

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 SNEHA KHULLAR	Social security number 752-56-6623
Spouse's name PANKAJ BATRA	Spouse's social security number 364-49-6369

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	74,020.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	5,634.
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	8,738.
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	3,104.
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

6	6	6	2	3
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

9	6	3	6	9
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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 SNEHA	Last name KHULLAR	Your social security number 752-56-6623
If a joint return, spouse's first name and initial PANKAJ	Last name BATRA	Spouse's social security number 364-49-6369
Home address (number and street). If you have a P.O. box, see instructions. 321 Fairmount ave		Apt. no. 31
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). JERSEY CITY NJ 07306		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	84,865.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-7,845.
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	77,020.

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	3,000.
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	3,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	74,020.

38	Amount from line 37 (adjusted gross income)	38	74,020.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	22,167.
41	Subtract line 40 from line 38	41	51,853.
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.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	43,753.
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	5,634.
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	5,634.
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	5,634.
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	5,634.
64	Federal income tax withheld from Forms W-2 and 1099	64	8,738.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 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 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	8,738.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,104.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,104.
b	Routing number 1 0 2 0 0 1 0 1 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 3 6 5 5 2 7 0 9		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
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	

Tax and Credits

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

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

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/04/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (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

SNEHA KHULLAR & PANKAJ BATRA

752-56-6623

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		3,007.
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	3,007.

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	20,640.
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	20,640.
25	Enter amount from Form 1040, line 38 25 74,020.		
26	Multiply line 25 by 2% (0.02)	26	1,480.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	19,160.

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.		22,167.
	<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"/>

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Your social security number

SNEHA KHULLAR & PANKAJ BATRA

752-56-6623

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	PASCHIM VIHAR NEW DELHI NEW DELHI IN 110063				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3	2,600.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12	10,445.		
13	Other interest.	13			
14	Repairs.	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities.	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	10,445.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-7,845.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-7,845.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		2,600.	
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c		10,445.	
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e		10,445.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(7,845.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ^{NPA}	26			-7,845.

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR
SNEHA KHULLAR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

752-56-6623

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,750.
9	Employer contributions made to your HSAs for 2017	9	1,250.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,250.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,500.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name SNEHA KHULLAR	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 752-56-6623
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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	2,400.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	13,200.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	2,640.
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	20,640.

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

SNEHA KHULLAR & PANKAJ BATRA

Your social security number

752-56-6623

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	1,500.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	1,500.
3 Add lines 1 and 2	3	3,000.
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	3,000.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

SNEHA KHULLAR & PANKAJ BATRA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					77,020.
Adjustments to income					3,000.
Adjusted gross income					74,020.
Tax expense					3,007.
Interest expense . . .					
Contributions					
Miscellaneous deductions					19,160.
Other Itemized Deductions					
Total itemized/standard deduction . .					22,167.
Exemption amount . .					8,100.
Taxable income					43,753.
Tax					5,634.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					8,738.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,104.
Effective tax rate % . .					7.61
**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 (SNEHA KHULLAR & PANKAJ BATRA) and Social Security Number (752-56-6623)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers.

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and value (66623, 96369, 03/17/2018)

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 KHULLAR
 First name SNEHA
 Middle initial _____ Suffix _____
 Social security no. 752-56-6623
 Occupation SOFTWARE ENGINEER
 Date of birth 03/15/1988 (mm/dd/yyyy)
 Age as of 1-1-2018 29
 Date of death _____
 Legally blind
 E-mail address snehakhullar4@gmail.com
 Work phone _____ Ext _____
 Cell phone (720) 300-3684
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) BATRA
 First name PANKAJ
 Middle initial _____ Suffix _____
 Social security no. 364-49-6369
 Occupation HOMEMAKER
 Date of birth 10/21/1987 (mm/dd/yyyy)
 Age as of 1-1-2018 30
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone (720) 272-3428
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (720) 300-3684
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 321 Fairmount ave Apt no. 31
 City JERSEY CITY State NJ ZIP code 07306

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

Student Information Worksheet

2017

▶ Keep for your records

Name of Student PANKAJ BATRA	Social Security Number 364-49-6369
---------------------------------	---------------------------------------

Part I – Student Status

- 1 Was this person a student during 2017? Yes No
- 2 What kind of school did the student attend during 2017? (Check all that apply.)
- | | | | |
|---|--|---|--|
| a <input type="checkbox"/> Elementary | c <input type="checkbox"/> College (postsecondary) | e <input type="checkbox"/> Military academy | |
| b <input checked="" type="checkbox"/> High school (secondary) | d <input type="checkbox"/> Vocational school | f <input type="checkbox"/> Not applicable | |

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2017? Yes No NA
- 2 Was this student enrolled at an eligible education institution during 2017? Yes No NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? Yes No NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? Yes No NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? Yes No NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? Yes No NA
- 7 Is this student an eligible dependent of the taxpayer? Yes No NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ _____
- 9 In how many prior years has a Hope Credit been claimed for this student ▶ _____

Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? Yes No
Did not attend institution of higher education
-
- 2 Is this student qualified for the Lifetime Learning Credit? Yes No
Did not attend institution of higher education
-
- 3 Is this student qualified for the Tuition and Fees Deduction? Yes No
Did not attend institution of higher education
-

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	Received 2016 1098T with Box 2 filled and box 7 checked?
Colorado Technical University, Inc. 84-0558510	CTU - Denver AURORA CO 80014	14,320.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		14,320.	0.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) Yes No

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses.	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student.	_____
2	Adjusted Qualified Higher Education Expenses.	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	_____
4	Interest included in line 1	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City State Zip Code	City State Zip Code

► Keep for your records

Name(s) Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
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INCOME	Federal Amount	NY Amount
1 Wages, salaries, tips, etc. T	84,865.	30,268.
S		
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	-7,845.	
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	77,020.	30,268.
S		

Nonresident State Allocation Worksheet

SNEHA KHULLAR & PANKAJ BATRA

752-56-6623

	ADJUSTMENTS		Federal Amount	NY Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T	0.	
		S		
20	Moving expenses	T	3,000.	
		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	0.	
		S		
29	Domestic production activities deduction	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T	3,000.	
		S		
32	Adjusted gross income	T	74,020.	30,268.
		S		

Part-Year Resident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
--	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	84,865.	<u>CO</u>	<u>CO</u>	37,488.
		<u>NJ</u>	<u>NJ</u>	30,587.
		—	<u>NY</u>	30,268.
		—	—	
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T	-7,845.	See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	77,020.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .	0.	01/01 08/07	08/06 12/31	CO NJ	
S Health savings account deduction . . .					
20 T Moving expenses	3,000.	01/01 08/07	08/06 12/31	CO NJ	
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
31 Total adjustments T						3,000.
32 Adjusted gross income T						74,020.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SNEHA KHULLAR & PANKAJ BATRA) and Social Security Number (752-56-6623)

Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail

Taxpayer:

Issuing state: CO
License number: 15-096-0882
Issue date: 04/07/2015
Expiration date: 04/07/2018
Does not expire: []
NY Document number (first 3 chars)*: _____

Spouse:

Issuing state: NJ
License number: P04352670010871
Issue date: 03/03/2018
Expiration date: 09/03/2019
Does not expire: []
NY Document number (first 3 chars)*: _____

State Identification Card Detail

Taxpayer:

Issuing state: _____
Identification number: _____
Issue date: _____
Expiration date: _____
Does not expire: []
NY Document number (first 3 chars)*: _____

Spouse:

Issuing state: _____
Identification number: _____
Issue date: _____
Expiration date: _____
Does not expire: []
NY Document number (first 3 chars)*: _____

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

Additional Verification Information

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

Client Status:

- 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: SNEHA KHULLAR & PANKAJ BATRA; Social Security Number: 752-56-6623

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: 30-1017196; 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 SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
IBM INDIA PRIVATE LIMITED		54,597.	5,718.	37,488.	1,383.
JSM CONSULTING INC		30,268.	3,020.	60,855.	1,355.
Totals		<u>84,865.</u>	<u>8,738.</u>	<u>98,343.</u>	<u>2,738.</u>

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	84,865.		84,865.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,738.		8,738.
3 & 7	Total social security wages/tips	84,865.		84,865.
4	Total social security tax withheld	5,262.		5,262.
5	Total Medicare wages and tips	84,865.		84,865.
6	Total Medicare tax withheld	1,231.		1,231.
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	5,529.		5,529.
b	Elective deferrals to qualified plans			
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	5,529.		5,529.
14 a	Total deductible mandatory state tax	234.		234.
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	98,343.		98,343.
17	Total state tax withheld	2,738.		2,738.
19	Total local tax withheld.	35.		35.

► Keep for your records

Name as shown on return
SNEHA KHULLAR

Social Security Number
752-56-6623

Employer EIN 52-2061430

Employer Name IBM INDIA PRIVATE LIMITED

Name (cont.)

