

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

2017 California e-file Return Authorization for Individuals

8453

| | | | | | |
|-----------------------------------------------------------------------------|--|-------------------------------|--------------------|---------------------|----------------------------------------|
| Your first name and initial GOPICHAND | | Last name TANNIRU | | Suffix | Your SSN or ITIN 092-33-1326 |
| If joint return, spouse's/RDP's first name and initial | | Last name | | Suffix | Spouse's/RDP's SSN or ITIN |
| Street address (number and street) or PO box 2457 CONTRYBROOK WAY | | | Apt. no. /ste. no. | PMB/private mailbox | Daytime telephone number |
| City SAN JOSE | | | | State CA | ZIP code 95132 |
| Foreign country name | | Foreign province/state/county | | | Foreign postal code |

Part I Tax Return Information (whole dollars only)

| | | |
|------------------------------------------------------------|----------|---------------|
| 1 California adjusted gross income. See instructions. | 1 | 4,050. |
| 2 Refund or no amount due. See instructions. | 2 | 39. |
| 3 Amount you owe. See instructions. | 3 | |

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

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

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

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

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

| | | |
|---------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|
| 8 Amount of refund to be directly deposited to account below _____ | 39. | 12 The remaining amount of my refund for direct deposit _____ |
| 9 Routing number _____ | 121000358 | 13 Routing number _____ |
| 10 Account number _____ | 325062761457 | 14 Account number _____ |
| 11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | 15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Part V Declaration of Taxpayer(s)

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

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

| | | | | |
|------------------|----------------|------|-------------------------------------------------------------------------------------------------------------------------|------|
| Sign Here | | Date | | Date |
| | Your signature | | Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i> | |

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

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

| | | | | | |
|----------------------|-----------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|---------------------------|
| ERO Must Sign | ERO's signature | Date 06/14/2018 | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| | Firm's name (or yours if self-employed) and address | GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA | | | FEIN 30-1017196 |
| | | | | | ZIP code 30041 |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|--------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date 06/14/2018 | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN P02090332 |
| | Firm's name (or yours if self-employed) and address | APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA | | |
| | | | | FEIN 30-1017196 ZIP code 30041 |

2017 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

092-33-1326 TANN
GOPICHAND TANNIRU

17

A
R
RP

2457 CONTRYBROOK WAY
SAN JOSE CA 95132

11-26-1993

Filing Status

1 Single

2 Married/RDP filing jointly. See inst.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

4 Head of household (with qualifying person). See instructions.

5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

If your California filing status is different from your federal filing status, check the box here

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

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

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

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

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

Exemptions

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

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|----------------------|----------------------|----------------------|
| First Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SSN | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dependent's relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions ● 10 X \$353 = ● \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ● 11 \$

Your name: T A N N I R U

Your SSN or ITIN: 092-33-1326

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 4050.00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 4050.00

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ● 15 4050.00

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

17 California adjusted gross income. Combine line 15 and line 16. ● 17 4050.00

18 Enter the larger of { Your California **itemized deductions** from Schedule CA (540), line 44; **OR** Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,236
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,472
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . ● 18 4236.00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . ● 19 0.00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 ● 31 0.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions ● 32 114.00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 0.00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A ● 34 .00

35 Add line 33 and line 34 ● 35 0.00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00

43 Enter credit name [] code ● [] and amount . . . ● 43 .00

44 Enter credit name [] code ● [] and amount . . . ● 44 .00

45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00

46 Nonrefundable renter's credit. See instructions ● 46 .00

47 Add line 40 through line 46. These are your total credits. ● 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 0.00

