

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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name <b>GAURAV PRASAD</b>	Social security number <b>804-04-7275</b>
Spouse's name <b>FNU Sweta kumari</b>	Spouse's social security number <b>950-94-0745</b>

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

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>130,213.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>14,259.</b>
<b>3</b> 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) . . . . .	<b>3</b>	<b>22,516.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>8,836.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**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 

4	7	2	7	5
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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 

4	0	7	4	5
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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					
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Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

Your first name and initial: GAURAV Last name: PRASAD Your social security number: 804-04-7275

If a joint return, spouse's first name and initial: FNU Last name: Sweta kumari Spouse's social security number: 950-94-0745

Home address (number and street). If you have a P.O. box, see instructions. 3300 Wells Branch Pkwy Apt. no. 3110

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). AUSTIN TX 78728

Foreign country name Foreign province/state/county Foreign postal code

▲ Make sure the SSN(s) above and on line 6c are correct.

**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.  You  Spouse

**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 . . . . .

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

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
GARVI	PRASAD	785-62-3756	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**No. of children on 6c who:**  
• lived with you 1  
• did not live with you due to divorce or separation (see instructions)

**Dependents on 6c not entered above**

**Add numbers on lines above** 3

d Total number of exemptions claimed

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 132,127.

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  13

14 Other gains or (losses). Attach Form 4797 . . . . . 14

15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b

16a Pensions and annuities . . . . . 16a b Taxable amount . . . . . 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F . . . . . 18

19 Unemployment compensation . . . . . 19

20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b

21 Other income. List type and amount . . . . . 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 132,127.

**Adjusted Gross Income**

23 Educator expenses . . . . . 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24

25 Health savings account deduction. Attach Form 8889 . . . . . 25

26 Moving expenses. Attach Form 3903 . . . . . 26 1,914.

27 Deductible part of self-employment tax. Attach Schedule SE . . . . . 27

28 Self-employed SEP, SIMPLE, and qualified plans . . . . . 28

29 Self-employed health insurance deduction . . . . . 29

30 Penalty on early withdrawal of savings . . . . . 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction . . . . . 32

33 Student loan interest deduction . . . . . 33

34 Tuition and fees. Attach Form 8917 . . . . . 34

35 Domestic production activities deduction. Attach Form 8903 . . . . . 35

36 Add lines 23 through 35 . . . . . 36 1,914.

37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . 37 130,213.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	130,213.												
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked ▶ 39a</b> <input type="checkbox"/>														
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>														
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	26,957.												
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	103,256.												
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	12,150.												
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	91,106.												
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	14,259.												
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>													
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>													
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	14,259.												
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>													
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>													
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>													
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>													
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>													
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>													
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>													
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>													
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	14,259.												
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>													
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>													
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>													
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>													
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>													
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>													
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>													
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	14,259.												
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	22,516.												
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>													
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>													
<b>b</b>	Nontaxable combat pay election <b>66b</b>														
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>													
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>													
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>													
<b>70</b>	Amount paid with request for extension to file	<b>70</b>													
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	579.												
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>													
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>													
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	23,095.												
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	8,836.												
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	8,836.												
<b>b</b>	Routing number <table border="1"><tr><td>1</td><td>2</td><td>2</td><td>1</td><td>0</td><td>1</td><td>7</td><td>0</td><td>6</td></tr></table> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	2	1	0	1	7	0	6					
1	2	2	1	0	1	7	0	6							
<b>d</b>	Account number <table border="1"><tr><td>4</td><td>5</td><td>7</td><td>0</td><td>2</td><td>9</td><td>7</td><td>6</td><td>3</td><td>2</td><td>6</td><td>9</td></tr></table>	4	5	7	0	2	9	7	6	3	2	6	9		
4	5	7	0	2	9	7	6	3	2	6	9				
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>													
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>													
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>													

**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) ▶
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**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 senior software engineer	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> 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 05/22/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196		Phone no. (678)965-9729	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://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

GAURAV PRASAD & FNU Sweta kumari

Your social security number

804-04-7275

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

<b>5</b>	State and local ( <b>check only one box</b> ):	<b>5</b>	1,275.
	a <input type="checkbox"/> Income taxes, or		
	b <input checked="" type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Personal property taxes . . . . .	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8 . . . . .	<b>9</b>	1,275.

