

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name LAUREN MARGARET PROFFITT	Social security number 484-17-1729
Spouse's name BHARATH KUMAR REDDY GANGARAM	Spouse's social security number 598-45-4736

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	103,183.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	9,391.
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	11,913.
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	2,522.
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

7	1	7	2	9
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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

5	4	7	3	6
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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					
---	---	---	---	---	---	--	--	--	--	--

 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 LAUREN MARGARET	Last name PROFFITT	Your social security number 484-17-1729
If a joint return, spouse's first name and initial BHARATH KUMAR REDDY	Last name GANGARAM	Spouse's social security number 598-45-4736
Home address (number and street). If you have a P.O. box, see instructions. 166 ROSETREE LANE		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). EXTON PA 19341		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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	104,783.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
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	104,783.

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	1,600.
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	1,600.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	103,183.

38	Amount from line 37 (adjusted gross income)	38	103,183.
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	26,279.
• 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	76,904.
• 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	8,100.
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	68,804.
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	9,391.
	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	9,391.
	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	
	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	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	9,391.
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	9,391.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	11,913.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	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	11,913.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,522.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,522.
Direct deposit? See instructions.	b Routing number 0 7 3 0 0 0 1 7 6 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 4 4 5 0 0 2 5 3 5 5 2 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"/>	SOFTWARE ENGINEER	<input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/30/2018	<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

L PROFFITT & B GANGARAM

484-17-1729

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):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		7,091.
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	7,091.

Interest You Paid

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

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid 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	

Gifts to Charity

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

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	

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	21,252.
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	21,252.
25	Enter amount from Form 1040, line 38 25 103,183.		
26	Multiply line 25 by 2% (0.02)	26	2,064.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	19,188.

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?	29	
	<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.		26,279.
	<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		<input type="checkbox"/>

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.**

2017
Attachment
Sequence No. **129A**

Your name LAUREN MARGARET PROFFITT	Occupation in which you incurred expenses	Social security number 484-17-1729
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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	
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	17,400.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,452.
5 Meals and entertainment expenses: \$ <u>4,800.</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	2,400.
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	21,252.

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) ▶
- 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 **b** Commuting (see instructions) **c** Other
- 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**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form3903 for the latest information.
► Attach to Form 1040 or Form 1040NR.

2017
Attachment
Sequence No. **170**

Name(s) shown on return

L PROFFITT & B GANGARAM

Your social security number

484-17-1729

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,100.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	500.
3 Add lines 1 and 2	3	1,600.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,600.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

L PROFFITT & B GANGARAM

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					104,783.
Adjustments to income					1,600.
Adjusted gross income					103,183.
Tax expense					7,091.
Interest expense . . .					
Contributions					
Miscellaneous deductions					19,188.
Other Itemized Deductions					
Total itemized/standard deduction . .					26,279.
Exemption amount . .					8,100.
Taxable income					68,804.
Tax					9,391.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					11,913.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,522.
Effective tax rate % . .					9.10
**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 (L PROFFITT & B GANGARAM) and Social Security Number (484-17-1729)

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) 71729 Spouse's PIN (5 numbers) 54736 Date 02/26/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name PROFFITT
 First name LAUREN MARGARET
 Middle initial _____ Suffix _____
 Social security no. 484-17-1729
 Occupation SOFTWARE ENGINEER
 Date of birth 01/22/1990 (mm/dd/yyyy)
 Age as of 1-1-2018 27
 Date of death _____
 Legally blind
 E-mail address bharathnani19@gmail.com
 Work phone _____ Ext _____
 Cell phone (609)369-7045
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) GANGARAM
 First name BHARATH KUMAR REDDY
 Middle initial _____ Suffix _____
 Social security no. 598-45-4736
 Occupation SOFTWARE ENGINEER
 Date of birth 08/20/1992 (mm/dd/yyyy)
 Age as of 1-1-2018 25
 Date of death _____
 Legally blind
 E-mail address bharathnani19@gmail.com
 Work phone _____ Ext _____
 Cell phone (609)369-7045
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (609)369-7045
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 166 ROSETREE LANE Apt no. _____
 City EXTON State PA ZIP code 19341

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.***

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

► Keep for your records

Name(s) Shown on Return L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

INCOME	Federal Amount	IA Amount
1 Wages, salaries, tips, etc. T	89,216.	
S	15,567.	4,471.
2 Taxable interest T		
S		
3 Dividends T		
S		
4 State/local tax refunds T		
S		
5 Alimony received T		
S		
6 Business income or loss T		
S		
7 Capital gain or loss T		
S		
8 Other gains and losses T		
S		
9 Taxable IRA distribution T		
S		
10 Taxable pension and annuities T		
S		
11 Rentals, royalties, partnerships, S corporations, trusts T		
S		
12 Farm income or loss T		
S		
13 Unemployment compensation T		
S		
14 a Taxable social security benefits T		
S		
b Taxable railroad retirement benefits T		
S		
15 Other income T		
S		
16 Total income T	89,216.	
S	15,567.	4,471.

Nonresident State Allocation Worksheet

L PROFFITT & B GANGARAM

484-17-1729

	ADJUSTMENTS		Federal Amount	IA Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T	1,600.	
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T		
		S		
28	Tuition/fees deduction	T		
		S		
29	Domestic production activities deduction	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T	1,600.	
		S		
32	Adjusted gross income	T	87,616.	
		S	15,567.	4,471.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (L PROFFITT & B GANGARAM) and Social Security Number (484-17-1729)

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. 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. 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

Taxpayer:

Issuing state: PA, License number: 32738799, Issue date: 06/07/2017, Expiration date: 01/23/2021, Does not expire: [], NY Document number: []

Spouse:

Issuing state: PA, License number: 32681712, Issue date: 04/05/2017, Expiration date: 06/21/2018, Does not expire: [], NY Document number: []

State Identification Card Detail

Taxpayer:

Issuing state: [], Identification number: [], Issue date: [], Expiration date: [], Does not expire: [], NY Document number: []

Spouse:

Issuing state: [], Identification number: [], Issue date: [], Expiration date: [], Does not expire: [], 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, 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: L PROFFITT & B GANGARAM; Social Security Number: 484-17-1729

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

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; 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.