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00

62 Mental Health Services Tax. See instructions. ● 62 .00

63 Other taxes and credit recapture. See instructions. ● 63 .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 0.00

Your name: T A N N I R U

Your SSN or ITIN: 092-33-1326

| | | | | | |
|----------|----|------------------------------------------------------------------------------------|------|----|-----|
| Payments | 71 | California income tax withheld. See instructions | ● 71 | 39 | .00 |
| | 72 | 2017 CA estimated tax and other payments. See instructions | ● 72 | | .00 |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | ● 73 | | .00 |
| | 74 | Excess SDI (or VPD) withheld. See instructions | ● 74 | | .00 |
| | 75 | Earned Income Tax Credit (EITC) | ● 75 | | .00 |
| | 76 | Add lines 71 through 75. These are your total payments. See instructions | ⊙ 76 | 39 | .00 |

| | | | | | |
|---------|-------------------------------|------------------------------------------------------------------------------|------|---|-----|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | ● 91 | 0 | .00 |
| | If line 91 is zero, check if: | | | | |
| | | <input checked="" type="checkbox"/> No use tax is owed. | | | |
| | | <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | |

| | | | | | |
|----------------------|----|--------------------------------------------------------------------------------------------------|------|----|-----|
| Overpaid Tax/Tax Due | 92 | Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 | ⊙ 92 | 39 | .00 |
| | 93 | Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 | ⊙ 93 | | .00 |
| | 94 | Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 | ⊙ 94 | 39 | .00 |
| | 95 | Amount of line 94 you want applied to your 2018 estimated tax | ● 95 | | .00 |
| | 96 | Overpaid tax available this year. Subtract line 95 from line 94. | ● 96 | 39 | .00 |
| | 97 | Tax due. If line 92 is less than line 64, subtract line 92 from line 64 | ⊙ 97 | | .00 |

Your name: T A N N I R U

Your SSN or ITIN: 092-33-1326

| | | Code | Amount |
|------------|---------------------------------------------------------------------------------------|-------|--------|
| | California Seniors Special Fund. See instructions | ● 400 | .00 |
| | Alzheimer's Disease/Related Disorders Fund | ● 401 | .00 |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | .00 |
| | California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | .00 |
| | California Firefighters' Memorial Fund | ● 406 | .00 |
| | Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | .00 |
| | California Peace Officer Memorial Foundation Fund | ● 408 | .00 |
| | California Sea Otter Fund | ● 410 | .00 |
| | California Cancer Research Voluntary Tax Contribution Fund | ● 413 | .00 |
| | School Supplies for Homeless Children Fund | ● 422 | .00 |
| | State Parks Protection Fund/Parks Pass Purchase | ● 423 | .00 |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | .00 |
| | Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | .00 |
| | State Children's Trust Fund for the Prevention of Child Abuse | ● 430 | .00 |
| | Prevention of Animal Homelessness and Cruelty Fund | ● 431 | .00 |
| | Revive the Salton Sea Fund | ● 432 | .00 |
| | California Domestic Violence Victims Fund | ● 433 | .00 |
| | Special Olympics Fund | ● 434 | .00 |
| | Type 1 Diabetes Research Fund | ● 435 | .00 |
| | California YMCA Youth and Government Voluntary Tax Contribution Fund | ● 436 | .00 |
| | Habitat for Humanity Voluntary Tax Contribution Fund | ● 437 | .00 |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | .00 |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | .00 |
| | Rape Backlog Kit Voluntary Tax Contribution Fund | ● 440 | .00 |
| 110 | Add code 400 through code 440. This is your total contribution | ● 110 | .00 |

Contributions

Your name: T A N N I R U

Your SSN or ITIN: 092-33-1326

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001 111 .00

Pay online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001 115 39 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

116 Direct deposit amount

1 2 1 0 0 0 3 5 8

Savings

3 2 5 0 6 2 7 6 1 4 5 7

3 9 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

117 Direct deposit amount

Savings

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

Your email address. Enter only one email address.