**Interest You Paid**

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

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	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 ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14 . . . . .	<b>15</b>	

**Gifts to Charity**

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

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

**Casualty and Theft Losses**

<b>20</b>	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 . . . . .	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	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> . . . . .	<b>21</b>	28,286.
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	28,286.
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 130,213.		
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	2,604.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>	25,682.

**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	26,957.
	<input checked="" type="checkbox"/> <b>No.</b> 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.		
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		

**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](http://www.irs.gov/Form2106EZ) for the latest information.**

Your name <b>GAURAV PRASAD</b>	Occupation in which you incurred expenses	Social security number <b>804-04-7275</b>
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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**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	3,986.
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	19,800.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	2,100.
<b>5</b> 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.)	<b>5</b>	2,400.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.) . . . . .	<b>6</b>	28,286.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:  
**a** Business 7,450 **b** Commuting (see instructions) \_\_\_\_\_ **c** Other 2,550
- 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](http://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

GAURAV PRASAD & FNU Sweta kumari

Your social security number

804-04-7275

**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.

<b>1</b> Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	1,500.
<b>2</b> Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	414.
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	1,914.
<b>4</b> Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> 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 <b>P</b> . . . . .	<b>4</b>	
<b>5</b> Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> 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"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	1,914.

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

GAURAV PRASAD & FNU Sweta kumari

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					132,127.
Adjustments to income					1,914.
Adjusted gross income					130,213.
Tax expense . . . . .					1,275.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					25,682.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					26,957.
Exemption amount . .					12,150.
Taxable income . . . .					91,106.
Tax . . . . .					14,259.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					23,095.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					8,836.
Effective tax rate % . .					10.95
**Tax bracket % . . . .					25.0

\*\*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 (GAURAV PRASAD & FNU Sweta kumari) and Social Security Number (804-04-7275)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

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. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. . . . . Taxpayer's PIN (5 numbers) . . . . . 47275 Spouse's PIN (5 numbers) . . . . . 40745 Date . . . . . 02/12/2018

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 . . . . . PRASAD  
 First name . . . . . GAURAV  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 804-04-7275  
 Occupation . . . . . senior software engineer  
 Date of birth . . . . . 08/22/1984 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 33  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . billsnbanks.gaurav@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (408)412-4613  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . Sweta kumari  
 First name . . . . . FNU  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 950-94-0745  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 08/24/1985 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 32  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . billsnbanks.gaurav@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (408)412-4613  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (408)412-4613  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 3300 Wells Branch Pkwy Apt no. . . . . 3110  
 City . . . . . AUSTIN State . . . . . TX ZIP code . . . . . 78728

**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.***
GARVI PRASAD		785-62-3756 Daughter	07/01/2016	1	12		L	

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

**Part-Year Resident State Allocation Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return GAURAV PRASAD & FNU Sweta kumari	Social Security Number 804-04-7275
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INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .	132,127.	<u>AZ</u>	<u>AZ</u>	<u>9,814.</u>
		<u>TX</u>	<u>TX</u>	<u>122,313.</u>
		—	—	
<b>S</b> Wages, salaries, tips . . . . .		—	—	
		—	—	
		—	—	
		—	—	

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

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

\* Enter the state of source for this income ▼

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

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

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

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
<b>12 T</b> Taxable IRA distributions . . . .					
<b>S</b> Taxable IRA distributions . . . .					
<b>13 T</b> Taxable pensions/annuities . . .					
<b>S</b> Taxable pensions/annuities . . .					
<b>14a T</b> Taxable social security benefits .					
<b>S</b> Taxable social security benefits .					
<b>b T</b> Taxable railroad retirements . .					
<b>S</b> Taxable railroad retirements . .					
<b>15 Total other income . . . . . T</b>					
<b>S</b>					
<b>16 Total Income. . . . . T</b>	132,127.				
<b>S</b>					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>17 T</b> Educator expenses . . . . .					
<b>S</b> Educator expenses . . . . .					
<b>18 T</b> Certain business expenses . . . . .					
<b>S</b> Certain business expenses . . . . .					
<b>19 T</b> Health savings account deduction . . .					
<b>S</b> Health savings account deduction . . .					
<b>20 T</b> Moving expenses . . . . .	1,914.	01/01 01/08	01/07 12/31	AZ TX	0. 1,914.
<b>S</b> Moving expenses . . . . .					
<b>21 T</b> Penalty - early withdrawal of savings . .					
<b>S</b> Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>22 T</b> Alimony paid . . . . .					
<b>S</b> Alimony paid . . . . .					
<b>23 T</b> IRA deduction . . . . .					
<b>S</b> IRA deduction . . . . .					
<b>24 T</b> Student loan interest deduction . . .					
<b>S</b> Student loan interest deduction . . .					
<b>25 T</b> Tuition and fees deduction . . . . .					
<b>S</b> 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		
<b>26 T</b> Self-employment tax . . . . .						
<b>S</b> Self-employment tax . . . . .						
<b>27 T</b> SEP, SIMPLE and qualified plans .						
<b>S</b> SEP, SIMPLE and qualified plans .						
<b>28 T</b> Self-employed health insurance . .						
<b>S</b> Self-employed health insurance . .						
<b>29 T</b> Domestic production activities . . .						
<b>S</b> Domestic production activities . . .						
<b>30</b> Other adjustments . . . . . <b>T</b>						
<b>31 Total adjustments</b> . . . . . <b>T</b>						1,914.
<b>32 Adjusted gross income</b> . . . . . <b>T</b>						130,213.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (GAURAV PRASAD & FNU Sweta kumari) and Social Security Number (804-04-7275)

