




- 14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) 14 _____
- 15 Tax before credits. Add lines 12, 13, and 14 15 661
- 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 17 ■ _____
- 18 Other nonrefundable credits (enclose Schedule M1C) 18 ■ _____
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 19 _____
- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) 20 661
- 21 Nongame Wildlife Fund contribution (see instructions) 21 ■ _____
This will reduce your refund or increase the amount you owe 
- 22 Add lines 20 and 21 22 661
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from W-2, 1099, and W-2G forms (do not send) 23 ■ 1359
- 24 Minnesota estimated tax and extension payments made for 2017 24 ■ _____
- 25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. 25 ■ _____
- 26 Business and investment credits (enclose Schedule M1B) 26 ■ _____
- 27 Total payments. Add lines 23 through 26 27 1359
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ 698
- 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):

Account Type	Routing Number	Account Number	
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<u>121000248</u>	<u>3071519197</u>	
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract
line 27 from line 22 (see instructions) 30 ■ _____
- 31 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
- 33 Amount from line 28 you want applied to your 2018 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
		<u>APPANA RUPA VENKA</u>	<u>06082018</u>
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
	<u>6128458515</u>	<u>6789659729</u>	<u>P02090332</u>
Your email address	Preparer's email address		
<u>jidlavijay@gmail.com</u>	<u>kumar@gtaxfile.com</u>		

Include a copy of your 2017 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.

To check on the status of your refund, visit www.revenue.state.mn.us



2017 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

Your First Name and Initial VIJAY KUMAR	Last Name JIDLA	Your Social Security Number 720363478
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. <i>(round to nearest whole dollar)</i>	E—Box 17 Minnesota tax withheld <i>(round to nearest whole dollar)</i>
<u>1</u>	<input type="checkbox"/>	MN <u>9601452</u>	<u>22781</u>	<u>1359</u>
___	<input type="checkbox"/>	MN _____	_____	_____
___	<input type="checkbox"/>	MN _____	_____	_____
___	<input type="checkbox"/>	MN _____	_____	_____
___	<input type="checkbox"/>	MN _____	_____	_____

Subtotal for additional W-2s (from line 5 on the back) _____

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) 1 ■ 1359

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

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld <i>(round to nearest whole dollar)</i>
___	MN _____	_____	_____
___	MN _____	_____	_____
___	MN _____	_____	_____
___	MN _____	_____	_____

Subtotal for additional 1099 and W-2G forms (from line 6 on the back) _____

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on the back) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 23 of Form M1 **4 ■ 1359**

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

Minnesota Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name VIJAY KUMAR
Middle Initial Suffix
Last Name JIDLA
Social Security No. 720-36-3478
Date of Birth 05/10/1986
Age as of 1-1-2018. 31
Date of Death
Daytime Phone (612)845-8515 * [X]
Extension
Home Phone * []
Street Address 15111 ELY CIR Apartment
City APPLE VALLEY State . MN ZIP Code 55124
County Check box if foreign address []

Spouse:

First Name
Middle Initial Suffix
Last Name (if different)
Social Security No.
Date of Birth
Age as of 1-1-2018.
Date of Death
Daytime Phone * []
Extension
Check box if foreign address []

* Check one of these boxes to print optional daytime phone number

Part II - Main Form

[X] Full-year resident filing Form M1
[] Part-year resident filing Form M1
Taxpayer From: To: Resident 12/31/2017 of
Spouse From: To: Resident 12/31/2017 of
[] Nonresident filing Form M1
Nonresidents and part-year residents also must complete Schedule M1NR.

Part III - Filing Status

[X] Single
[] Married filing joint
[] Married filing separate
[] Head of household
[] Qualifying widow(er)
[] Taxpayer eligible to claim spouse's exemption
[] Taxpayer did not live with spouse at any time during the year

Part IV - Other Information

New! State Driver's License and ID Card

Minnesota does not require state driver's license or state ID card information.

Taxpayer Information:

Taxpayer Spouse
[] [] Age 65 or over?
[] [] Blind?
[] [] Disabled?
[] [] Paid premiums in 2017 for a qualified long-term care insurance policy? (See Tax Help)

Decedent Information:

[] You are filing a joint return with your deceased spouse and a personal representative has not been appointed

Stillborn Children Information:

[] You experienced the birth of a stillborn child in 2017.

First-Time Homebuyer Information:

[] You opened a qualified first-time homebuyer savings account in 2017.

Farmer Information:

[] At least two-thirds of gross income was derived from farming or commercial fishing

American Indian Information:

If you are an enrolled member of an American Indian Tribe, enter income earned on the reservation while living on the reservation

Active Duty Military:

Resident of a state other than Minnesota and on federal active duty

Credit for Past Military Service:

Check the boxes below only if you have been separated from military service and meet the conditions below:

- Taxpayer was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years, or has 100% total/permanent service-related disability
- Spouse was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years or has 100% total/permanent service-related disability

Part V – Preparer Information

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

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

- self-prepared or
- prepared by a non-paid preparer

Yes No

- Is the Minnesota Department of Revenue authorized to discuss this return with the preparer or the third-party designee indicated on the federal return?

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

Preparer Name _____

Preparer PTIN _____

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No

- Do you want to elect direct deposit of state tax refund?
* See Tax Help for refund expectation
- Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

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

Name of financial institution (optional) WELLS FARGO

Routing number 121000248

Account number 3071519197

Type of account Checking Savings

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to debit the account above _____

If partial payment is made, the remaining balance due _____

International ACH Transactions:

Yes No

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

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

- The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form M60 was given to client _____

Part VIII – Extension Status

Yes No

- Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form M13, Income Tax Extension Payment ▶ _____

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name VIJAY KUMAR JIDLA	Social Security Number 720-36-3478
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
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	1,359.
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	1,359.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

Federal Taxable Income Smart Worksheet	
A	Federal adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or 1040EZ, line 4) <u>22781</u>
B	Less: Standard or itemized deductions (Form 1040, line 40a or Form 1040A, line 24a or 1040EZ, line 5) <u>10400</u>
C	Less: Exemptions claimed on federal return (Form 1040, line 42 or Form 1040A, line 26) _____
D	Federal taxable income (Line A less lines B and C) <u>12381</u>

Note: Line D flows to line 1. If line D is negative, it is displayed on line 1 as a positive number and the line 1 box is checked as required by the Minnesota Department of Revenue.