Preferred phone number

() -

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

APPANA RUPA VENKATA SATYA SAI MANI KUMAR

Firm's name (or yours, if self-employed)

GLOBAL TAXES LLC

PTIN

P 0 2 0 9 0 3 3 2

Firm's address

2530 PEBBLE CREEK LN CUMMING GA 30041

FEIN

3 0 1 0 1 7 1 9 6

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name

Telephone Number

()

California Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer:

Last Name TANNIRU
 First Name GOPICHAND
 Middle Initial _____ Suffix _____
 Social Security No. . 092-33-1326
 Date of Birth 11/26/1993 (mm/dd/yyyy)
 or age as of 1-1-2018 24
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____
 Home phone _____

Spouse/RDP:

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

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

c/o Address _____
 Street Address . . 2457 CONTRYBROOK WAY
 Unit Description . . _____ Unit Number _____ Private Mailbox (PMB) . _____
 City SAN JOSE State CA ZIP Code 95132
 Foreign province/country _____ Foreign postal code _____
 Foreign country . . _____

Military Filers:

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

Part II — Main Form

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

Part III — Filing Status

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

Part IV — Dependent Information

| First Name | I | Last Name | Social Security Number | Relationship |
|------------|---|-----------|------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V – Standard Deduction/Itemized Deductions

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

Part VI – Other Information

Prior Name:

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

Dependent of Someone Else:

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

Interest and Penalties:

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

Farmers and Fishermen:

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

Mandatory Electronic Payments

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

Schedule W-2:

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

Executor/Guardian Information:

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

Third Party Designee:

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

Disasters:

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

Outside of the USA:

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

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

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

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

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Direct deposit your client's state tax refund?
Use electronic funds withdrawal for your client's state balance due (EF only)?

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

Name of Financial Institution (optional) BANK OF AMERICA
Account type Checking [X] Savings []
Routing number 121000358
Account number 325062761457

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

Total refund available 39.
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional) BANK OF AMERICA
Account type Checking [X] Savings []
Routing number 121000358
Account number 325062761457
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

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

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No
[X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – California Contributions

Table with 3 columns: Contribution Number, Contribution Name, and Amount. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, Rare and Endangered Species Preservation Program, etc.

Part X – Preparer Information

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

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

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

Part XI – Extension Status

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

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

File Extension Payment electronically?

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

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

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

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

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

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

| | Taxpayer | Spouse |
|-------------------------------------------------------------------|----------|--------|
| Date deployed overseas or entered combat zone/QHDA | _____ | _____ |
| Date returned from overseas or entered combat zone/QHDA | _____ | _____ |
| Combat zone/QHDA Operation or Area Served | _____ | _____ |

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|---------------------------|---------------------------------------|
| Name GOPICHAND TANNIRU | Social Security Number 092-33-1326 |
|---------------------------|---------------------------------------|

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

| | | | |
|------|------------------------------------------------------|----------|-----|
| 9 | State withholding on Forms W-2 | 9 | 39. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| | b State withholding on Forms 1099-G | b | |
| | c State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 39. |
| 15 | Date return will be filed and balance paid | 15 | |

California Electronic Filing Information Worksheet

2017

▶ Keep for your records

| | |
|-----------------------------------------------------|----------------------------------------------|
| Name as Shown on Return <u>GOPICHAND TANNIRU</u> | Social Security Number <u>092-33-1326</u> |
|-----------------------------------------------------|----------------------------------------------|

Electronic Return Originator Information

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

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

Paid Preparer Information

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

Electronic Filing Review Check

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1 If any of the questions below are checked yes, the return may not be filed electronically | | |
| 1 Are there more than fifty W-2s, or twenty 1099-Rs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Are there more than twenty five copies of Schedule S? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Is this an amended return, or is there an amended Form 3805P attached? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Are any invalid entries made on Form 3805V page 3, part III? (See help) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Are there more than 97 detail lines on forms to be filed? (See help) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Is this a fiscal year filer? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Is the Federal filing status married filing joint and the California filing status married filing separate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Is Federal Form 4852 (substitute W2) being used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Check that you have the correct selections for the RDP return? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 On the 3506, are there any foreign care providers? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Is Direct Debit selected and no balance due on the return? | <input type="checkbox"/> | <input type="checkbox"/> |

Smart Worksheets from your 2017 California Tax Return

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

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

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

| Form 540 California Income Tax Withheld Smart Worksheet | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | California income tax withheld from the Tax Payments Worksheet <u>39.</u> |
| B | Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A. |
| C | California income tax withheld for line 71. Subtract line B from line A <u>39.</u> |