State/City *
New York
Vermont

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 L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
RANDSTAND PROFESSINOLS US LLC		89,216.	10,619.	89,454.	5,310.
TARGET CORPORATION	X	10,918.	1,058.	10,918.	292.
MANAGED VENTURE LLC	X	4,649.	236.	4,649.	143.
Totals		104,783.	11,913.	105,021.	5,745.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	89,216.	15,567.	104,783.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	10,619.	1,294.	11,913.
3 & 7	Total social security wages/tips		15,567.	15,567.
4	Total social security tax withheld		965.	965.
5	Total Medicare wages and tips		15,567.	15,567.
6	Total Medicare tax withheld		225.	225.
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	4,316.		4,316.
b	Elective deferrals to qualified plans	238.		238.
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			
n	Total other items from box 12	4,078.		4,078.
14 a	Total deductible mandatory state tax	64.	8.	72.
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		10.	10.
16	Total state wages and tips	89,454.	15,567.	105,021.
17	Total state tax withheld	5,310.	435.	5,745.
19	Total local tax withheld.	1,163.	111.	1,274.

► Keep for your records

Name as shown on return LAUREN MARGARET PROFFITT	Social Security Number 484-17-1729
---	---------------------------------------

Employer EIN 26-3305087
Employer Name RANDSTAND PROFFESSINOLS US LLC
 Name (cont.) _____
Street Address or P. O. Box 3625 CUMBERLAND BLVD STE 600
City ATLANTA **State** GA **ZIP** 30339
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 89,216. 2 Federal tax withheld 10,619.
 3 Social security wages _____ 4 Social sec tax withheld _____
 5 Medicare wages and tips _____ 6 Medicare tax withheld _____
 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:
D	238.	A: Enter amount attributable to RRTA Tier 2 tax _____
DD	4,078.	M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4 _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer _____
		Spouse _____
		G: <input type="checkbox"/> Employer is 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
PA	95496987	89,454.	5,310.

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
LC	89,454.	1,163.	PA

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
PA-UI	64.	PA Unemployment tax

Keep for your records

LAUREN MARGARET PROFFITT	484-17-1729 Page 2
Employer Name RANDSTAND PROFESSINOLS US LLC	

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 <input type="checkbox"/> If deducting expenses, double click to link to Schedule C		

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. 484-17-1729

First name M.I. Last name Suff.

LAUREN MARGARET PROFFITT

Address City St ZIP code

166 ROSETREE LANE EXTON PA 19341

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return BHARATH KUMAR REDDY GANGARAM	Social Security Number 598-45-4736
---	---------------------------------------

Employer EIN 41-0215170
Employer Name TARGET CORPORATION
 Name (cont.) _____
Street Address or P. O. Box MAIL STOP 7000 TARGET PARKWAY NORTH
City MINNEAPOLIS **State** MN **ZIP** 55445
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	10,918.	2 Federal tax withheld	1,058.
3 Social security wages	10,918.	4 Social sec tax withheld	677.
5 Medicare wages and tips	10,918.	6 Medicare tax withheld	158.
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:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is 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
PA	19468354	6,447.	198.
IA	410215170 000	4,471.	94.
_____	_____	_____	_____
_____	_____	_____	_____

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
15	6,447.	64.	PA
_____	_____	_____	_____
_____	_____	_____	_____

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).
PA-UI	5.	PA Unemployment tax
_____	_____	_____
_____	_____	_____

Keep for your records

BHARATH KUMAR REDDY GANGARAM	598-45-4736 Page 2
Employer Name TARGET CORPORATION	

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. 598-45-4736

First name M.I. Last name Suff.

BHARATH KUMAR REDDY GANGARAM

Address City St ZIP code

166 ROSETREE LANE EXTON PA 19341

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return BHARATH KUMAR REDDY GANGARAM	Social Security Number 598-45-4736
---	---------------------------------------

Employer EIN 45-2789665
Employer Name MANAGED VENTURE LLC
 Name (cont.) _____
Street Address or P. O. Box 1605 NORTH MAIN STREET
City Warrington **State** PA **ZIP** 18976
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	4,649.	2 Federal tax withheld	236.
3 Social security wages	4,649.	4 Social sec tax withheld	288.
5 Medicare wages and tips	4,649.	6 Medicare tax withheld	67.
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:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is 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
PA	95496987	4,649.	143.
_____	_____	_____	_____
_____	_____	_____	_____

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
PA151206	4,649.	47.	PA
_____	_____	_____	_____
_____	_____	_____	_____

9 Verification Code **9** fe17-2d28-79c4-c702
10 Dependent care benefits (Check if employer furnished care at work) **10** _____
 Dependent care benefits - Amount forfeited from flexible spending account
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
PAUI	3.	PA Unemployment tax
PALSI151	10.	Other (not classified)
_____	_____	_____
_____	_____	_____

Keep for your records

BHARATH KUMAR REDDY GANGARAM	598-45-4736 Page 2
Employer Name <u>MANAGED VENTURE LLC</u>	

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	
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	E	
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		
2 Tips less than \$20 in a month which were not required to be reported		H2	
3 Value of non-cash tips, such as tickets or passes, not reported		H3	
4 Actual amount of allocated tips if different than the amount in box 8		H4	
5 Tips paid out through a tip-sharing arrangement		H5	
6 <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. 598-45-4736

First name BHARATH KUMAR REDDY M.I. Last name GANGARAM Suff. _____

Address 166 ROSETREE LANE City EXTON St PA ZIP code 19341

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. ▶ _____

▶ Keep for your records

Name(s) Shown on Return L PROFFITT & B GANGARAM	Social Security No. 484-17-1729
--	------------------------------------

Worksheet Description COPY 1

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer): Check if Taxpayer <input checked="" type="checkbox"/> Check if Spouse <input type="checkbox"/> Check if Joint <input type="checkbox"/>			
	Payer's Federal ID number	42-6004574		
	Enter the abbreviation of State or Locality issuing this payment:			
10 a	State abbreviation	<u>IA</u>	_____	_____
	Locality abbreviation	_____	_____	_____
	Payer's name	State of IA		
1 a	Unemployment compensation	_____	_____	_____
2	Amount repaid	_____	_____	_____
3	State or local income tax refunds, credits, or offsets	_____ 98.	_____	_____
4	Box 2 amount is for tax year	<u>2016</u>	_____	_____
5	Federal income tax withheld	_____	_____	_____
6	RTAA payments	_____	_____	_____
7	Taxable grants	_____	_____	_____
	Agriculture payments	_____	_____	_____
	(Double-click) to:			
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Schedule F Line 6a, 41 . ▶	_____	_____	_____
c	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
d	Link to Form 4835 Line 5a . . . ▶	_____	_____	_____
8	Check if the amount in box 2 applies to income from a trade or business. ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 ▶	_____	_____	_____
b	Link to Schedule F line 8b, 43b . ▶	_____	_____	_____
	Enter the taxable portion of the amount in box 2 to be reported	_____	_____	_____
9	Market gain	_____	_____	_____
a	Link to Schedule F Line 4a, 39a ▶	_____	_____	_____
b	Link to Form 4835 Line 3a . . . ▶	_____	_____	_____
10 b	State identification no	_____	_____	_____
11	State income tax withheld	_____	_____	_____
12 a	Locality name.	_____	_____	_____
13	Local Income Tax Withheld	_____	_____	_____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

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 . . .								

