to RRTA Tier 2 tax
DD	4,353.	M: Enter amount attributable to RRTA Tier 2 tax
FF	4,353.	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MN	2382676	111,148.	4,896.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

Keep for your records

PRADEEP NEELAMSETTY	474-53-4732 Page 2
Employer Name MPOWER TECH INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 474-53-4732

First name M.I. Last name Suff.

PRADEEP NEELAMSETTY

Address City St ZIP code

5555 WESTON LN N Minneapolis MN 55446

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. ▶ _____

Interest and Dividends Summary

2017

▶ Keep for your records

Name(s) Shown on Return PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
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Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage				
2 From Schedule B, Part I.	459 .			
3 From Schedule B, Part II				
4 From K-1 Worksheets				
5 Exempt-int.divs (net of adj.)				
6 From Forms 6252				
7 From Forms 8814				
8 Subtotal	459 .			
Less Adjustments:				
9 U.S. savings bond interest previously reported				
10 Nominee distribution				
11 OID adjustment				
12 ABP adjustment				
13 Accrued interest				
14 Other adjustment				
15 Series EE & I bond exclusion				
16 Total Adjustments				
17 Total to Schedule B, line 2 ▶	459 .			
18 Total to Form 1040, line 8b ▶				
19 Total U.S. govt. interest . . . ▶				
20 Total to Form 6251, line 12 ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B				
2 From K-1 Worksheets				
Subtotal				
Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶				
8 Total qualified dividends. . . ▶				
9 Total capital gains ▶				
10 Total nontaxable dividends . ▶				

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B				
Less Adjustments:				
2 Nominee distribution				
3 Other adjustment				
4 Total Adjustments				
5 Total to Schedule D ▶				

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B		
Less Adjustments:		
2 Nominee distribution		
3 Other adjustment		
4 Total Adjustments		
5 Total to Schedule D ▶		

Name as Shown on Return
PRADEEP & JYOTHI NEELAMSETTY

Social Security No.
474-53-4732

- 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	111,607.
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total	4	111,607.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$110,000 Single, head of household, or qualifying widow(er) — \$75,000 Married filing separately — \$55,000 	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. 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	2,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	100.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. 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"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	1,900.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	9,076.
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"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. 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	9,076.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	1,900.

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"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. 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"/> No. If line 4 above is: <ul style="list-style-type: none"> • 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. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. 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"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	9,459.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	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"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <i>Then, go to line 13.</i>		
13	Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	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 PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
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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								
Tot Estimated Payments . . .								

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			11,783.	4,896.	
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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			11,783.	4,896.	
20	Total Tax Payments for 2017			11,783.	4,896.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
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 PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	111,148.		111,148.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	111,148.		111,148.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	111,148.		111,148.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	111,148.		111,148.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	111,148.		111,148.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	111,148.		111,148.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	111,148.		111,148.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	111,148.		111,148.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
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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
Totals . .						

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		28,705.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		111,607.
6	Tax liability for Form 2210 or Form 2210-F		7,176.
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

PRADEEP & JYOTHI NEELAMSETTY

Filing status Married Filing Jointly

Number of exemptions 4

Gross Income

Wages and salaries	111,148.
Interest and dividend income	459.
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	111,607.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 111,607.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	4,896.
Interest	8,887.
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	14,922.
Phaseout of itemized deductions	_____
Total Itemized Deductions	28,705.
Standard deduction	_____
Exemption amount	16,200.

Taxable Income 66,702.

Income tax	9,076.
Alternative minimum tax	_____
Total Taxes before Credits	9,076.
Nonbusiness credits	1,900.
Business credits	_____
Total Credits	1,900.
Self-employment tax	_____
Other taxes	_____

Total Tax 7,176.

Withholding	11,783.
Estimated tax payments	_____
Other payments	_____
Total Payments	11,783.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 4,607.

Refund 4,607.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	6.43 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>9,076.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>9,076.</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 38 111,607.
- 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 111,607.
- F Sales tax table information:

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

QuickZoom to Misc Global Options to enter default locality ►

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

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MN	01/01/17	12/31/17	6.8750	6.8750	0.0000	1,129.	0.	1,129.

- Total general sales taxes from table 1,129.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 1,129.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 4,896.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Mortgage Interest and Points Smart Worksheet

A Enter a description and an amount for fully deductible mortgage interest and points. Check the box if the mortgage was sold to another lender, or the mortgage has been paid off; the lender's name will **not** transfer to next year's return.
Check the box if the mortgage interest and/or points are **not** reported on Form 1098.
Note: When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.
If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶ _____

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Regions Bank	7,067.		<input type="checkbox"/>	<input type="checkbox"/>
DHI MORTGAGE COMPANY LTD	699.	1,121.	<input type="checkbox"/>	<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

A Adjust Home mortgage interest and points reported on Form 1098:

1 Total home mortgage interest and points from 1098's from detail. 8,887.

2 Enter amount to deduct on Line 10 if different. _____

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

Line 6 Smart Worksheet	
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.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>7,666.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,793.</u>
C	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) <u>0.</u>
D	Add line A, B, and C <u>9,459.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>9,459.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (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.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	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. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) _____
N	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 _____
O	Add line L, M, and N _____
Line 6 Amount	
P	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____ <u>9,459.</u>



2017 Form M1, Individual Income Tax

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

Your First Name and Initial PRADEEP	Last Name NEELAMSETTY	Your Social Security Number 474534732	
If a Joint Return, Spouse's First Name and Initial JYOTHI	Spouse's Last Name NEELAMSETTY	Spouse's Social Security Number 970869863	
Current Home Address 5555 WESTON LN N	Check if: <input type="checkbox"/> New Address <input type="checkbox"/> Foreign Address	Your Date of Birth 06011975	
City MINNEAPOLIS	State MN	Zip Code 55446	Spouse's Date of Birth 08201980

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.