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: TX
License number: 41861546
Issue date: 02/02/2017
Expiration date: 12/19/2019
Does not expire: [ ]
NY Document number (first 3 chars)\*: \_\_\_\_\_

Spouse:

Issuing state: TX
License number: 42980675
Issue date: 01/31/2018
Expiration date: 12/19/2019
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

GAURAV PRASAD & FNU Sweta kumari

Social Security Number

804-04-7275

### Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client . . . . . ▶ \_\_\_\_\_

### Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. . . . . ▶ 587278  
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ▶ \_\_\_\_\_

ERO Name	ERO Electronic Filers Identification Number (EFIN)		
<u>GLOBAL TAXES LLC</u>	<u>587278</u>		
ERO Address	ERO Employer Identification Number		
<u>2530 Pebble Creek Ln</u>	<u>30-1017196</u>		
City	State	ZIP Code	ERO Social Security Number or PTIN
<u>Cumming</u>	<u>GA</u>	<u>30041</u>	_____
Country	_____		

### Paid Preparer Information

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

### 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 *	
<input type="checkbox"/>	<u>New York</u>
<input type="checkbox"/>	<u>Vermont</u>
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

**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  
GAURAV PRASAD & FNU Sweta kumari

Social Security Number  
804-04-7275

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
SAAMA TECHNOLOGIES INC		9,814.	1,563.	9,814.	265.
HOMEAWAY COM INC		122,313.	20,953.		
<b>Totals</b>		132,127.	22,516.	9,814.	265.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	132,127.		132,127.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	22,516.		22,516.
3 & 7	Total social security wages/tips . . . . .	136,535.		136,535.
4	Total social security tax withheld . . . . .	8,465.		8,465.
5	Total Medicare wages and tips . . . . .	136,535.		136,535.
6	Total Medicare tax withheld . . . . .	1,979.		1,979.
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 . . . . .	22,560.		22,560.
b	Elective deferrals to qualified plans . . . . .	4,408.		4,408.
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 . . . . .	18,152.		18,152.
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	Total deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	9,814.		9,814.
17	Total state tax withheld . . . . .	265.		265.
19	Total local tax withheld. . . . .			

Name as shown on return GAURAV PRASAD	Social Security Number 804-04-7275
--	---------------------------------------

Employer EIN . . . . . 77-0456182  
 Employer Name . . . . SAAMA TECHNOLOGIES INC  
 Name (cont.) \_\_\_\_\_  
 Street Address or P. O. Box 900 E HAMILTON AVE  
 City GLENDALE State AZ ZIP 85308  
 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 . . . . .	9,814.	2	Federal tax withheld . . . . .	1,563.
3	Social security wages . . . . .	9,814.	4	Social sec tax withheld . . . . .	608.
5	Medicare wages and tips . . . . .	9,814.	6	Medicare tax withheld . . . . .	142.
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
AZ	77-0456182	9,814.	265.
_____	_____	_____	_____
_____	_____	_____	_____

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	33d9-d555-e478-21ff
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

GAURAV PRASAD	804-04-7275 Page 2
<b>Employer Name . . . . .</b> SAAMA TECHNOLOGIES INC	

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b> <b>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		
<b>6</b> <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. . . . . 804-04-7275

First name M.I. Last name Suff.