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	11,913.	5,745.	1,274.
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	11,913.	5,745.	1,274.
20 Total Tax Payments for 2017	11,913.	5,745.	1,274.

	State	ID	Local	ID
Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)				
21 Tax paid with 2016 extensions				
22 2016 estimated tax paid after 12/31/2016				
23 Balance due paid with 2016 return				
24 Other (amended returns, installment payments, etc)				

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return
L PROFFITT & B GANGARAM

Social Security Number
484-17-1729

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 5,745.
2	2017 state estimated taxes paid in 2017	2
3	2016 state estimated taxes paid in 2017	3
4	Amount paid with 2016 state application for extension	4
5	Amount paid with 2016 state income tax return	5
6	Overpayment on 2016 state income tax return applied to 2017 tax	6
7	Other amounts paid in 2017 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9 1,274.
10	2017 local estimated taxes paid in 2017	10
11	2016 local estimated taxes paid in 2017	11
12	Amount paid with 2016 local application for extension	12
13	Amount paid with 2016 local income tax return	13
14	Overpayment on 2016 local income tax return applied to 2017 tax	14
15	Other amounts paid in 2017 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17	State mandatory taxes	17 72.
18	Total Add lines 1 through 17	18 7,091.
19	State and local refund allocated to 2017	19 0.
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21 0.
22	Total state and local income tax deduction Line 18 less line 21	22 7,091.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27	28

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

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	89,216.	15,567.	104,783.
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	89,216.	15,567.	104,783.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	89,216.	15,567.	104,783.
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	89,216.	15,567.	104,783.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	89,216.	15,567.	104,783.
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.	89,216.	15,567.	104,783.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	89,216.	15,567.	104,783.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	89,216.	15,567.	104,783.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

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		26,279.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		103,183.
6	Tax liability for Form 2210 or Form 2210-F		9,391.
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
 L PROFFITT & B GANGARAM

Filing status Married Filing Jointly Number of exemptions 2

Gross Income	
Wages and salaries	104,783.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	0.
Total Gross Income	<u>104,783.</u>

Adjustments to Income 1,600.

Adjusted Gross Income (Last year's AGI) 103,183.

Itemized/Standard Deductions	
Medical and dental	_____
Taxes	7,091.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	19,188.
Phaseout of itemized deductions	_____
Total Itemized Deductions	<u>26,279.</u>
Standard deduction	_____
Exemption amount	8,100.

Taxable Income 68,804.

Income tax	9,391.
Alternative minimum tax	_____
Total Taxes before Credits	<u>9,391.</u>
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 9,391.

Withholding	11,913.
Estimated tax payments	_____
Other payments	_____
Total Payments	<u>11,913.</u>
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 2,522.

Refund 2,522.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	<u>15.0 %</u>
Effective tax rate	<u>9.10 %</u>

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>9,391.</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>9,391.</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 38 103,183.
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 103,183.
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
PA	01/01/17	12/31/17	6.0000	6.0000	0.0000	825.	0.	825.

Total general sales taxes from table 825.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 825.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid 7,091.

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move _____
B Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form _____
C Other allowance or reimbursements not on Form W-2 _____
D Enter the number of miles from your **old home** to your **new workplace** 1,100 miles
E Enter the number of miles from your **old home** to your **old workplace** 40 miles
F Subtract line E from line D. If zero or less, enter -0- 1,060 miles
Is line F at least 50 miles?
Yes ► You meet this test.
No ► You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.
G For **foreign** moves check here **only** if **all** the following apply ►
 ● You moved in an earlier year
 ● You are claiming **only** storage fees while you are **away** from the United States
 Enter storage fees applicable to foreign move _____
 ● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet	
Enter your travel expenses:	
A Travel and lodging expenses for this move (excluding auto expenses)	_____ 500 .
B Parking fees and tolls	_____
C Gasoline and oil	_____
D Miles driven traveling to new home	_____

SMART WORKSHEET FOR: Form 1099-G Worksheet (COPY 1)

Form 1099-G Electronic Filing Information Smart Worksheet <i>Complete only if filing electronically -See Tax Help for additional info.</i>	
Payer 1 If CORRECTED check here <input type="checkbox"/>	Recipient 1
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . <u>42-6004574</u> Name, street address, city, state, ZIP code and telephone number. <u>State of IA</u> <u>POBOX NO 10456</u> <u>Des Moines IA 50306</u> Telephone number _____ Ext: _____	Recipient Information: Identification Number <u>484-17-1729</u> Name <u>LAUREN MARGARET PROFFITT</u> Street address _____ Apartment No. _____ <u>166 ROSETREE LANE</u> City _____ State _____ Zip code _____ <u>EXTON PA 19341</u> Account No. (optional) _____
Payer 2 If CORRECTED check here <input type="checkbox"/>	Recipient 2
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____
Payer 3 If CORRECTED check here <input type="checkbox"/>	Recipient 3
Payer Information: State Identification Number . . . _____ Federal Identification Number . . . _____ Name, street address, city, state, ZIP code and telephone number. _____ _____ Telephone number _____ Ext: _____	Recipient Information: Identification Number _____ Name _____ Street address _____ Apartment No. _____ City _____ State _____ Zip code _____ Account No. (optional) _____

PA-40 - 2017
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

484171729 598454736

PROFFITT

LAUREN MARGARET Occupation SOFTWARE E

BHARATH KUMAR RE Occupation SOFTWARE E

GANGARAM

166 ROSETREE LANE

EXTON PA 19341
15900

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name WEST CHESTER A

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line number and Amount.
1a 105021
1b 0
1c 105021
2 0
3 0
4 0
5 0
6 0
7 0
8 0
9 105021
10 0
11 105021



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2017

Social Security Number

484171729 Name(s) LAUREN MARGARET PROFFITT

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2016 PA Income Tax return.
- 15 2017 Estimated Installment Payments. REV-459B included. N
- 16 2017 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Part B, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2018 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		3224
13		5651
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		5651
25		0
26		0
27		0
28		0
29		2427
30		2427
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
APPANA RUPA VENKATA SATYA SAI MANI 6789659729	053018

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02090332





Pennsylvania e-file Signature Authorization

2017

PA-8879 (EX) 05-17

Declaration Control Number/Submission ID

Primary Taxpayer's Name LAUREN MARGARET PROFFITT	Social Security Number 484-17-1729
Secondary Taxpayer's Name BHARATH KUMAR RE GANGARAM	Social Security Number 598-45-4736