Political party and code number:		Your code _____
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 _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. _____ 111148	B IRA, pensions, and annuities _____ 0	C Unemployment _____ 0	D Federal adjusted gross income <input type="checkbox"/> 111607 ▲Place an X in box if a negative number
---	--	--	----------------------------------	--

1 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)	1 <input type="checkbox"/> 66702
2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions	2 4896
3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M)	3 _____
4 Add lines 1 through 3 (if a negative number, place an X in the box).	4 <input type="checkbox"/> 71598
5 State income tax refund from line 10 of federal Form 1040	5 _____
6 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)	6 _____
7 Total subtractions. Add lines 5 and 6	7 _____
8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank.	8 71598
9 Tax from the table in the M1 instructions	9 4413
10 Alternative minimum tax (enclose Schedule M1MT)	10 _____
11 Add lines 9 and 10	11 4413
12 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)	12 4413
a <input type="checkbox"/> 0 b <input type="checkbox"/> 0 (Place an X in box if a negative number)	
13 Tax on lump-sum distribution (enclose Schedule M1LS)	13 _____



- 14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) 14 _____
- 15 Tax before credits. Add lines 12, 13, and 14 15 4413
- 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 17 ■ _____
- 18 Other nonrefundable credits (enclose Schedule M1C) 18 ■ _____
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 19 _____
- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) 20 4413
- 21 Nongame Wildlife Fund contribution (see instructions) 21 ■ _____
This will reduce your refund or increase the amount you owe 
- 22 Add lines 20 and 21 22 4413
- 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 ■ 4896
- 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 4896
- 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 ■ 483
- 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):

Account Type	Routing Number	Account Number	
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<u>211391825</u>	<u>17889643</u>	
- 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)
_____	7634898419	6789659729	P02090332
Your email address	Preparer's email address		
neelampradeep@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

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.

Your First Name and Initial PRADEEP	Last Name NEELAMSETTY	Your Social Security Number 474534732
If a Joint Return, Spouse's First Name and Initial JYOTHI	Spouse's Last Name NEELAMSETTY	Spouse's Social Security Number 970869863

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.

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
<u>1</u>	<input type="checkbox"/>	MN <u>2382676</u>	<u>111148</u>	<u>4896</u>
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<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 ■ 4896

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

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D 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 ■ 4896**

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

Minnesota Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name PRADEEP
Middle Initial Suffix
Last Name NEELAMSETTY
Social Security No. 474-53-4732
Date of Birth 06/01/1975
Age as of 1-1-2018. 42
Date of Death
Daytime Phone (763) 489-8419 *
Extension
Home Phone (763) 489-8419 * X
Street Address 5555 WESTON LN N Apartment
City Minneapolis State . MN ZIP Code 55446
County Check box if foreign address

Spouse:

First Name JYOTHI
Middle Initial Suffix
Last Name (if different)
Social Security No. 970-86-9863
Date of Birth 08/20/1980
Age as of 1-1-2018. 37
Date of Death
Daytime Phone *
Extension

* 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) DCU BANK

Routing number 211391825

Account number 17889643

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 ▶ _____

QuickZoom to Form M1, Individual Income Tax Return (Main Form) ▶ _____

Tax Payments Worksheet

2017

► Keep for your records

Name PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
---	--

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	4,896.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	4,896.
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 PRADEEP & JYOTHI NEELAMSETTY	Social Security Number 474-53-4732
---	---------------------------------------

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	12,500.
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			12,500.

Smart Worksheets from your 2017 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

Federal Taxable Income Smart Worksheet	
A	Federal adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or 1040EZ, line 4) <u>111607</u>
B	Less: Standard or itemized deductions (Form 1040, line 40a or Form 1040A, line 24a or 1040EZ, line 5) <u>28705</u>
C	Less: Exemptions claimed on federal return (Form 1040, line 42 or Form 1040A, line 26) <u>16200</u>
D	Federal taxable income (Line A less lines B and C) <u>66702</u>
<p><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></p>	

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

State Income Tax or Sales Tax Addition Smart Worksheet	
A	Total itemized deductions from federal return (Schedule A, line 29) <u>28705</u>
B	Amount computed using the table in the Form M1 instructions <u>12700</u>
C	Subtract line 2b from line 2a <u>16005</u>
D	State income tax or sales tax included on line 5 of your federal Schedule A <u>4896</u>
E	Additional income tax listed on line 8 of your federal Schedule A <u> </u>
F	Total state income tax <u>4896</u>