GAURAV PRASAD

Address City St ZIP code

3300 Wells Branch Pkwy, Apt. 3110 AUSTIN TX 78728

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return GAURAV PRASAD	Social Security Number 804-04-7275
--	---------------------------------------

**Employer EIN** . . . . . 20-2208029  
**Employer Name** . . . . HOMEAWAY COM INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 1011 W 5TH ST STE 300  
**City** AUSTIN **State** TX **ZIP** 78703  
**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.

<b>1</b> Wages, tips, other comp . . . . .	122,313.	<b>2</b> Federal tax withheld . . . . .	20,953.
<b>3</b> Social security wages . . . . .	126,721.	<b>4</b> Social sec tax withheld . . . . .	7,857.
<b>5</b> Medicare wages and tips . . . . .	126,721.	<b>6</b> Medicare tax withheld . . . . .	1,837.
<b>7</b> Social security tips . . . . .	_____	<b>8</b> Allocated tips . . . . .	_____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	4,408.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	18,152.	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 <b>not</b> 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

GAURAV PRASAD

804-04-7275 Page 2

Employer Name . . . . HOMEAWAY COM INC

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 . . . . .
- 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  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

D

E

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 . . . . .
- 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  Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

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. . . . . 804-04-7275

First name M.I. Last name Suff.

GAURAV PRASAD

Address City St ZIP code

3300 Wells Branch Pkwy, Apt. 3110 AUSTIN TX 78728

Foreign Province/County Foreign Postal Code

Foreign Country



# Healthcare Entry Sheet

**2017**

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Check this box** to populate the Name, SSN, and DOB for everyone listed on the return below. . . . . ▶

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A, 1095-B or 1095-C):

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return GAURAV PRASAD & FNU Sweta kumari	Social Security Number 804-04-7275
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

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

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	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2017 extensions . . . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			22,516.	265.	
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	<b>Total Withholding</b> Lines 10 through 18d . . . . .			22,516.	265.	
20	<b>Total Tax Payments for 2017</b> . . . . .			22,516.	265.	

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

# Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return GAURAV PRASAD & FNU Sweta kumari	Social Security Number 804-04-7275
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>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 . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

## 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 . . . . .	132,127.	_____	132,127.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	132,127.	_____	132,127.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	132,127.	_____	132,127.
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 . . . . .	132,127.	_____	132,127.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	132,127.	_____	132,127.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received. . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	132,127.	_____	132,127.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	132,127.	_____	132,127.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	132,127.	_____	132,127.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return GAURAV PRASAD & FNU Sweta kumari	Social Security Number 804-04-7275
---	---------------------------------------

**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
<b>Totals . .</b>						

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

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

**2016 Locality Estimates Information**

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

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

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

**2016 Locality Tax Refund Information**

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

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		26,957.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		130,213.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		14,259.
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  
GAURAV PRASAD & FNU Sweta kumari

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	132,127.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>132,127.</b>

**Adjustments to Income** . . . . . 1,914.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 130,213.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	1,275.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	25,682.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>26,957.</b>
Standard deduction . . . . .	_____
Exemption amount . . . . .	12,150.

**Taxable Income** . . . . . 91,106.

Income tax . . . . .	14,259.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>14,259.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 14,259.

Withholding . . . . .	22,516.
Estimated tax payments . . . . .	_____
Other payments . . . . .	579.
<b>Total Payments</b> . . . . .	<b>23,095.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 8,836.

**Refund** . . . . . 8,836.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	10.95 %

## Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>14,259.</u>
	Check if from:
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>14,259.</u>

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet</b>	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
<b>A</b>	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . <u>579.</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 . . . . . 130,213.  
**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 . . . . . 130,213.  
**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) <b>Enter</b> Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
AZ	01/01/17	01/07/17	6.2500	5.6000	0.6500	1,050.	114.	22.
TX	01/08/17	12/31/17	6.2500	6.2500	0.0000	1,277.	0.	1,253.

Total general sales taxes from table . . . . . 1,275.  
**H** **Enter** additions to table amount (motor vehicle, boat) . . . . . \_\_\_\_\_  
**I** Total sales taxes from table plus additions to table amount . . . . . 1,275.  
**J** **Enter** actual sales taxes paid (in lieu of table amount) . . . . . \_\_\_\_\_  
**K** Total income taxes paid . . . . . 265.