PART I Tax Return Information – Tax Year Ending Dec. 31, 2017 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	105,021
2. PA Tax Liability (Form PA-40, Line 12)	2.	3,224
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	5,651
4. Refund (Form PA-40, Line 30)	4.	2,427
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2017 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize GLOBAL TAXES LLC to enter my PIN 71729 as my signature on my tax year 2017 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (check one box only)

- I authorize GLOBAL TAXES LLC to enter my PIN 54736 as my signature on my tax year 2017 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN / 587278

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

Pennsylvania Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name LAUREN MARGARET
Middle Initial Suffix
Last Name PROFFITT
Social Security No. 484-17-1729
Occupation SOFTWARE E
Date of Birth 01/22/90
Date of Death
Daytime phone *
Home phone *

Spouse:

First Name BHARATH KUMAR RE
Middle Initial Suffix
Last Name GANGARAM
Social Security No. . 598-45-4736
Occupation SOFTWARE E
Date of Birth 08/20/92
Date of Death
Daytime phone *

* Check one of these boxes to print daytime phone number on the state government forms.

Apt. No., Suite, RR No., etc.
Address 166 ROSETREE LANE
City EXTON State . . PA ZIP Code . . . 19341
Foreign country

Prior Year Filing:

- Boxes for: The tax booklet label is not correct, Taxpayer did not file a 2016 Pennsylvania return, Taxpayer filed a 2016 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2017 enter where taxpayer lived:
School district West Chester Area School code 15900
County Chester County code 15

Underpayment Penalty:

- Boxes for: Allow the Pennsylvania Treasury to figure the interest and penalty, Farmers Only: At least 2/3 of gross income was from farming, This tax return will be filed and all tax paid by March 1, 2018, This final PA tax return will be filed and all tax paid by February 1, 2018

Military:

- Box for: Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No

Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's, 2017 Federal tax return?

- Boxes for: Taxpayer, Spouse (with X marks)

- Box for: Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II - Resident Status

- Form PA-40: Full-Year resident (checked)
Form PA-40: Nonresident
Form PA-40: Part-Year resident
Part-Year residency dates From To
Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn compensation both within and outside Pennsylvania may need to complete and file Schedule NRH Compensation Apportionment
Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax

Part III – Filing Status

- Single
Married, filing joint
Married, filing separate
Final return. Indicate reason
Deceased

Part IV – Electronic Filing Information

New! State e-file disclosure consent:

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form PA-V was given to client
QuickZoom to PA-8453 Additional Information SmartWorksheet

Part V – Paid Preparer Information

Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer's assigned code from Preparer/ERO Information Worksheet

Part VI – Extension Status

Has the tax return due date been extended?
Extended due date

QuickZoom to Rev 276: Application for Extension of Time to File

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
Do you want electronic funds withdrawal of state tax payment (EF Only)?
Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

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

Name of Financial Institution (optional) BANK OF AMERICA

Check the appropriate box:

Checking
Savings
Routing number
Account number

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

International ACH Transactions

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

Part VIII – Amended Return

This is an amended Pennsylvania tax return (See Tax Help)
Tax year being amended
QuickZoom to Form PA-40X

QuickZoom to Form PA-40, Income Tax Return

QuickZoom to Form PA-1000, Property Tax or Rent Rebate Claim

Pennsylvania School District Code Selection Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>LAUREN MARGARET PROFFITT & BHARATH KUMAR RE GANGARAM</u>	Social Security No. <u>484-17-1729</u>
--	---

Listed below are the counties in Pennsylvania. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code. Please select a school district from one county only.

School district code selected 15900

QuickZoom to Information Worksheet **➔** _____

Pennsylvania Counties

Adams _____	Elk _____	Montour _____
Allegheny _____	Erie _____	Northampton _____
Armstrong _____	Fayette _____	Northumberland _____
Beaver _____	Forest _____	Perry _____
Bedford _____	Franklin _____	Philadelphia _____
Berks _____	Fulton _____	Pike _____
Blair _____	Greene _____	Potter _____
Bradford _____	Huntingdon _____	Schuylkill _____
Bucks _____	Indiana _____	Snyder _____
Butler _____	Jefferson _____	Somerset _____
Cambria _____	Juniata _____	Sullivan _____
Cameron _____	Lackawanna _____	Susquehanna _____
Carbon _____	Lancaster _____	Tioga _____
Centre _____	Lawrence _____	Union _____
Chester <u>West Chester Area</u>	Lebanon _____	Venango _____
Clarion _____	Lehigh _____	Warren _____
Clearfield _____	Luzerne _____	Washington _____
Clinton _____	Lycoming _____	Wayne _____
Columbia _____	McKean _____	Westmoreland _____
Crawford _____	Mercer _____	Wyoming _____
Cumberland _____	Mifflin _____	York _____
Dauphin _____	Monroe _____	
Delaware _____	Montgomery _____	

Tax Payments Worksheet

2017

▶ Keep for your records

Name LAUREN MARGARET PROFFITT & BHARATH KUMAR RE GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2	341.		5,310.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld	341.		5,310.
15 Date return will be filed and balance paid		15	

Name
LAUREN MARGARET PROFFITT

Social Security Number
484-17-1729

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		RANDSTAND PROFESSINOLS US LLC 26-3305087	89,216.	89,454. 5,310.	PA
2		S		TARGET CORPORATION 41-0215170	10,918. 10,918.	6,447. 198.	PA
2		S		TARGET CORPORATION 41-0215170		4,471. 0.	IA
3		S		MANAGED VENTURE LLC 45-2789665	4,649. 4,649.	4,649. 143.	PA

	Taxpayer	Spouse
Pennsylvania W-2	89,454.	15,567.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	5,310.	341.

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	26-3305087	LC	89,454.	1,163.	PA
2		S	41-0215170	15	6,447.	64.	PA
3		S	45-2789665	PA151206	4,649.	47.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2	89,454.	11,096.
Federal Form 4137, Unreported Tips, line 6		
Withholding	1,163.	111.