Street Address or P. O. Box 3039 CORNWALLIS RD

City RESEARCH TRIANGLE PARK State NC ZIP 27709

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	54,597.	2	Federal tax withheld	5,718.
3	Social security wages	54,597.	4	Social sec tax withheld	3,385.
5	Medicare wages and tips	54,597.	6	Medicare tax withheld	792.
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:
C	5.	A: Enter amount attributable to RRTA Tier 2 tax
W	1,250.	M: Enter amount attributable to RRTA Tier 2 tax
DD	4,274.	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
CO	30522061430F001	37,488.	1,383.

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
DENVER	38,738.	35.	CO

9	Verification Code	9	bdd6-a6e3-982a-4051
10	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	10	
	Dependent care benefits - Amount forfeited from flexible spending account		
11	Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	11	

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

Keep for your records

SNEHA KHULLAR

752-56-6623 Page 2

Employer Name IBM INDIA PRIVATE LIMITED

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

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

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

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

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

Employee's SSN. 752-56-6623
First name M.I. Last name Suff.
SNEHA KHULLAR
Address City St ZIP code
321 Fairmount ave, Apt. 31 JERSEY CITY NJ 07306
Foreign Province/County Foreign Postal Code
Foreign Country

► Keep for your records

Name as shown on return SNEHA KHULLAR	Social Security Number 752-56-6623
--	---------------------------------------

Employer EIN 45-3730191
Employer Name JSM CONSULTING INC
 Name (cont.) _____
Street Address or P. O. Box 65 STATION ROAD
City CRANBURY **State** NJ **ZIP** 08512
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	30,268.	2 Federal tax withheld	3,020.
3 Social security wages	30,268.	4 Social sec tax withheld	1,877.
5 Medicare wages and tips	30,268.	6 Medicare tax withheld	439.
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
NJ	993439	30,587.	1,074.
NY	45-3730191	30,268.	281.
_____	_____	_____	_____

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
FLI	31.	New Jersey FLI tax
DI	73.	New Jersey SDI tax
UI	130.	New Jersey UI/WF/SWF tax
_____	_____	_____

Keep for your records

SNEHA KHULLAR	752-56-6623 Page 2
Employer Name JSM CONSULTING INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 752-56-6623

First name M.I. Last name Suff.

SNEHA _____ KHULLAR _____

Address City St ZIP code

321 Fairmount ave, Apt. 31 JERSEY CITY NJ 07306

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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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"/>	<i>Short gap:</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <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. ▶ _____

Taxpayer's name <u>SNEHA KHULLAR & PANKAJ BATRA</u>	Social Security No. <u>752-56-6623</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2017. Yes No
- B** A Form 1098-T was received from this institution for **2016** with Box 2 filled in and Box 7 checked Yes No

Identify Student (Required):

- A** If student is SNEHA or PANKAJ
Check to indicate student ▶ Taxpayer Spouse

- B** If student is _____

Double-click to link this 1098-T to the applicable **Dependent Student Information Worksheet** ▶ _____

Filer's name <u>Colorado Technical University, Inc.</u> Street address <u>CTU - Denver</u> City State Zip Code <u>AURORA CO 80014</u> Foreign province/country _____ Foreign postal code Foreign country _____ _____	1 Payments received for qualified tuition and related expenses \$ _____
	2 Amounts billed for qualified tuition and related expenses \$ <u>14,320.</u>
	3 If this box is checked, your educational institution has changed its reporting method for 2017 <input type="checkbox"/>

Filer's Federal identification number <u>84-0558510</u>	Student's Taxpayer Identification Number. <u>364-49-6369</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
---	---	--	---

Student's name <u>PANKAJ BATRA</u> Street address Apt. No. <u>321 Fairmount ave 31</u> City State Zip Code <u>JERSEY CITY NJ 07306</u>	6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2018 ▶ <input type="checkbox"/>
---	---	--

Service Provider/ Acct No <u>127125720</u>	8 Check if at least half-time student ▶ <input checked="" type="checkbox"/>	9 Checked if a graduate student . . ▶ <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ _____
---	--	--	---

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2017 _____
- B** Enter box 1 amount actually paid during 2017 _____

Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses

- A** Enter box 2 amount **not** paid during 2017 0.
- B** Enter box 2 amount actually paid during 2017 14,320.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
--	--

Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
Tot Estimated Payments . . .								

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			8,738.	2,738.	35.
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-K and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			8,738.	2,738.	35.
20	Total Tax Payments for 2017			8,738.	2,738.	35.

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
---	---------------------------------------

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 2,738.
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 35.
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	17 234.
18	Total Add lines 1 through 17	18 3,007.
19	State and local refund allocated to 2017	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 3,007.

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 SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
--	--

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	84,865.	_____	84,865.
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	84,865.	_____	84,865.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	84,865.	_____	84,865.
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	84,865.	_____	84,865.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	84,865.	_____	84,865.
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, In 2.	84,865.	_____	84,865.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	84,865.	_____	84,865.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	84,865.	_____	84,865.

Keep for your records

Name(s) shown on return

SNEHA KHULLAR & PANKAJ BATRA

Social Security No.

752-56-6623

General Information:

Property description A-2b/10C Ekta Apartment
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) PASCHIM VIHAR
City NEW DELHI State ZIP code
If a foreign address: Foreign province or state . . NEW DELHI
Foreign postal code 110063 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes No X
If yes, did you or will you file all required Form(s) 1099? Yes No

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse
B Owned jointly
C Active participation
D Material participation
E Qualified joint venture
F Some investment is not at risk
G Other passive exceptions
H Complete taxable disposition - See Help
I Treat all MACRS assets for this activity as qualified Indian reservation property?
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property?
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?
L Was this activity located in a Qualified Disaster Area?
M Check this box if filing this Schedule E as an LLC in CA

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method
S Number of days property owned if less than the entire year

PASCHIM VIHAR, NEW DELHI, NEW DELHI, 110063, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	2,600.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	2,600.	100.000000	2,600.
4 Enter royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint					
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other	10,445.				
From Form 1098 import					
Total mort int other	10,445.		10,445.		
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	10,445.		10,445.		
21 Income or (loss)			-7,845.		
22 Deductible rental real estate loss			-7,845.		

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
---	---------------------------------------

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		22,167.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		74,020.
6	Tax liability for Form 2210 or Form 2210-F		5,634.
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
 SNEHA KHULLAR & PANKAJ BATRA

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

Wages and salaries	84,865.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-7,845.
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	77,020.

Adjustments to Income 3,000.

Adjusted Gross Income (Last year's AGI) 74,020.

Itemized/Standard Deductions

Medical and dental	
Taxes	3,007.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	19,160.
Phaseout of itemized deductions	
Total Itemized Deductions	22,167.
Standard deduction	
Exemption amount	8,100.

Taxable Income 43,753.

Income tax	5,634.
Alternative minimum tax	
Total Taxes before Credits	5,634.
Nonbusiness credits	
Business credits	
Total Credits	
Self-employment tax	
Other taxes	

Total Tax 5,634.

Withholding	8,738.
Estimated tax payments	
Other payments	
Total Payments	8,738.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 3,104.

Refund 3,104.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	7.61 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>5,634.</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>5,634.</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 74,020.
- 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 74,020.
- 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
CO	01/01/17	08/06/17	2.9000	2.9000	0.0000	385.	0.	230.
NJ	08/07/17	12/31/17	6.8750	6.8750	0.0000	876.	0.	353.

- Total general sales taxes from table 583.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 583.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 3,007.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet

A If you had the same coverage every month of the 2017, select the type of coverage here None Self-only Family

Or,
if coverage varied during 2017, select your coverage for each month below.
Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.

1	January	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
2	February	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
3	March	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
4	April	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
5	May	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
6	June	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
7	July	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
8	August	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
9	September	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
10	October	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
11	November	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
12	December	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	6,750.
B	Maximum allowable contribution.							6,750.

Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 6 Smart Worksheet

A	Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	0.
B	Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	0.
C	Portion of Line B amount to be carried to Line 6 of spouse's form	0.
	QuickZoom to Form 8889S ▶	
D	Remainder to be carried to Line 6 (Line 5 minus Line C)..	6,750.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

A	Enter the employer contributions reported in Box 12 of Form W-2 (code W)	1,250.
B	Enter employer contributions made in 2017 for the tax year 2016	
C	Subtract line B from line A	1,250.
D	Enter employer contributions made in 2018 for the tax year 2017	
E	Other employer contributions for 2017 not reported above	
F	Employer contributions for 2017. Add lines C, D and E. Enter on line 9	1,250.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 18 Smart Worksheet

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

A 1 Total HSA contribution in 2016 _____
 2 Excess contribution in 2016 _____
 3 Net HSA contribution in 2016 0.

B Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

1	January ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
2	February ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
3	March ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
4	April ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
5	May ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
6	June ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
7	July ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
8	August ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
9	September ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
10	October ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
11	November ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____
12	December ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	_____

C 1 Total maximum allowable contribution for 2016 _____
 2 Amount allocated to spouse in 2016 _____
 3 Net maximum allowable contribution for 2016 _____

SMART WORKSHEET FOR: Form 3903 (NEW JERSEY): Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move . . . NEW JERSEY

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** 700 miles

E Enter the number of miles from your **old home** to your **old workplace** 50 miles

F Subtract line E from line D. If zero or less, enter -0- 650 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 (NEW JERSEY): Moving Expenses

Travel Expenses Smart Worksheet	
Enter your travel expenses:	
A Travel and lodging expenses for this move (excluding auto expenses)	1,500.
B Parking fees and tolls	_____
C Gasoline and oil	_____
D Miles driven traveling to new home	_____

SMART WORKSHEET FOR: Nonresident State Allocation Wks (NY)

Schedule E Income Allocation Smart Worksheet		
A Rentals and royalties	T S	-7,845. _____
B K-1 Partnerships	T S	_____ _____
C K-1 S Corporations	T S	_____ _____
D K-1 Estates and trusts	T S	_____ _____
E Farm rentals	T S	_____ _____
F Income or loss from REMICs	T S	_____ _____

SMART WORKSHEET FOR: Part-Year State Allocation Worksheet

Schedule E Income Allocation Smart Worksheet							
* Enter the state of source for this income (See Tax Help) ▼							
	Federal Amount		Residency Info			*	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St	Src St	
A Rents and royalties T	-7,845.	-7,845.	01/01 08/07	08/06 12/31	CO NJ		
Rents and royalties S							
B K-1 Partnership . . T							
K-1 Partnership . . S							
C K-1 S Corporation . T							
K-1 S Corporation . S							
D K-1 Estate/Trust . . T							
K-1 Estate/Trust . . S							
E Farm rentals T							
Farm rentals S							
F REMICs T							
REMICs S							

SMART WORKSHEET FOR: Schedule E Worksheet (PASCHIM VIHAR)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (PASCHIM VIHAR)

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
A	Ownership	Taxpayer
B	At-risk status	All
C	Passive status	Disposition
Schedule E		
D	Tentative profit (loss)	-7,845.
E	Other adjustments and preferences	
F	At-risk disallowed loss	
G	Passive carryover loss.	
H	Passive disallowed loss	
I	Net profit (loss) allowed	-7,845.
Related Disposition		
J	Tentative profit (loss)	
K	At-risk disallowed loss	
L	Passive carryover loss.	
M	Passive disallowed loss	
N	Net profit (loss) allowed	



178453 11555

DR 8453 (10/12/17)
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005
Colorado.gov/Tax

State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue Retain with your records

Taxpayer SSN		Spouse SSN (If Joint Return)		Submission ID	
752-56-6623		364-49-6369			
Taxpayer Last Name			Taxpayer First Name		Middle Initial
KHULLAR			SNEHA		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		
BATRA			PANKAJ		
Street Address				Phone Number	
321 FAIRMOUNT AVE APT 31					
City				State	Zip
JERSEY CITY				NJ	07306

Part I — Tax Return Information

1. Total Income, line 22 from your federal form 1040, line 15 on form 1040A, or line 4 on form 1040EZ	1	\$	77020
2. Taxable Income, line 43 on federal form 1040, line 27 on form 1040A, line 6 on form 1040EZ	2	\$	43753
3. Colorado Tax, Line 15 on Colorado form 104	3	\$	1089
4. Colorado Tax Withheld, Line 16 on Colorado form 104	4	\$	1383
5. Refund, Line 30 Colorado form 104	5	\$	294
6. Amount You Owe, Line 35 on Colorado form 104	6	\$	

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2017 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2017 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2017 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Check if also Preparer

Date (MM/DD/YY)
06/04/18



170104 11555

DR 0104 (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

(0013)



2017 Colorado Individual Income Tax Return

Full-Year Part-Year or Nonresident (or resident, part-year, non-resident combination) Mark if Abroad on due date – see instructions
*Must attach DR 0104PN

Your Last Name		Your First Name		Middle Initial
KHULLAR		SNEHA		
Deceased <input type="checkbox"/>		Date of Birth (MM/DD/YYYY)	SSN	
<input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.		03/15/1988	752-56-6623	
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0882	04/07/15
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
BATRA		PANKAJ		
Deceased <input type="checkbox"/>		Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	
<input type="checkbox"/> If checked and claiming a refund, you must submit the DR 0102 with your return.		10/21/1987	364-49-6369	
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		NJ	0871	03/03/18
Mailing Address			Phone Number	
321 FAIRMOUNT AVE APT 31				
City	State	Zip Code	Foreign Country (if applicable)	
JERSEY CITY	NJ	07306		
Round To The Next Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6, 1040A line 27, 1040 line 43			• 1	43753 00
Staple W-2s and 1099s with CO withholding here. ◀				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions)			• 2	2738 00
3. Other Additions, explain (see instructions)			• 3	00

Explain:



170104 21555

Name		SSN
SNEHA KHULLAR & PANKAJ BATRA		752-56-6623
4. Subtotal, sum of lines 1 through 3	4	46491 00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.	• 5	00
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	46491 00
Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN		
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 7	1089 00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.	• 8	00
9. Recapture of prior year credits	• 9	00
10. Subtotal, sum of lines 7 through 9	10	1089 00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	00
12. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 1366 with your return.	• 12	00
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13	1089 00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 14	00
15. Net Colorado Tax, sum of lines 13 and 14	15	1089 00
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 16	1383 00
17. Prior-year Estimated Tax Carryforward	• 17	00
18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 18	00
19. Extension Payment remitted with the DR 0158-I	• 19	00
20. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 20		00
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 21	00
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	• 22	0 00
23. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	• 23	00
24. Subtotal, sum of lines 16 through 23	24	1383 00
25. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37	• 25	74020 00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	26	294 00
27. Estimated Tax Credit Carryforward to 2018 first quarter, if any	• 27	00



170104 31555

Name	SSN
SNEHA KHULLAR & PANKAJ BATRA	752-56-6623

28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return.	• 28	00
29. Subtotal, add lines 27 and 28	29	00
30. Refund, subtract line 29 from line 26 (see instructions)	• 30	294 00

Direct Deposit

Routing Number Type: Checking Savings CollegeInvest 529
 Account Number

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.

31. Net Tax Due, subtract line 24 from line 15, then add line 28	31	00
32. Delinquent Payment Penalty (see instructions)	• 32	00
33. Delinquent Payment Interest (see instructions)	• 33	00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 34	00
35. Amount You Owe, sum of lines 31 through 34	• 35	

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Third Party Designee

Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? No Yes. Complete the following:

Designee's Name	Phone Number

Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YY)

Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YY)

Paid Preparer's Name	Paid Preparer's Phone		
GLOBAL TAXES LLC	(678) 965-9729		
Paid Preparer's Address	City	State	Zip
2530 PEBBLE CREEK LN	CUMMING	GA	30041

REV 12/15/17 PRO

If you are filing this return **with** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



170104PN11555

DR 0104PN (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax



Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2017

Taxpayer's Name		SSN	
SNEHA KHULLAR & PANKAJ BATRA		752-56-6623	
Use this form if you and/or your spouse were a resident of another state for all or part of 2017. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 6 of the DR 0104. If you filed federal form 1040NR, see the instructions.			
1. Taxpayer is (mark one):		Beginning (MM/YY)	Ending (MM/YY)
<input type="checkbox"/> Full-Year Nonresident <input checked="" type="checkbox"/> Part-Year Resident from		01/17	08/17
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military			
2. Spouse is (mark one):		Beginning (MM/YY)	Ending (MM/YY)
<input type="checkbox"/> Full-Year Nonresident <input checked="" type="checkbox"/> Part-Year Resident from		01/17	08/17
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military			
3. Mark the federal form you filed: <input checked="" type="checkbox"/> 1040 <input type="checkbox"/> 1040 A <input type="checkbox"/> 1040 EZ <input type="checkbox"/> 1040 NR <input type="checkbox"/> Other			
		Federal Information	
4. Enter all income from form 1040 line 7; 1040A line 7; or form 1040EZ line 1. ● 4		84865	00
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5			37488 00
6. Enter all interest/dividend income from form 1040 lines 8a and 9a; form 1040A lines 8a and 9a; or form 1040EZ line 2 ● 6			00
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7			00
8. Enter all income from form 1040 line 19; form 1040A line 13; or form 1040EZ line 3 ● 8			00
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9			00
If you filed federal form 1040EZ, go to line 24. All others continue with line 10.			
10. Enter all income from form 1040 lines 13 and 14; or form 1040A line 10. ● 10			00



170104PN21555

DR 0104PN (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Name		SSN	
SNEHA KHULLAR & PANKAJ BATRA		752-56-6623	
		Federal Information	Colorado Information
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11			00
12. Enter all income from form 1040 lines 15b, 16b, and 20b; or form 1040A lines 11b, 12b, and 14b ● 12		00	
13. Enter income from line 12 that was received during that part of the year you were a Colorado resident. ● 13			00
If you filed federal form 1040A, go to line 20. If you filed form 1040, continue with line 14.			
14. Enter all business and farm income from form 1040 lines 12 and 18. ● 14		00	
15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. ● 15			00
16. Enter all Schedule E income from form 1040 line 17. ● 16		-7845 00	
17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. ● 17			0 00
18. Enter all other income from form 1040 lines 10, 11 and 21. ● 18		00	
List Type			
19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. ● 19			00
List Type			
20. Total Income. Enter amount from form 1040 line 22; or form 1040A line 15. ● 20		77020 00	
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. ● 21			37488 00
22. Enter all federal adjustments from form 1040 line 36, or form 1040A line 20. ● 22		3000 00	
List Type			
MOVING EXPENSES			
23. Enter adjustments from line 22 as follows ● 23			0 00
List Type			
MOVING EXPENSES			
<ul style="list-style-type: none"> • Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income. • Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20). • Domestic production activities deduction is allowed in the Colorado to Federal QPAI ratio. • Penalty paid on early withdrawals made while a Colorado resident. 			
<ul style="list-style-type: none"> • Moving expenses if you are moving into Colorado, not if you are moving out. 			
For treatment of other adjustments reported on federal form 1040 line 36, see FYI Income 6.			