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

### General Information Smart Worksheet

**A** Enter the new principal place of work for this move . . . . . \_\_\_\_\_  
**B** Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form . . . . . \_\_\_\_\_  
**C** Other allowance or reimbursements not on Form W-2 . . . . . \_\_\_\_\_  
**D** Enter the number of miles from your **old home** to your **new workplace** . . . . . 1,100 miles  
**E** Enter the number of miles from your **old home** to your **old workplace** . . . . . 50 miles  
**F** Subtract line E from line D. If zero or less, enter -0- . . . . . 1,050 miles  
**Is line F at least 50 miles?**  
**Yes** ► You meet this test.  
**No** ► You do not meet this test. You **cannot** deduct your moving expenses.  
**Do Not** complete Form 3903.  
**G** For **foreign** moves check here **only** if **all** the following apply . . . . . ►   
 ● You moved in an earlier year  
 ● You are claiming **only** storage fees while you are **away** from the United States  
 Enter storage fees applicable to foreign move . . . . . \_\_\_\_\_  
 ● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2



SMART WORKSHEET FOR: Form 3903 : Moving Expenses

**Travel Expenses Smart Worksheet**

Enter your travel expenses:

- A** Travel and lodging expenses for this move (excluding auto expenses) . . . . . 414.
- B** Parking fees and tolls . . . . . \_\_\_\_\_
- C** Gasoline and oil . . . . . \_\_\_\_\_
- D** Miles driven traveling to new home . . . . . \_\_\_\_\_

Your First Name and Initial GAURAV	Last Name PRASAD	<b>Enter your SSN(s).</b>	Your Social Security Number* 804   04   7275
Your Spouse's First Name and Initial (if filed joint) FNU	Last Name Sweta kumari		Spouse's Social Security No.* 950   94   0745

**\*Do Not Truncate**

**PART 1 – PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART 2 – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	9,641	00
2 Balance Of Tax .....	0	00
3 Arizona Income Tax Withheld ...	265	00
<b>4</b> <input checked="" type="checkbox"/> <b>REFUND:</b> Enter the amount of refund.....	265	00
<b>5</b> <input type="checkbox"/> <b>AMOUNT YOU OWE:</b> Enter the amount owed.....		00

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT      ROUTING NUMBER

Checking     Savings      1 2 2 1 0 1 7 0 6

ACCOUNT NUMBER

4 5 7 0 2 9 7 6 3 2 6 9

DIRECT DEBIT REQUEST DATE      DIRECT DEBIT PAYMENT AMOUNT

MMDDYYYY      \$ .00

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the 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 of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a**  I consent that my refund be directly deposited as designated in the electronic portion of my 2017 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b**  I do not want direct deposit of my refund or I am not receiving a refund.
- 6c**  I authorize the Arizona Department of Revenue (DOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 17, 2018, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize GLOBAL TAXES LLC  
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2017. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

<b>PLEASE SIGN HERE</b>	→ _____	_____
	YOUR PEN AND INK SIGNATURE	DATE
→ _____	_____	
SPOUSE'S PEN AND INK SIGNATURE	DATE	

**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

2017

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] AND ENDING [M,M,D,D], [Y,Y]. 66F

Your First Name and Middle Initial: GAURAV, Last Name: PRASAD, Your Social Security Number: 804-04-7275, Spouse's First Name and Middle Initial: FNU, Last Name: Sweta Kumari, Spouse's Social Security No.: 950-94-0745

Current Home Address - number and street, rural route: 3300 Wells Branch Pkwy, Apt. No.: 3110, Daytime Phone (with area code): 94, City, Town or Post Office: AUSTIN, State: TX, ZIP Code: 78728, Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single. EXEMPTIONS: 8 Age 65 or over, 9 Blind, 10 Dependents, 11 Qualifying parents and grandparents. REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88R, 81P PM, 80R RCVD.

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military, 13 Part-Year Resident Active Military

Table with 7 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if this person did not qualify as a dependent on your federal return, (f) if you did not claim this person on your federal return due to educational credits. Row 10a: GARVI, PRASAD, Daughter, 12.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017. Rows 11a and 11b.

14 Dates of Arizona residency: From 0,1,0,1,2,0,1,7 to 0,1,0,7,2,0,1,7. List other state(s) of residency: TX. 2017 FEDERAL Amount from Federal Return, 2017 ARIZONA Amount Only.