Excess Reimbursements

*	Description	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC and other statements

*	Payer Name	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
[]						
[]						
[]						

Pennsylvania Payment type:

- | | |
|---|---|
| <p>A Executor fee
 B Jury duty pay
 C Director's fee
 D Expert witness fee
 E Honorarium
 F Covenant not to compete</p> | <p>G Damages or settlement for lost wages, other than personal injury
 H Other nonemployee compensation.
 Describe: _____
 I Employer sponsored retirement/pension/deferred compensation plan
 J Distribution from IRA (Traditional or Roth)
 K Distribution from Life Insurance, Annuity or Endowment Contracts
 L Distribution from Charitable Gift Annuities
 M Distribution from Employee Stock Ownership Plan.
 Describe: _____</p> |
|---|---|

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
[]								
[]								
[]								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N** No entry
- I31** PA school, state, or municipal employee plan
- I11** United Mine Workers pension
- I32** Military pension
- I33** U.S. Civil service retirement/disability/annuity
- K1** Annuity or Non-civil service disability
- I21** Early distribution from a retirement plan
- I12** Rollover
- I13** I'm eligible; plan is eligible (no PA tax)
- I22** I'm not eligible yet; plan is eligible in PA
- J1** Traditional or Roth IRA; I'm over 59.5
- J2** Traditional or Roth IRA; I'm under 59.5
- K2** Non-qualified deferred compensation plan
- K3** Life insurance or endowment
- L** Distribution from Charitable Gift Annuities
- H1** ESOP: Allocated ESOP Stock Dividend
- H2** ESOP: Non-Allocated ESOP Stock Dividend

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a.	89,454.	15,567.
Total Schedule NRH gross compensation to PA-40, line 12.	_____	_____
Withholding to Form PA-40 line 13.	5,310.	341.

Total gross compensation to Form PA-40 line 1a	105,021.
--	----------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

Your first name, middle initial, and last name LAUREN MARGARET PROFFITT

Spouse's first name, middle initial, and last name BHARATH KUMAR REDDY GANGARAM

Your Social Security Number 484-17-1729

Spouse's Social Security Number 598-45-4736

Home address, city, state, ZIP 166 ROSETREE LANE

EXTON PA 19341

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B <u>15,567.00</u>	1A <u>89,216.00</u>
2. Total Tax (IA 1040, line 42 A & B)	2B <u>277.00</u>	2A <u>3,328.00</u>
3. Iowa Income Tax Withheld (IA 1040, line 66 A & B).....	3B <u>94.00</u>	3A <u>0.00</u>
4. Amount to be Refunded (IA 1040, line 71).....		4. <u>26.00</u>
5. Total Amount Due (IA 1040, line 76)		5. <u>.00</u>

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

0	7	3	0	0	0	1	7	6
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

4	4	5	0	0	2	5	3	5	5	2	3
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2017 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature _____ Date: _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date <u>05/30/2018</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed)	<u>GLOBAL TAXES LLC</u>			FEIN <u>30-1017196</u>
Address and zip code	<u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>			Phone Number <u>(678)965-9729</u>
Paid Preparer Signature	Date <u>05/30/2018</u>	Check if self-employed <input type="checkbox"/>	Preparer PTIN <u>P02090332</u>	
Firm's name (or yours if self-employed)	<u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u>			FEIN <u>30-1017196</u>
Address and zip code	<u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>			Phone Number <u>(678)965-9729</u>

2017 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning ___/___/2017 and ending ___/___/___

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Form fields for personal information: Your last name (PROFFITT), Spouse's last name (GANGARAM), Current mailing address (166 ROSETREE LANE, EXTON PA 19341), Spouse SSN (598-45-4736), Your SSN (484-17-1729).



Step 2 Filing Status: Mark one box only

Filing status selection form with options: Single, Married filing a joint return, Married filing separately, Married filing separate returns, Head of household, Qualifying widow(er).

Step 3 Exemptions

Table for Step 3 Exemptions with columns for B. Spouse (Filing Status 3 ONLY) and A. You or Joint, including rows for Personal Credit, Blind, Dependents, and Total.

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

Form fields for Step 4 Reportable Social Security Benefits for B. Spouse/Status 3 and A. You or Joint.

Main income table with columns for B. Spouse/Status 3 and A. You or Joint, listing items 1 through 15 such as Wages, salaries, tips, interest, dividends, and Gross Income.

NOTE: Use only blue or black ink, no pencils or red ink.

Table for Step 6 Adjustments to Income, listing items 16 through 26 such as IRA payments, self-employment tax, health insurance, and Total adjustments.

Table for Step 7 Federal Tax Addition and Deduction, listing items 27 through 35 such as Federal income tax refund, self-employment taxes, and Federal tax withheld.



2017 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....			14,273.00	78,597.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard			3,902.00	22,283.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			10,371.00	56,314.00
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	277.00	3,328.00		
40. Iowa lump-sum tax. 25% of federal tax from form 4972.....	.00	.00		
41. Iowa alternative minimum tax. Include IA 6251.....	.00	.00		
42. Total tax. ADD lines 39, 40, and 41.....			277.00	3,328.00
43. Total exemption credit amount(s) from Step 3, side 1.....	40.00	40.00		
44. Tuition and textbook credit for dependents K-12.....	.00	.00		
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	.00		
46. Total credits. ADD lines 43, 44, and 45.....			40.00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....			237.00	3,288.00
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....			169.00	3,288.00
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....			68.00	0.00
50. Out-of-state tax credit. Include IA 130.....			.00	.00
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....			68.00	0.00
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....			.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....			68.00	0.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....			0.00	0.00
55. Total state and local tax. ADD lines 53 and 54.....			68.00	0.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....			68.00	0.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....				.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....			68.00	0.00

Step 10 Credits				
59. Iowa Fuel tax credit. Include IA 4136.....	.00	.00		
60. Check One: Child and dependent care credit <input type="checkbox"/> OR Early childhood development credit <input type="checkbox"/>	.00	.00		
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	0.00		
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	.00		
63. Total refundable Iowa credits. ADD lines 59 - 62.....	.00	0.00		
64. RESERVED FOR FUTURE USE.....	0.00	0.00		
65. Taxpayers trust fund tax credit. The credit for 2017 is \$0.....	0.00	0.00		
66. Iowa income tax withheld.....	94.00	0.00		
67. Estimated and voucher payments made for tax year 2017.....	.00	.00		
68. TOTAL. ADD lines 63, 65, 66, and 67.....	94.00	0.00		
69. TOTAL CREDITS. ADD columns A and B on line 68 and enter here.....			94.00	.00

Step 11 Refund				
70. If line 69 is more than line 58, Subtract line 58 from line 69. This is the amount you overpaid.....			26.00	.00
71. Amount of line 70 to be REFUNDED.....		REFUND	26.00	.00
71a. Routing Number: <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="6"/>		71b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
71c. Account Number: <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="3"/>				
72. Amount of line 70 to be applied to your 2018 estimated tax.....	.00	.00		

Step 12 Pay				
73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE.....			.00	.00
74. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>			.00	.00
75. Penalty and interest <input type="checkbox"/> 75a. Penalty .00 <input type="checkbox"/> 75b. Interest .00 ADD. Enter total.....			.00	.00
76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here.....		PAY THIS AMOUNT	.00	.00