170104PN31555

DR 0104PN (06/30/17)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Name		SSN	
SNEHA KHULLAR & PANKAJ BATRA		752-56-6623	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 37; or form 1040A line 21; or form 1040EZ line 4. 24	74020	00	
25. Colorado Adjusted Gross Income. If you filed form 1040 or 1040A, subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. If you filed form 1040EZ, enter the total of lines 5, 7 and 9 of Form 104PN. 25			37488 00
26. Additions to Adjusted Gross Income. Enter the amount from line 3 of Colorado Form 104 excluding any charitable contribution adjustments. 26		00	
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident, and/or any lump-sum distribution from a pension or profit-sharing plan received while a Colorado resident. (See FYI Income 6 for treatment of other additions) 27			00
28. Total of lines 24 and 26 28	74020	00	
29. Total of lines 25 and 27 29			37488 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 5 of Colorado Form 104 excluding any qualifying charitable contributions. 30		00	
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: 31			00
<ul style="list-style-type: none"> •The state income tax refund subtraction to the extent included on line 19 above, •The federal interest subtraction to the extent included on line 7 above, •The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above, •The Colorado capital gain subtraction to the extent included on line above, For treatment of other subtractions, see FYI Income 6.			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. 32	74020	00	
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. 33			37488 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx 34	50.6458	%	
35. Tax from the tax table based on income reported on the DR 0104 line 6 35			2151 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 7. 36	1089	00	

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Your Social Security No. 752-56-6623
---	--

	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 CO sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	84,865.	37,488.	47,377.	0.
S				
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	-7,845.	0.	-7,845.	0.
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	77,020.	37,488.	39,532.	0.
S				

		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 CO sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T	0.	0.	0.	0.
	S				
26	Moving expenses T	3,000.	0.	3,000.	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	0.		0.	
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	3,000.	0.	3,000.	0.
	S				
37	Adjusted gross income T	74,020.	37,488.	36,532.	0.
	S				

Colorado Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name KHULLAR
First Name SNEHA
Middle Initial Suffix
Social Security No. 752-56-6623

Date of Birth 03/15/1988
Date of Death

Work Phone *
Home Phone *

Spouse:

Last Name BATRA
First Name PANKAJ
Middle Initial Suffix
Social Security No. 364-49-6369

Date of Birth 10/21/1987
Date of Death

Work Phone *

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

Address 321 Fairmount ave Apt No. 31
City JERSEY CITY State NJ ZIP Code 07306
Foreign Province/County Foreign Postal Code
Foreign Country
Check to confirm address information is correct

Part II - Main Form

- Form 104: Resident Filing
[X] Form 104: Part-Year Resident Filing
Form 104: Nonresident Filing
Complete Form 104PN, Part-Year Resident/Nonresident Tax Calculation Schedule

Resident military service persons who served more than 305 days outside the U.S. may now file as a nonresident on their Colorado income tax return. See Tax Help.

Part III - Filing Status

- Single
[X] Married filing jointly
Married filing separately
Head of household
Qualifying widow(er)

Part IV - Other Information

2017 Federal Adjusted gross income 74,020.
2016 Colorado tax liability

Underpayment Penalty Calculation:

2016 Federal adjusted gross income (for Form 204)
2016 Colorado filing status (for Form 204)

Check this box if you do not want to file Form 204 and want the Colorado Department of Revenue to figure the underpayment penalty (see Tax Help for additional information)

Third Party Designee:

Yes No
Do you want to allow another person to discuss your return with the CO Department of Revenue?
If yes, enter the following:
Designee's Name
Designee's Phone Number

Farmer / Fisherman Calculation:

Yes No

- Check **Yes** to calculate estimated taxes for the farmer/fisherman option.
- Will the **farmer/fisherman** filer file and pay the full amount of tax on or before March 1?

Supporting Document Information:

If supporting documentation is required, How will it be submitted to the Revenue Department?

- Submitting via mail with Form DR 1778
- Uploading documents via the Colorado Revenue website
- ProSeries pdf attachment option

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 Colorado 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

EF Status Dates:

- Date return was EFiled _____
- Date return was accepted by the state _____
- Enter the date Form DR 0900 was given to client _____

QuickZoom to DR 8453: Additional Information SmartWorksheet ► _____

Part VI – Direct Deposit and Electronic Funds Withdrawal Information

CAUTION: See tax help for refund expectation

Yes No

- Do you want to elect **direct deposit** of state tax refund?
- Do you want to elect **Electronic Funds Withdrawal** (Electronic Filing Only)?

If your client requests direct deposit or electronic funds withdrawal, fill out the information below.

- Name of Financial Institution CHASE BANK
- Account type Checking Savings Collegenvest 529
- Routing number 102001017
- Account number 736552709
- Enter the payment date to withdraw the account above _____
- Enter the amount to withdraw from the account above _____

International ACH Transactions

Yes No

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

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

If the Colorado tax return can't be filed by April 17, a 6-month automatic extension of time to file is allowed.

Yes No

Will the tax return be filed after April 17?

Extended due date _____

Note: An extension of time to file is **not** an extension of time to pay.

If the Colorado tax return can't be filed by April 17, will the taxpayer(s) be traveling abroad on April 17?

Yes No

If yes, the automatic due date is June 15.

QuickZoom to the DR 158-I, Extension Payment Voucher Worksheet ▶ _____

SNEHA KHULLAR _____ 752-56-6623 Page **3**

QuickZoom to the Form 104: Individual Income Tax Return ▶ _____

► Keep for your records

Name as Shown on Return SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
---	---------------------------------------

Line 2 – State Income Tax Deduction Addback

A 1 State income tax deduction from line 5, Schedule A, federal Form 1040	A 1	2,738.
A 2 Total itemized deductions from line 29, Schedule A, federal Form 1040	A 2	22,167.
A 3 The amount of federal standard deduction you could have claimed (See line 40, federal Form 1040 for allowable federal standard deductions).	A 3	12,700.
A 4 Line A2 minus line A3	A 4	9,467.
A 5 Enter the smaller of line A1 or line A4 here and on Form 104, line 2	A 5	2,738.

Special Computation for Taxpayers With High Income

C 1 Enter amount from line 9 of the federal itemized deduction worksheet	C 1	
C 2 Enter amount from line 3 of the federal itemized deduction worksheet	C 2	
C 3 Amount of line C1 divided by amount on line C2	C 3	%
C 4 Amount of state income tax entered on line 5 of federal Schedule A	C 4	
C 5 Amount of line C4 multiplied by percentage on line C3	C 5	
C 6 Amount on line C4 minus amount on line C5	C 6	
C 7 Total itemized deductions from line 29 of federal Schedule A	C 7	
C 8 Federal standard deduction for your status (1040, line 40 instructions)	C 8	
C 9 Subtract the C8 amount from the C7 amount, but not less than \$0	C 9	
C 10 Enter the smaller of C6 or C9 onto line 2 of the Colorado income tax return	C 10	

This worksheet is derived from page 4 of the government instructions and publication FYI Income 4.

Tax Payments Worksheet

2017

▶ Keep for your records

Name SNEHA KHULLAR & PANKAJ BATRA	Social Security Number 752-56-6623
--------------------------------------	---------------------------------------

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	1,383.
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	1,383.
15	Date return will be filed and balance paid	15	

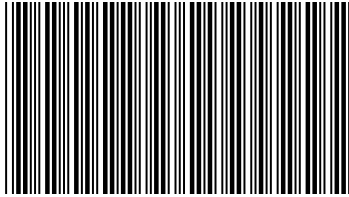
Smart Worksheets from your 2017 Colorado Tax Return

SMART WORKSHEET FOR: Allocation Worksheet for PY/NR

Rent/Royalties Smart Worksheet						
A	Rents and royalties	T	-7,845.	0.	-7,845.	0.
		S				
B	K-1 Partnership	T				
		S				
C	K-1 S Corporation	T				
		S				
D	K-1 Estate or Trust	T				
		S				
E	Farm rentals	T				
		S				
F	Income or loss from REMICs	T				
		S				