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	<input type="checkbox"/>				
Your Signature	Date	Check if Deceased	Date of Death	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/30/2018
SIGN HERE	<input type="checkbox"/>				
Spouse's Signature	Date	Check if Deceased	Date of Death	P02090332	30-1017196
				Preparer's PTIN	Firm's FEIN
				(678) 965-9729	
		Daytime Telephone Number		Daytime Telephone Number	

**This return is due April 30th, 2018. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Treasurer, State of Iowa**



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s) L PROFFITT & B GANGARAM Social Security Number 484-17-1729

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, IA 1040, line 18) 1. _____
	2. Multiply the amount on federal form 1040*, line 38 (federal 1040A, line 21 or 1040EZ line 4) by 10% (.10). Enter result here 2. _____
	3. Subtract line 2 from line 1. If less than zero, enter zero 3. _____
Taxes You Paid	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2017. b <input type="checkbox"/> RESERVED FOR FUTURE USE 4. <u>6,997</u>
	5. Real estate taxes 5. _____
	6. Personal property taxes, including annual vehicle registration 6. _____
	7. Other taxes. List type and amount 7. <u>0</u>
	8. Add lines 4-7. Enter total here 8. <u>6,997</u>
Interest You Paid	9. Home mortgage interest and points a. Interest and points reported on federal form 1098 9a. _____ b. Interest not reported on federal form 1098 9b. _____
	10. Points not reported on federal form 1098 10. _____
	11. RESERVED FOR FUTURE USE 11. _____
	12. Investment interest. Include federal form 4952 if required 12. _____
	13. Add lines 9a-12. Enter total here 13. _____
Gifts to Charity	14. Contributions by cash or check 14. _____
	15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____
	16. Contributions carryover from prior year * 16. _____
	17. Add lines 14-16. Enter total here 17. _____
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684 18. _____
Job Expenses and Misc. Deductions	19. Unreimbursed employee expenses. Include federal form 2106 or 2106-EZ if required 19. <u>21,252</u> SEE STMT MISC
	20. Tax preparation fees 20. _____
	21. Other expenses. List type and amount: 21. _____
	22. Add lines 19-21. Enter total here 22. <u>21,252</u>
	23. Multiply the amount of federal form 1040*, line 38 (federal 1040A, line 21 or 1040EZ line 4) by 2% (.02). Enter the result here 23. <u>2,064</u>
	24. Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. 24. <u>19,188</u>
Other Misc. Deductions	25. Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount: 25. _____
Total Itemized Deductions	26. Is the amount on federal form 1040* line 38 (federal 1040A, line 21 or 1040EZ line 4) more than \$156,900? If no, continue. If yes, see Iowa Itemized Deductions Worksheet, IA 104 to determine if your itemized deductions may be limited 26. <u>26,185</u>
	27. Other deductions. See Expanded Instructions 27. _____
	28. Total deductions. Add lines 26-27. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040. 28. <u>26,185</u>
Proration of Deductions Between Spouses	Complete lines 29-33 only if you are using filing status 3 or 4.
	29. Net income of both spouses from IA 1040, line 26 29b. <u>15,567</u> Spouse 29a. <u>89,216</u> You
	30. Total Iowa net income, add columns 29a and 29b. Enter total here 30. <u>104,783</u>
	31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent 31. <u>85.1</u> %
	32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A (You) 32. <u>22,283</u>
	33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return (Spouse) 33. <u>3,902</u>

*See the 2017 expanded instructions on our website if you have federal bonus depreciation/section 179 adjustment from line 14 of the IA 1040 and all other Iowa net income decoupling.



Name(s) L PROFFITT & B GANGARAM

Social Security Number 484-17-1729

Mark the appropriate box for you and your spouse

- You are a nonresident of Iowa ▲ Your spouse is a nonresident of Iowa ▲
 You are a part-year resident of Iowa ▲ Your spouse is a part-year resident of Iowa ▲
 Date moved into Iowa: _____ and/or Date moved into Iowa: _____ and/or
 Date moved out of Iowa: _____ Date moved out of Iowa: _____
 You are a full-year resident of Iowa Your spouse is a full-year resident of Iowa

Iowa-Source Income

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc	1. <u>4,471.00</u>	<u> .00</u>
2. Taxable interest income	2. <u> .00</u>	<u> .00</u>
3. Ordinary dividend income.....	3. <u> .00</u>	<u> .00</u>
4. Alimony received.....	4. <u> .00</u>	<u> .00</u>
5. Business income or (loss)	5. <u> .00</u>	<u> .00</u>
6. Capital gain or (loss)	6. <u> .00</u>	<u> .00</u>
7. Other gains or (loss).....	7. <u> .00</u>	<u> .00</u>
8. Taxable IRA and distributions	8. <u> .00</u>	<u> .00</u>
9. Taxable pensions and annuities.....	9. <u> .00</u>	<u> .00</u>
10. Rents, royalties, partnerships, estates, etc.....	10. <u> .00</u>	<u> .00</u>
11. Farm income or (loss)	11. <u> .00</u>	<u> .00</u>
12. Unemployment compensation.....	12. <u> .00</u>	<u> .00</u>
13. Gambling winnings.....	13. <u> .00</u>	<u> .00</u>
14. Other income, bonus depreciation, and section 179 adjustment.....	14. <u> .00</u>	<u> .00</u>
15. Gross income. Add lines 1-14	15. <u>4,471.00</u>	<u> .00</u> ▲
16. Payments to an IRA, Keogh, or SEP while an Iowa resident	16. <u> .00</u>	<u> .00</u>
17. Deductible part of self-employment tax	17. <u> .00</u>	<u> .00</u>
18. Health insurance premium	18. <u> .00</u>	<u> .00</u>
19. Penalty on early withdrawal of savings	19. <u> .00</u>	<u> .00</u>
20. Alimony paid	20. <u> .00</u>	<u> .00</u>
21. Pension/retirement income exclusion.....	21. <u> .00</u>	<u> .00</u>
22. Moving expense deduction into Iowa only.....	22. <u> .00</u>	<u> 0.00</u>
23. Iowa capital gain deduction.....	23. <u> .00</u>	<u> .00</u>
24. Other adjustments.....	24. <u> .00</u>	<u> .00</u>
25. Total adjustments. Add lines 16-24.....	25. <u> .00</u>	<u> 0.00</u> ▲
26. Iowa Net Income. Subtract line 25 from line 15.....	26. <u>4,471.00</u>	<u> 0.00</u>
27. All-source net income from line 26, IA 1040.....	27. <u>15,567.00</u>	<u>89,216.00</u>
	<u>100.0%</u>	<u>100.0%</u>
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%	28. <u>28.7 %</u>	<u>0.0 %</u>
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0%	29. <u>71.3 %</u>	<u>100.0 %</u>
30. Iowa tax on total income from line 39, IA 1040	30. <u>277.00</u>	<u>3,328.00</u>
31. Total Credits from line 46, IA 1040.....	31. <u>40.00</u>	<u>40.00</u>
32. Tax after credits. Subtract line 31 from line 30.....	32. <u>237.00</u>	<u>3,288.00</u>
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on line 48, IA 1040.....	33. <u>169.00</u>	<u>3,288.00</u>



Name(s) LAUREN MARGARET PROFFITT Social Security Number 484-17-1729

PART I - Iowa Adjustments and Preferences. See instructions

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 6.

1. Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (IA 1040), line 3, or 2.5% (.025) of federal Form 1040, line 38 (federal 1040A, line 21 or 1040EZ, line 4) as adjusted for disallowance of depreciation/section 179, from line 14 of the IA 1040. 1. _____
2. Taxes from Schedule A (IA 1040), line 8 2. 6,997.
3. Enter the home mortgage interest adjustment, if any, from federal Form 6251 3. _____
4. Miscellaneous deductions from Schedule A (IA 1040), line 24 4. 19,188.
5. Enter the amount, if any, from IA 104 (Iowa Itemized Deductions Worksheet), step 2, line 11. If you are not required to complete the IA 104, enter zero. See instructions 5. (0.)
6. Refunds of taxes (exclude Iowa income tax) 6. (_____)
7. Investment interest expense (difference between regular tax and AMT) 7. _____
8. Qualified small business stock 8. _____
9. Exercise of incentive stock options (excess of AMT income over regular tax income) . 9. _____
10. Estates and trusts [amount from federal Schedule K-1 (Form 1041) 10. _____
11. Electing large partnerships [amount from federal Schedule K-1 (Form 1065-B)] 11. _____
12. Disposition of property (difference between AMT and regular tax gain or loss) 12. _____
13. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 13. _____
14. Passive activities (difference between AMT and regular tax income or loss)..... 14. _____
15. Loss limitations (difference between AMT and regular tax income or loss) 15. _____
16. Circulation costs (difference between regular tax and AMT)..... 16. _____
17. Long-term contracts (difference between AMT and regular tax income)..... 17. _____
18. Mining costs (difference between regular tax and AMT) 18. _____
19. Research and experimental costs (difference between regular tax and AMT) 19. _____
20. Income from certain installment sales before January 1, 1987 20. (_____)
21. Other adjustments, including income-based related adjustments 21. _____
22. Total Adjustments and Preferences. Add lines 1 through 21 22. 26,185.



PART II - Iowa Alternative Minimum Taxable Income

23. Taxable income from IA 1040, line 38.....	23.	<u>56,314.</u>
24. Net operating loss deduction. Do not enter as a negative amount.....	24.	<u> </u>
25. Add lines 22, 23, and 24	25.	<u>82,499.</u>
26. Iowa Alternative Minimum Tax net operating loss deduction. See instructions.....	26.	<u> </u>
27. Iowa Alternative Minimum Taxable Income. Subtract line 26 from line 25	27.	<u>82,499.</u>

PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

28. Enter the applicable amount below based on your Iowa filing status:		
• If filing status 1, 5, or 6, enter \$26,000		
• If filing status 2, enter \$35,000		
• If filing status 3 or 4, enter \$17,500.....	28.	<u>17,500.</u>
29. Enter the applicable amount below based on your Iowa filing status:		
• If filing status 1, 5, or 6, enter \$112,500		
• If filing status 2, enter \$150,000		
• If filing status 3 or 4, enter \$75,000.....	29.	<u>75,000.</u>
30. Subtract line 29 from line 27. If zero or less, enter zero.....	30.	<u>7,499.</u>
31. Multiply line 30 by 25% (0.25).....	31.	<u>1,875.</u>
32. Subtract line 31 from line 28. If zero or less, enter zero.....	32.	<u>15,625.</u>
33. Subtract line 32 from line 27. If zero or less, enter zero.....	33.	<u>66,874.</u>
34. Tentative Iowa Alternative Minimum Tax. Multiply line 33 by 6.7% (0.067)	34.	<u>4,481.</u>
35. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43	35.	<u>3,288.</u>
36. Iowa Alternative Minimum Tax. Subtract line 35 from 34; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth.....	36.	<u>1,193.</u>

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 37-40

37... Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions.	37.	<u>0.</u>
38. Total net income plus total adjustments and preferences. See instructions.....	38.	<u>115,401.</u>
39. Divide line 37 by line 38 and enter the result to three decimal places. If greater than one, enter 1.000. See instructions	39.	<u>.000</u>
40. Iowa Alternative Minimum Tax. Multiply line 36 by 39. Enter here and on IA 1040, line 41. See instructions.....	40.	<u>0.</u>

REV 11/27/17 PRO



INT

Schedule A
Lines 19, 21, 25

Iowa
Miscellaneous Itemized Deductions Statement

2017
Statement MISC

▶ Attach to return

Name(s) Shown on Return L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
--	---------------------------------------

Employee Business Expenses – Subject to 2% Limitation

1	Unreimbursed employee expenses from Form 2106	1	21,252
2	Excluded expenses from Form 2555	2	
3	Educator Expenses (from federal Educator Expenses Worksheet)	3	
4	Union and professional dues	4	
5	Professional subscriptions	5	
6	Uniforms and protective clothing	6	
7	Job search costs	7	
8	Other: _____ _____	8	
9	Total unreimbursed employee business expenses (combine lines 1 - 8) . . .	9	21,252

Miscellaneous Expenses – Subject to 2% Limitation

10	Depreciation and amortization deductions	10	
11	Casualty/theft losses of property used in services as an employee	11	
12	REMIC expenses, from Schedule E	12	
13	Investment expenses related to interest and dividend income	13	
14	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1	14	
15	Miscellaneous deductions excluded on Form 2555	15	
16	Investment counsel and advisory fees	16	
17	Certain attorney and accounting fees	17	
18	Safe deposit box rental fees	18	
19	IRA custodial fees	19	
20	Loss incurred from total distribution of all traditional IRAs	20	
21	Loss incurred from total distribution of all Roth IRAs	21	
22	Loss incurred from final distribution of a QTP investment	22	
23	Other: _____ _____	23	
24	Total miscellaneous expenses (combine lines 10 through 23)	24	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

25	Deductions from Schedule(s) K-1 <input type="checkbox"/>	25	
26	Federal estate tax paid	26	
27	Impairment-related work expenses	27	
28	Amortizable bond premiums	28	
29	Gambling losses	29	
30	Claim repayments	30	
31	Casualty and theft losses	31	
32	Unrecovered investment in annuity	32	
33	Ordinary loss debt instrument	33	
34	Total other miscellaneous deductions (combine lines 25 through 33)	34	

Part IV – Other Information (continued)

- Check here if including net operating losses carried forward/back in other adjustments to income
- Check here if at least two-thirds of 2017 gross income is from farming or fishing.
- Taxpayer is the surviving spouse or is otherwise qualified for pension/retirement exclusion in 2017.
- Spouse is the surviving spouse or is otherwise qualified for pension/retirement exclusion in 2017.