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

KHULLAR SNEHA & BATRA PANKAJ

321 FAIRMOUNT AVE APT 31

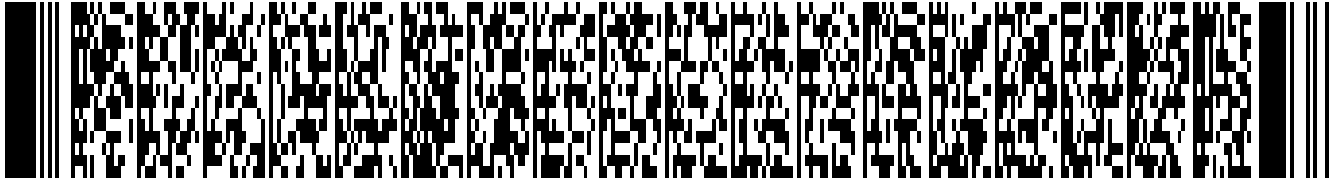
JERSEY CITY NJ 07306 1014

1555

752566623 364496369

P02090332 301017196

15-096-0882



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

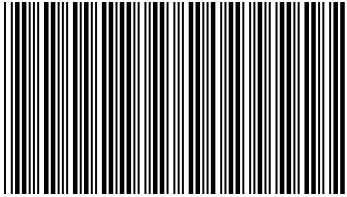
If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI K Federal Identification Number P02090332

Firm's Name GLOBAL TAXES LLC Federal Employer Identification Number 30-1017196



040MP02170

KHULLAR SNEHA & BATRA PANKAJ

752566623

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM 080717 TO 123117

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER
VETERAN EXEMPTION YOURSELF SPOUSE/CU PARTNER

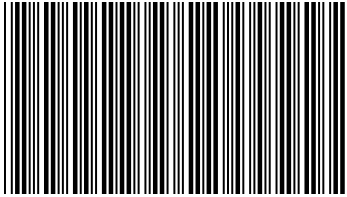
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Table with 3 columns: Line number, Description, Amount. Rows 14-36 including WAGES, SALARIES, TAXABLE INTEREST INCOME, DIVIDENDS, etc.



040MP03170

KHULLAR SNEHA & BATRA PANKAJ

752566623

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	792 .
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	29754 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	451 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	451 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	451 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	451 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	1074 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	21 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	1095 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	644 .
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	644 .

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	102001017
dd5.	ACCOUNT NUMBER	dd5.	736552709
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

**SCHEDULE
NJ-BUS-1**
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX
BUSINESS INCOME SUMMARY SCHEDULE**

2017

Name(s) as shown on Form NJ-1040 KHULLAR, SNEHA & BATRA, PANKAJ	Your Social Security Number 752-56-6623
--	--

PART I NET PROFITS FROM BUSINESS List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

PART III NET PRO RATA SHARE OF S CORPORATION INCOME List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.	PASCHIM VIHAR	752566623	1	-3,159.
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4. -3,159.

**SCHEDULE
NJ-BUS-2**
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX
ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT**

2017

Name(s) as shown on Form NJ-1040 KHULLAR, SNEHA & BATRA, PANKAJ				Your Social Security Number 752-56-6623		
PART I INCOME (LOSS)		Column A		Column B		
		Reportable Regular Business Income		Alternative Business Income/(Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.	
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.	
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	-3,159.	
5.	Loss Carryforward From Tax Year 2016			5b.	()
6.	Totals	6a.	0.	6b.	-3,159.	
PART II ADJUSTMENT CALCULATION						
7.	Total Regular Business Income	7.	0.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.			
9.	Business Increment (Line 7 minus Line 8)	9.	0.			
10.	Adjustment Percentage	10.	0.50			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.			
PART III LOSS CARRYFORWARD TO TAX YEAR 2018						
12.	Loss Carryforward to Tax Year 2018	12.	(3,159.)	

Instructions

- Line 1a. Enter the amount from Line 17 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 20 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 21 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 22 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2016 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for tax year 2017 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and Line 34 of Form NJ-1040.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name KHULLAR, SNEHA	Social security number 752-56-6623
Spouse's name or Civil Union Prtnr's BATRA, PANKAJ	Spouse's social security number or Civil Union Prtnr's 364-49-6369

Part I Tax Return Information—Tax Year Ending December 31, 2017 (Whole Dollars Only)

1 New Jersey Taxable income	1	29,754.
2 Total tax	2	451.
3 New Jersey income tax withheld	3	1,074.
4 Refund	4	644.
5 Amount you owe	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 for the tax year ending December 31, 2017 and 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 acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN

6	6	6	2	3
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
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. 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 ▶ 06/04/2018

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

I authorize GLOBAL TAXES LLC to enter my PIN

9	6	3	6	9
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
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. 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 ▶ 06/04/2018
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

						5	8	7	2	7	8
--	--	--	--	--	--	---	---	---	---	---	---

do not enter all zeros

I certify that 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 that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ _____ Date ▶ 06/04/2018

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

Last Name KHULLAR
First Name SNEHA
Middle Initial Suffix
Social Security No. 752-56-6623
Date of Birth 03/15/88
Age as of 12/31/2017 29
Date of Death
Daytime Phone *
Home Phone *

Spouse:

Last Name BATRA
First Name PANKAJ
Middle Initial Suffix
Social Security No. 364-49-6369
Date of Birth 10/21/87
Age as of 12/31/2017 30
Date of Death
Daytime Phone *

* Check one of these boxes to designate daytime phone number.

c/o (care of)
Street Address 321 Fairmount ave Apt. No 31
City JERSEY CITY State NJ ZIP Code 07306
County/Municipality Code (residents only) 1014

- Check this box if taxpayer's name is different on last year's NJ tax return
Check this box if taxpayer's address is different on last year's NJ tax return

Part II – Main Form

- Form NJ-1040: Resident Tax Return
Form NJ-1040NR: Nonresident Tax Return
Enter state of residency
[X] Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. From 08/07/17 To 12/31/17
Yes No
Did you receive any income from New Jersey sources during your period of nonresidence?
If Yes, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents

Part III – Filing Status

- Single
[X] Married/Civil Union Couple, filing joint return
Married/Civil Union Partner, filing separate return
Yes No
Did the taxpayer maintain the same residence as the spouse?
If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28
Head of household
Qualifying widow(er)/Surviving Civil Union Partner

Part IV – Exemptions

Table with 3 columns: You, Spouse/CU Partner, Domestic Partner. Rows include Regular, Age 65 or over, Blind, Disabled, Veteran exemption, and dependent counts.

Part V – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
 - 2 You do not need forms mailed to you next year
 - 3 Presidential Disaster Relief
 - 4 Death certificate attached for deceased taxpayer
- Yes No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
 - b If joint return, does your spouse wish to designate \$1?
 - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes No**
- 2 Will federal PIN(s) be used? (See Help)
 - 3 Date return was EFiled _____
 - 4 Date return was accepted by the state. _____
 - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . . _____

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

- Yes No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

Electronic Funds Withdrawal:

- Yes No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

Bank Information:

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

Name of Financial Institution (optional) . . . CHASE BANK _____

Checking account

Savings account

Routing number 102001017 _____

Account number. 736552709 _____

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes **No**

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

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes **No**

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ▶ _____

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Allocation Worksheet for Part-Year and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return KHULLAR, SNEHA & BATRA, PANKAJ	Social Security No. 752-56-6623
--	---

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	98,343.	30,587.		
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents	-7,845.	-3,159.		
7 Net gambling winnings				
8 Pension and IRA distributions	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)				
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
15 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

	Column A Total Amount	Column B Resident Period	Column C Nonresident Period
16 Sheltered workshop tax credit			
17 New Jersey tax withheld	1,074.	1,074.	0.
18 New Jersey estimated tax payments/overpayment credit from previous year			
19 Tax paid on your behalf by partnership(s)			
20 Excess New Jersey UI/WF/SWF withheld			
21 Excess New Jersey disability insurance withheld			
22 Excess New Jersey family leave insurance withheld			

Worksheet G Property Tax Deduction/Credit Worksheet

2017

▶ Keep for your records

Name(s) KHULLAR, SNEHA & BATRA, PANKAJ	Social Security No. 752-56-6623
---	------------------------------------

Worksheet G - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. **If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet J.**

1 Property tax. Enter the property tax you paid in 2017 from line 37a of Form NJ-1040. Senior Freeze (Property tax reimbursement) applicants do not enter the amount from Line 37a. See instructions.	1	792.
2 Property tax deduction. Is the amount on line 1 of this worksheet \$10,000 or more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)? <input type="checkbox"/> Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence). <input checked="" type="checkbox"/> No. Enter the amount from line 1. Also enter this amount on line 4, Column A below. See instructions.	2	792.

STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule A and Worksheet J. See instructions.

	Column A	Column B
3 Taxable income (copy from line 36 of your NJ-1040)	29,754.	29,754.
4 Property tax deduction (copy from line 2 of this worksheet)	792.	-0-
5 Taxable income after property tax deduction (subtract line 4 from line 3)	28,962.	29,754.
6 Tax you would pay on line 5 amount (From Tax Tables or Tax Rate Schedules)	437.	451.
7 Now, subtract line 6, column A, from line 6, column B and enter the result here	7	14.

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 4, Column A
Line 39	Line 5, Column A
Line 40	Line 6, Column A
Line 49	Make no entry

No. You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 5, Column B
Line 40	Line 6, Column B
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents , see instructions.