- Yes No**
- Is the taxpayer or spouse claimed as a dependent on another person's Iowa return?
 - Not itemizing deductions and Form IA 4562A assets which would be on Sch. A.
 - Suppress automatic calculation and printing of Form IA 2210 and Form IA 2210F
 - Allow the Iowa DOR to calculate the underpayment penalty on Form IA 2210 or Form IA 2210F
 - gross income is from farming or fishing
 - May the State discuss return with preparer?

Contributions Contributions will reduce your refund or add to the amount you owe.

- 1 Fish / Wildlife **1** _____
- 2 State Fairgrounds Renovation **2** _____
- 3 Volunteer Firefighters / Veterans Trust Fund **3** _____
- 4 Child Abuse Prevention Fund **4** _____

Part V – 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 Iowa 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

Yes No
 Federal Pin(s) will be used in place of the Form IA 8453 (See Help)

Occupation:

- | | | |
|-------------------------------------|-------------------------------------|--------------------------|
| Taxpayer | Spouse | |
| <input type="checkbox"/> | <input type="checkbox"/> | Farmer and farm laborers |
| <input type="checkbox"/> | <input type="checkbox"/> | Military (as on W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other |

EF Status Dates:

- Date return was EFiled ▶ _____
- Date return was accepted by the state ▶ _____
- Enter the date Form IA 1040V was given to client ▶ _____
- QuickZoom** to Form IA 8453 Additional Information SmartWorksheet ▶ _____

Part VI – Direct Deposit/Direct Debit Information

Caution: See Tax Help for Refund Expectation

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the payment date to withdraw from account listed below (Electronic Filing Only) . . . ▶ _____
 State balance-due amount from this return ▶ _____

Bank Information

If you selected direct deposit or direct debit, fill out the information below:

Name of Financial Institution ▶ BANK OF AMERICA

Account type Checking Savings

Routing number 073000176

Account number 445002535523

International ACH Transactions

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

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

If the Iowa tax return can't be filed by April 30, and 90% of the tax liability is paid by April 30, then you automatically have until October 31, 2018 to file the Iowa return.

Form IA 1040-V is filed only to make a payment.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended?

Extended due date _____

QuickZoom to Form IA 1040V, Extension Payment Voucher ▶ _____

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return L PROFFITT & B GANGARAM	Your Social Security No. 484-17-1729
---	---

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from IA sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	89,216.		89,216.	0.
S	15,567.		15,567.	4,471.
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	89,216.		89,216.	0.
S	15,567.		15,567.	4,471.

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from IA sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T	1,600.		1,600.	0.
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	1,600.		1,600.	0.
	S				
37	Adjusted gross income T	87,616.		87,616.	0.
	S	15,567.		15,567.	4,471.

Tax Payments Worksheet

2017

▶ Keep for your records

Name L PROFFITT & B GANGARAM	Social Security Number 484-17-1729
---------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2	94 .		0 .
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld	94 .		0 .
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Iowa Tax Return

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

Additional Information Smart Worksheet

A Date this return was E-Filed ▶ _____

B Date return was accepted by the state ▶ _____

C Documents to attach to the FRONT of Form IA 8453:
Form W-2 (Copy 2)

D Documents to attach to the BACK of Form IA 8453:
Iowa/Illinois Reciprocal--if Iowa income tax is withheld in error
attach a copy of the Illinois return.

Do Not Mail. Retain the completed Form IA 8453 with your ERO records for three years.
 Furnish it **only** upon request to IDRF.

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Tax Exemption Smart Worksheet

A	Minimum income level for this return	_____
B	Taxpayer's net income	89,216.
C	Spouse's net income	15,567.
D	Pension/retirement income exclusion (from line 21)	_____
E	Lump-sum distribution	_____
F	Reportable social security benefits from step 4 of IA 1040	_____
G	Total income.	104,783.
H	Total Nonresident/part-year resident income	4,471.
I	Income is less than or equal to the minimum income if this box is checked.	<input type="checkbox"/>

If checked, this return qualifies for exemption from tax. Zero is entered on line 55, and the remainder of the return is completed.

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Line 31 Smart Worksheet		
	Spouse — filing status 3 only	You or Joint
A Federal income tax withholding on Forms W-2	1,294.	10,619.
B Federal income tax withholding on Forms W-2G		
C Federal income tax withholding on Forms 1099-R		
D Federal income tax withholding on Forms 1099-MISC		
E Federal income tax withholding on Forms 1099-G		
F Federal income tax withholding on Schedules K-1		
G Fed income tax w/h on forms 1099-INT, DIV and OID		
H Other federal income tax withholding		

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Tax Smart Worksheet		
Tax Reduction Worksheet - Filing Status 1, Single		
1	Net income from line 26 and pension exclusion from line 21, Form IA 1040	_____
2	Subtract minimum income level for this return	_____
3	Result	_____
4	Tax from line 47, Form IA 1040	_____
5	Smaller of line 3 and line 4	_____
Alternate Tax Worksheet - Filing Statuses 2, 3, 4, 5, and 6		
1	Enter the total of net income from line 26 plus pension exclusion from line 21 of the IA 1040 and reportable social security benefits from step 4 of the IA 1040. Filing statuses 3 or 4: Enter combined totals of both spouses.	Alt tax status: Eligible 104,783.
2	Minimum income level for this return	13,500.
3	Income subject to alternate tax	91,283.
4	Alternate tax. Multiply line 3 by 8.98% (.0898).	8,197.
5	Using the tax tables, determine the tax on the taxable income from line 38 of the IA 1040. Status 3 and 4 filers: Calculate tax separately and combine the amounts	
	Spouse — filing status 3 only	You or Joint
	Tax table 277.	3,328. 3,605.

SMART WORKSHEET FOR: Form IA 1040 Schedule A: Itemized Deductions

Schedule A, Line 4 Smart Worksheet	
A Other state and local income taxes as reported on Federal Schedule A, line 5	7,091.
B Less Iowa income tax	(94.)
C School District Surtax and EMS Surtax paid in 2017	_____

SMART WORKSHEET FOR: Form IA 6251: Iowa Minimum Tax Computation (Taxpayer)

Form IA 6251, Line 37 Smart Worksheet	
A	Iowa net income (Form IA 126, line 26) <u>0.</u>
B	Iowa adjustments and preferences _____