Tax Payments Worksheet

2017

▶ Keep for your records

Name KHULLAR, SNEHA & BATRA, PANKAJ	Social Security Number 752-56-6623
--	---------------------------------------

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	1,074.
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	1,074.
15	Date return will be filed and balance paid	15	04/17/2018

Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet F			
1	Did you live in more than one qualifying New Jersey residence during 2017?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Did you share ownership of a principal residence during 2017 with anyone other than your spouse?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3	Did a principal residence you owned during 2017 consist of multiple units?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Were you both a homeowner and a tenant during 2017?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>If the answer to any of the above questions is Yes, complete Schedule G-1.</p> <p>QuickZoom to Schedule G-1 _____</p>			
A	Total property tax paid in 2017	_____	
	Part-year residents: Enter the amount while a resident of New Jersey	_____	
B	Total rent paid in 2017	_____	
	Part-year residents: Enter the amount while a resident of New Jersey	4,400	
C	If your filing status is married filing separate return , did you maintain the same residence as your spouse?		
	Answer this question on NJ Information Wks (if Yes, reduce by 50%). <input type="checkbox"/> Yes <input type="checkbox"/> No		
D	You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SMART WORKSHEET FOR: Business Income Summary Schedule

Rent and Royalty Income Smart Worksheet				
* Check the box if transaction is not subject to New Jersey tax or will be reported elsewhere (for example, if the transaction occurred during the period of nonresidency for part-year residents or the transaction is being reported on the Business Income Worksheet).				
Source of Income or Loss. If rental real estate, enter physical address of property.	SSN/EIN	Type - Enter number from list above	Income or (Loss)	*
PASCHIM VIHAR	752566623	1	-3,159.	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?



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Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 17, 2018; June 15, 2018; September 17, 2018; and January 15, 2019. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2018 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	223	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	223	.00

STOP: Pay this electronically on our website



Tips for Estimated Tax

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- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

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Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	222	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	222	.00

STOP: Pay this electronically on our website



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For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 17, 2018; June 15, 2018; September 17, 2018; and January 15, 2019. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2018 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	222	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	222	.00

STOP: Pay this electronically on our website



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

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- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

Do not staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

Calendar-year filer due dates: April 17, 2018; June 15, 2018; September 17, 2018; and January 15, 2019. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2018 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

Full SSN or taxpayer ID number 752566623		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State	222	.00
Taxpayer's first name and middle initial SNEHA		Taxpayer's last name KHULLAR		New York City		.00
Mailing address (number and street or PO box; see instructions) 321 FAIRMOUNT AVE		Apartment number 31		Yonkers		.00
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	MCTMT		.00
Taxpayer's e-mail address SNEHAKHULLAR4@GMAIL.COM				Total payment	222	.00

STOP: Pay this electronically on our website



Instructions for Form IT-201-V

Payment Voucher for Income Tax Returns

IT-201-V

(12/17)

Did you know? You can pay your income tax return payment directly on our website from your bank account or by credit card through your individual Online Services account. Visit www.tax.ny.gov.

How to use this form

If you are paying New York State income tax by check or money order, you must include Form IT-201-V with your payment.

Check or money order

- Make your check or money order payable in U.S. funds to **New York State Income Tax**.
- Be sure to write the last four digits of your social security number (SSN), the tax year, and **Income Tax** on it.

Completing the voucher

Be sure to complete **all** information on the voucher.

- Enter the tax year from the income tax return you are filing and your **entire** SSN. Failure to do so may result in monies not being properly credited to your account.
- If filing a joint return, include information for both spouses.
- Foreign address – Enter the city, province, or state all in the **City** box, and the **full** country name in the **Country** box. Enter the postal code, if any, in the **ZIP code** box.
- Do not staple or clip your payment to Form IT-201-V. Instead, just put them loose in the envelope.



You **cannot** use this form to pay a bill or other notice from the Tax Department that indicates you owe tax; you must use the payment document included with that bill or notice.

You **cannot** use this form to request an installment payment agreement (IPA); see our website for information about requesting an IPA.

Mailing address

E-filed and previously filed returns

If you e-filed your income tax return, or if you are making a payment for a previously filed return, mail the voucher and payment to:

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Paper returns

If you are filing a paper income tax return (including amended returns), include the voucher and payment with your return and mail to this address:

**STATE PROCESSING CENTER
PO BOX 15555
ALBANY NY 12212-5555**

If you are not using U.S. Mail, be sure to consult Publication 55, *Designated Private Delivery Services*.

◀ Cut here ▶

STOP: Pay this electronically on our website.

Department of Taxation and Finance

REV 11/13/17 PRO

Payment Voucher for Income Tax Returns



IT-201-V

(12/17)

Tax year (yyyy) 2017		Make your check or money order payable in U.S. funds to New York State Income Tax . Be sure to write the last four digits of your SSN, the tax year, and Income Tax on your payment.	
Your first name and middle initial SNEHA	Your last name (for a joint return, enter spouse's name on line below) KHULLAR	Your full SSN 752566623	
Spouse's first name and middle initial PANKAJ	Spouse's last name BATRA	Spouse's full SSN (only if filing a joint return) 364496369	
Mailing address 321 FAIRMOUNT AVE		Apartment number 31	Country (if not United States)
City, village or post office JERSEY CITY	State NJ	ZIP code 07306	

E-mail: SNEHAKHULLAR4@GMAIL.COM

Payment amount

Dollars 889 . Cents 00

040001173555



For office use only

0401173555 752566623 4



New York State E-File Signature Authorization for Tax Year 2017

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: SNEHA KHULLAR

Spouse's name: PANKAJ BATRA
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*. Go to our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105*.

Part A – Tax return information

- 1 Federal adjusted gross income (from applicable line) 1. 74020.
- 2 Refund..... 2. _____
- 3 Amount you owe 3. 889.
- 4 Financial institution routing number..... 4. _____
- 5 Financial institution account number..... 5. _____
- 6 Account type: Personal checking Personal savings Business checking Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____ Date: _____

Spouse's signature: _____ Date: _____

(jointly filed return only)

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: GLOBAL TAXES LLC

Paid preparer's signature: _____ Date: _____

Print name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning and ending **17**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SNEHA		Your last name (for a joint return, enter spouse's name on line below) KHULLAR		Your date of birth (mmddyyyy) 03151988	Your social security number 752566623
Spouse's first name and middle initial PANKAJ		Spouse's last name BATRA		Spouse's date of birth (mmddyyyy) 10211987	Spouse's social security number 364496369
Mailing address (see instructions, page 13) (number and street or PO box) 321 FAIRMOUNT AVE				Apartment number 31	New York State county of residence NR
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 14) Yes No

(2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes No

E New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2017

(2) Number of months your spouse lived in NY City in 2017

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2017? Yes No

(if Yes, complete Form IT-203-B)



I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001173555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
752566623

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 1-19 include items like Wages, interest income, dividends, and federal adjusted gross income.

New York additions (see page 25)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 20-23 include interest on state bonds, retirement contributions, and other additions.

New York subtractions (see page 26)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 24-31 include state and local taxes, pensions, and other subtractions.

32 Enter the amount from line 31, **Federal amount** column 32 74020 .00

Standard deduction or itemized deduction (see page 28)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows 33-36 include standard deduction, adjustments, and final New York taxable income.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37	54860 .00
38 New York State tax on line 37 amount (see page 29)	38	2859 .00
39 New York State household credit (page 29, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	2859 .00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	2859 .00
43 New York State earned income credit (see page 30)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	2859 .00
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45 Income percentage (see page 30)	New York State amount from line 31	Federal amount from line 31	=	Round result to 4 decimal places	
	<input type="text" value="30288 .00"/>	<input type="text" value="74020 .00"/>	÷	<input type="text" value="0.4092"/>	

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	1170 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	1170 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	1170 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0 .00

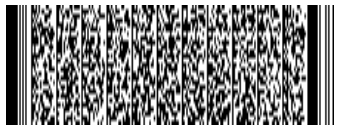
See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund ..	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57k Homeless Veterans.....	57k	.00
57l Mental Illness Anti-Stigma Fund	57l	.00
57m Women's Cancers Education and Prevention Fund	57m	.00
57n Autism Fund	57n	.00
57o Veterans' Homes	57o	.00

57 Total voluntary contributions (add lines 57a through 57o)	57	.00
--	-----------	-----

58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	1170 .00
--	-----------	----------



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your social security number
752566623

59 Enter amount from line 58 59 1170.00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include Part-year NYC school tax credit, NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include Amount overpaid, Amount of line 67 to be refunded, Amount of line 67 that you want applied, Amount of line 67 that you want as a NYS 529 account deposit, Amount you owe, Estimated tax penalty, and Other penalties and interest.

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 73c Account number

74 Electronic funds withdrawal (see page 38) Date Amount00

Third-party designee? (see instr.) Yes No E-mail: Print designee's name Designee's phone number Personal identification number (PIN)

Paid preparer must complete (see instructions) Preparer's NYTPRIN NYTPRIN excl. code Preparer's signature APPANA RUPA VENKATA SATY Preparer's printed name APPANA RUPA VENKATA SATY Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Preparer's PTIN or SSN P02090332 Address 2530 PEBBLE CREEK LN CUMMING GA 30041 Employer identification number 301017196 Date 06042018 E-mail: KUMAR@GTAXFILE.COM

Taxpayer(s) must sign here Your signature Your occupation SOFTWARE ENGINEER Spouse's signature and occupation (if joint return) HOMEMAKER Date Daytime phone number E-mail: SNEHAKHULLAR4@GMAIL.COM

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203 SNEHA KHULLAR AND PANKAJ BATRA	Your social security number 752566623
--	--

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1	.00
2 Taxes you paid (federal Schedule A, line 9)	2	3007.00
3 Interest you paid (federal Schedule A, line 15)	3	.00
4 Gifts to charity (federal Schedule A, line 19)	4	.00
5 Casualty and theft losses (federal Schedule A, line 20)	5	.00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	19160.00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7	.00
8 Enter amount from federal Schedule A, line 29	8	22167.00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	3007.00
10 Subtract line 9 from line 8	10	19160.00
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions)	11	.00
12 Addition adjustments (see instructions)	12	.00
13 Add lines 10, 11, and 12	13	19160.00
14 Itemized deduction adjustment (see instructions)	14	.00
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33)	15	19160.00

NO HANDWRITTEN ENTRIES ON THIS FORM

203005173555





Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

752566623

Box b Employer identification number (EIN)

522061430

Box c Employer's information

Employer's name

IBM INDIA PRIVATE LIMITED

Employer's address (number and street)

3039 CORNWALLIS RD

City State ZIP code Country (if not United States)

RESEARCH TRIANGLE PARK NC 27709

Box 1 Wages, tips, other compensation

54597.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount Code C 5.00

Box 12b Amount Code W 1250.00

Box 12c Amount Code DD 4274.00

Box 12d Amount Code 00 .00

Box 14a Amount Description .00

Box 14b Amount Description .00

Box 14c Amount Description .00

Box 14d Amount Description .00

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state CO

Box 16b Other state wages, tips, etc. 37488.00

Box 17b Other state income tax withheld 1383.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

752566623

Box b Employer identification number (EIN)

453730191

Box c Employer's information

Employer's name

JSM CONSULTING INC

Employer's address (number and street)

65 STATION ROAD

City State ZIP code Country (if not United States)

CRANBURY NJ 08512

Box 1 Wages, tips, other compensation 30268.00

Box 8 Allocated tips .00

Box 10 Dependent care benefits .00

Box 11 Nonqualified plans .00

Box 12a Amount Code 00 .00

Box 12b Amount Code 00 .00

Box 12c Amount Code 00 .00

Box 12d Amount Code 00 .00

Box 14a Amount Description 31.00 FLI

Box 14b Amount Description 73.00 DI

Box 14c Amount Description 130.00 UI

Box 14d Amount Description .00

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc. 30268.00

Box 17a NYS income tax withheld 281.00

Other state information:

Box 15b other state NJ

Box 16b Other state wages, tips, etc. 30587.00

Box 17b Other state income tax withheld 1074.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555



Record of Estimated Tax Payments

2018

(Record credits and payments in this table. Keep this record; you will not be receiving notices indicating the amount due each quarter.)

Name as Shown on Return SNEHA KHULLAR AND PANKAJ BATRA				Social Security No. 752-56-6623
A Payment Type	B Payment Date	C Amount	D 2017 Overpayment Credit Applied	E Total Amount Paid and Credited (add C and D)
Voucher		223 .		223 .
Voucher		222 .		222 .
Voucher		222 .		222 .
Voucher		222 .		222 .
Total		889 .		889 .

Part I – Personal Information

Taxpayer:

First Name SNEHA
 Middle Initial _____ Suffix _____
 Last Name KHULLAR
 Social Security No. 752-56-6623
 Occupation SOFTWARE ENGINEER
 Date of Birth 03-15-1988
 Age as of 1-1-2018 29
 Date of Death _____
 NY DL Doc ID _____
 Email Address snehakhullar4@gmail.com
 Work phone _____
 Extension _____
 Home Phone _____

Spouse:

First Name PANKAJ
 Middle Initial _____ Suffix _____
 Last Name BATRA
 Social Security No. 364-49-6369
 Occupation HOMEMAKER
 Date of Birth 10-21-1987
 Age as of 1-1-2018 30
 Date of Death _____
 NY DL Doc ID _____
 Email Address _____
 Work phone _____
 Extension _____

Print phone number on main form Home Taxpayer work Spouse work

Mailing Address

Street Address 321 FAIRMOUNT AVE Apartment No. 31
 City JERSEY CITY State NJ ZIP Code 07306
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

Permanent Home Address (if different from mailing address above)

Street Address _____ Apartment No. _____
 City _____ State _____ ZIP Code _____
(Below should be used by New York nonresidents only)
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

New York County and School District Information

County NR
 School District NR School District Code _____

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If **only one spouse** has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-year residents dates of residency:				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>

New York City Residents:

- Yes No**
- Did the taxpayer or spouse maintain living quarters in New York City during 2017?
 - If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - Taxpayer **did not** live with their spouse at any time during the year
 - If both taxpayer and spouse itemized deductions on their federal tax return:
 - The spouse is itemizing deductions on their New York state tax return
 - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York City Accumulation Distribution Credit:
Taxpayer. . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:
 Number of exemptions claimed on spouse's return _____
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____
 Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:
Yes No
 Did you receive a check from the NY Tax Department for the property tax relief credit?
 (do **not** include any STAR credit received here)
 If Yes, enter the amount ► _____
 Check received for STAR credit ► _____

New York State Public Trust Act (new question at top of forms **IT-201-ATT** and **IT-203-ATT**):
 Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? **Yes** **No**
Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

Go to separate New York City formset to file NYC-202 or NYC-202S.

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) CHASE BANK
Account Type Checking [X] Savings []
Personal or business account Personal [X] Business []
Routing number 102001017 Confirm routing number 102001017
Account number 736552709 Confirm account number 736552709

Electronic funds withdrawal amount due with return information:

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

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.?

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

Enter settlement date to withdraw the extension amount from the account above
State balance-due amount paid with this extension Form IT-370

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above
State balance-due amount paid with this amended return

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[] [X] Tax return due date extended?
Extended due date
[] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[] Extension accepted?
Extension filing date
Extension acceptance date

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[] Separately, considering only the income/adjustments of the New York City employee
[] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) 1

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

Preparer Name
Preparer PTIN or SSN NYTPRIN or NY exclusion code
Street Address Addr cont
City State ZIP Code
Signature Date
Firm Name Firm EIN (if applicable)

2-digit special condition code number:

[] Code A6 Build America Bond Interest – Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
* Enter total BAB interest included on Form 1040A or Form 1040, line 8a
* Enter BAB interest entered above from NY state or local governments

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
 - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

_____ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2017 tax return not listed above, enter your 2-digit special condition code number
 _____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:
 Preparer is the third party designee
 Designee's phone number _____
 Designee's name _____
 Designee's email address _____
 Personal identification number _____

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
 The taxpayer qualified for a 90 day extension of time to pay their first 2017 estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No
 Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

 Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

	Taxpayer	Spouse
1	_____	_____
2	_____	_____

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation under P.L. 110-343:

Yes No
 Were you required to report, under P.L. 110-343, Div. C, Section 801(d)(2), any nonqualified deferred compensation on your 2017 federal return?

Tax Payments Worksheet

2017

▶ Keep for your records.

Name SNEHA KHULLAR AND PANKAJ BATRA	Social Security Number 752-56-6623
--	---------------------------------------

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer				5 a
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse				5 b
6 Overpayment from previous year applied to current year				6
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer				6 a
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse				6 b
7 Amount paid with current year extension				7
8 Total tax payments				8

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2		281.
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	
12 b State withholding on Forms 1099-G	12 b	
12 c State withholding on Forms 1099-K	12 c	
13 Other state tax withholding	13	
14 Total state income tax withheld	14	281.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	
16 Total Yonkers withholding	16	
17 Section 1127 withholding	17	

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	
22 Date return will be filed and balance paid	22	

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return
SNEHA KHULLAR AND PANKAJ BATRA

Your Social Security No.
752-56-6623

Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State 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 New York State Sources
Income				
1 Wages, salaries, tips, etc.	84,865.	0.	84,865.	30,288.
2 Federally taxable interest income . .				
3 Dividends				
4 State/local tax refunds				
5 Alimony received				
6 Business income or loss				
7 Capital gain or loss				
8 Other gains and losses				
9 Taxable IRA distribution				
10 Taxable pension and annuities				
11 Rentals, royalties, p'ship, etc.	-7,845.	0.	-7,845.	0.
12 Rental real estate included in ln 11 (federal amount)	-7,845.			
13 Farm income or loss				
14 Unemployment compensation				
15 Taxable social security benefits				
16 Other income				
17 Total income. Add lines 1-11, 13-16	77,020.	0.	77,020.	30,288.
Adjustments to Income				
a Educator expenses				
b Certain business expenses				
c Health savings account	0.	0.	0.	0.
d Moving expenses	3,000.	0.	3,000.	0.
e Self-employment tax deduction				
f Self-employed SEP, SIMPLE				
g Self-employed health insurance				
h Early withdrawal penalty				
i Alimony paid				
j IRA deduction				
k Student loan interest deduction				
l Tuition and fees deduction	0.		0.	0.
m Domestic production activities				
n Total other adjustments				
18 Total adjustments	3,000.	0.	3,000.	0.
19 Adjusted gross income	74,020.	0.*	74,020.	30,288.

* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information

**New York State
Wages/Self-Employment Income Allocation**

2017

▶ Keep for your records

Name as Shown on Return SNEHA KHULLAR AND PANKAJ BATRA	Social Security No. 752-56-6623
---	------------------------------------

**Part I – New York Wage Allocation
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		JSM CONSULTING INC	30,268.

Spouse

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

Spouse

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

Name as Shown on Return
SNEHA KHULLAR AND PANKAJ BATRA

Social Security No.
752-56-6623

Part I 2018 Estimated Tax Amount Options

Note: MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105

1 Select One of Five Ways to Calculate the Required Annual Payment for 2018 Estimates:

	State	New York City	Yonkers
a 100% (110%) of 2017 taxes	<input checked="" type="checkbox"/>	1,170.	
b 100% of tax on 2018 estimated taxable income	<input type="checkbox"/>	1,164.	0.
c 90% of tax on 2018 estimated taxable income	<input type="checkbox"/>	1,048.	0.
d 66-2/3% of tax on 2018 estimated taxable income (farmers and fishermen)	<input type="checkbox"/>	776.	0.
e Fixed total amount (not program calculated)	<input type="checkbox"/>		

2 Selected estimated tax amount:

a 2018 Required Annual Payment based on your choice above.	1,170.
b Estimated amount of 2018 state income tax withholding	281.
c Total of estimated tax payments required for 2018 (line 2a less line 2b)	889.

3 Select Estimated Tax Payment option:

- a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount.
- d Do **not** calculate estimates

4 Other Options:

- a Enter the number of vouchers to be prepared (default 4 payments) 4

Part II Overpayment Application Options

1 Amount of overpayment available 0.

Select Overpayment Application Amount Option:

- 2 a Apply none (refund entire overpayment)
- b Apply all (estimates will not be increased; entire amount will be applied)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Apply only to state estimates and refund excess
- f Enter amount you want to apply ▶
- g Amount applied to 2018 estimated tax
- h Overpayment to be refunded (line 1 less line 2g) 0.

Part III Rounding and Printing Options

1 **Select Rounding Option:**
 a Round up to next \$1 b Round up to next \$10 c Round up to next \$50 Round up to next \$100

2 **Select Voucher Printing Option:**
 a Print (per Part I, lines 3a - c) b Print only name, etc. c Do not print vouchers

Part IV Filing Status and Dependent Exemptions for 2018 Calculations

A 1 Choose 2018 filing status:
 Single Married filing jointly Head of household Qualifying widow(er)
 Married filing separately

B Check if dependent of another in 2018. Yes No

C Enter the number of dependent exemptions in 2018 _____

Part V Changes to Income, Deductions, Credits and Withholding for 2018

Your 2017 income and deductions are entered in the '2017 Actual' column.
 *For each line in the '2018 Estimated' column, enter estimated 2018 amount if **different** from 2017; otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2017 Actual	*2018 Estimated
A New York adjusted gross income	74,020.	
B Enter either your standard or estimated itemized deduction	19,160.	19,160.
C Dependent exemption (number of dependents times \$1,000)		
D New York City Household Credit/Accum Distribution Credit		
E New York City tax on ordinary income portion of lump-sum distribution		
F 1 New York City Unincorporated Business Tax Credit		
2 New York City General Corporation Tax Credit		
G New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit	0.	
H Nonresidents and Part-Year residents:		
(1) New York adjusted gross income (Form IT-203, line 45, New York State amount)	30,288.	
(2) New York adjusted gross income (Form IT-203, line 45, federal amount)	74,020.	
I Nonresident and part-year resident income percentage	0.4092	
J Additional taxes — New York State		
K Additional taxes — New York City		
L Resident credit and other nonrefundable credits — New York State		
M Refundable credits — New York State		
N Refundable credits — New York City		
O Gross wages subject to the Yonkers nonresident tax (Form Y-203)		
P Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203)		
Q Yonkers nonresident earnings tax (Form Y-203)		
R New York State income tax withheld	281.	
S New York City income tax withheld		
T Yonkers income tax withheld		

Part VI 2018 Estimated Taxable Income and Tax

	New York State	City of New York	City of Yonkers
1 Estimated New York adjusted gross income expected in 2018.	74,020.		
2 Enter either your standard deduction or estimated itemized deduction	19,160.		
3 Subtract line 2 from line 1	54,860.		
4 Dependent exemption (<i>number of dependents times \$1,000</i>)			
5 Estimated New York State taxable income (line 3 less line 4)	54,860.		
6 New York State tax	2,844.		
7 New York City resident tax			
8 New York City Household Credit and New York City Accumulation Distribution Credit			
9 Subtract line 8 from line 7		0.	
10 New York City tax on ordinary income portion of lump-sum distribution			
11 Add lines 9 and 10		0.	
12 New York City Unincorporated Business Tax Credit			
12 a New York City General Corporation Tax Credit			
12 b Add lines 12 and 12a			
13 Subtract line 12b from line 11		0.	
14 Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit	0.		
a Nonresident and part-year resident income percentage	0.4092		
15 Subtract line 14 from line 6	1,164.		
16 Other taxes			
17 Add lines 15 and 16 (<i>in New York City column: add lines 13 and 16</i>)	1,164.	0.	
18 Resident credit and other nonrefundable credits			
19 Total estimated New York State and New York City tax (<i>New York State column: line 17 less line 18; City of New York column: enter amount from line 17</i>)	1,164.	0.	
20 Refundable credits			
21 New York State/City estimated tax (<i>line 19 less line 20</i>)	1,164.	0.	
22 City of Yonkers:			
a Resident tax surcharge (<i>line 21 times 16.75% (.1675)</i>)			
b Nonresident earnings tax (<i>Form Y-203</i>)			
c Total (<i>add lines 22a and 22b</i>)			
23 Totals (<i>New York State column, line 21; New York City column, line 21; City of Yonkers column, line 22c</i>)	1,164.	0.	

23 a	Check this box if farmer or fisherman <input type="checkbox"/>			
24	Multiply line 23 by 90% (66-2/3% for farmers and fishermen)	1,048.	0.	
24 a	100% of line 23 (tax calculated on 2018 estimated taxable income)	1,164.	0.	
25	Enter 100% of the tax shown on your 2017 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2018, more than \$75,000) . .	1,170.		
26	2018 required annual payment based on your choice of options	1,170.		
27	Estimate of income tax to be withheld	281.		
28	Total estimated tax payments required for 2018	889.		
29	Application of 2017 overpayment. Total			

	a Due Date	b Amount to Pay	c 2017 Overpayment Applied	d Total Amount
30 Payment				
New York State				
1st quarter	04/17/2018	223.		223.
2nd quarter	06/15/2018	222.		222.
3rd quarter	09/17/2018	222.		222.
4th quarter	01/15/2019	222.		222.
City of New York				
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				
City of Yonkers				
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				
Totals		889.		889.

Voucher amounts:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
New York State	223.	222.	222.	222.
City of New York				
City of Yonkers				
MCTMT - Taxpayer				
MCTMT - Spouse				
Voucher Totals:	223.	222.	222.	222.

Smart Worksheets from your 2017 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201, IT-203, IT-214, NYC-208 and NYC-210

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2017 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree

SMART WORKSHEET FOR: IT-203-D: Nonresident and Part-Year Resident Itemized Deduction Schedule

Federal Itemized Deductions Smart Worksheet	
A Federal Schedule A, line 5, state and local income tax (or general sales tax, if applicable)	3,007
B Federal Schedule A, line 8, foreign income taxes	
C Total non-deductible taxes	3,007

SMART WORKSHEET FOR: IT-203-D: Nonresident and Part-Year Resident Itemized Deduction Schedule

Form IT-203-D Line 9 Smart Worksheet	
A If IT-203, line 19, <i>Federal amount</i> column, is less than or equal to \$261,500 if single, \$313,800 if married filing jointly or qualifying widow(er), \$287,650 if head of household or \$156,900 if married filing separately:	
1 Non-deductible taxes	3,007
2 Itemized deduction subtraction adjustments	
B If IT-203, line 19, <i>Federal amount</i> column, is more than the applicable amount listed above at line A:	
1 Amount from subtraction adjustment limitation worksheet	
C Total itemized deduction subtraction adjustment	3,007

SMART WORKSHEET FOR: Allocation Worksheet for PY/NR

Rent/Royalties Smart Worksheet				
A Rents and royalties	-7,845.	0.	-7,845.	0.
B K-1 Partnership	_____	_____	_____	_____
C K-1 S Corporation	_____	_____	_____	_____
D K-1 Estate or Trust	_____	_____	_____	_____
E Farm rentals	_____	_____	_____	_____
F Income or loss from REMICs	_____	_____	_____	_____