Table with 4 columns: Line number, Description, 2017 FEDERAL Amount, 2017 ARIZONA Amount. Lines 15-27 showing various income sources and gross income calculations.

Table with 4 columns: Line number, Description, 2017 FEDERAL Amount, 2017 ARIZONA Amount. Lines 28-38 showing AZ income ratio, depreciation, and other adjustments.



Place any required federal and AZ schedules or other documents after Form 140PY.

Your Name (as shown on page 1) GAURAV PRASAD & FNU Sweta kumari  
 Your Social Security Number 804-04-7275

Subtractions - cont. from page 1	39	Enter the amount from page 1, line 38	39	9,814	00
	40	Recalculated Arizona depreciation	40		00
	41	Contributions to 529 College Savings Plans	41		00
	42	Reserved	42		
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00
	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	45		00
Exemptions	46	Other Subtractions from Income: See instructions and include your own schedule	46		00
	47	Subtract lines 40 through 46 from line 39	47	9,814	00
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	48		00
	49	Blind: Multiply the number in box 9 by \$1,500	49		00
	50	Dependents: Multiply the number in box 10 by \$2,300	50	2,300	00
	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	51		00
	52	Add lines 48 through 51	52	2,300	00
Balance of Tax	53	Multiply line 52 by the Arizona income ratio on line 28	53	173	00
	54	<b>Arizona adjusted gross income:</b> Subtract line 53 from line 47	54	9,641	00
	55	<b>Deductions: Check box and enter amount.</b> See instructions. 55I <input type="checkbox"/> ITEMIZED 55S <input checked="" type="checkbox"/> STANDARD	55	10,336	00
	56	Personal exemptions: See instructions	56	484	00
	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	0	00
	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	0	00
	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	59		00
Total Payments and Refundable Credits	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	0	00
	61	Family income tax credit (from the worksheet - see instructions)	61	120	00
	62	Credits from Arizona Form 301, Part 2, line 76	62		00
	63	<b>Balance of tax:</b> Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"	63	0	00
	64	2017 AZ income tax withheld	64	265	00
	65	2017 AZ estimated tax payments. 65a <input type="checkbox"/> 00 Claim of Right 65b <input type="checkbox"/> 00 Add 65a and 65b. 65c	65		00
	66	2017 AZ extension payment (Form 204)	66		00
Tax Due or Overpayment	67	Increased Excise Tax Credit (from the worksheet - see instructions)	67		00
	68	Other refundable credits: Check the box(es) and enter the total amount. 681 <input type="checkbox"/> 308-I 682 <input type="checkbox"/> 342 683 <input type="checkbox"/> 349	68		00
	69	<b>Total payments and refundable credits:</b> Add lines 64 through 68 and enter the total	69	265	00
	70	<b>TAX DUE:</b> If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73	70		00
	71	<b>OVERPAYMENT:</b> If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment	71	265	00
	72	Amount of line 71 to be applied to 2018 estimated tax	72		00
	73	Balance of overpayment: Subtract line 72 from line 71	73	265	00
Voluntary Gifts	74	Solutions Teams Assigned to Schools	74		00
	75	Arizona Wildlife	75		00
	76	Child Abuse Prevention	76		00
	77	Domestic Violence Shelter	77		00
	78	Political Gift	78		00
	79	Neighbors Helping Neighbors	79		00
	80	Special Olympics	80		00
81	Veterans' Donations Fund	81		00	
82	I Didn't Pay Enough Fund	82		00	
83	Sustainable State Parks and Road Fund	83		00	
84	Spay/Neuter of Animals	84		00	
85	Political Party (if amount is entered on line 78 - check only one): 851 <input type="checkbox"/> Democratic 852 <input type="checkbox"/> Green Party 853 <input type="checkbox"/> Libertarian 854 <input type="checkbox"/> Republican	85			
Penalty	86	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	86		00
	87	871 <input type="checkbox"/> Annualized/Other 872 <input type="checkbox"/> Farmer or Fisherman 873 <input type="checkbox"/> Form 221 included 874 <input type="checkbox"/> AZLTHSA Penalty	87		
	88	Add lines 74 through 84 and 86; enter the total	88		00
Refund or Amount Owed	89	<b>REFUND:</b> Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	89	265	00
		<b>Direct Deposit of Refund: Check box 89A</b> if your deposit will be ultimately placed in a foreign account; see instructions. 89A <input type="checkbox"/>			
		<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 1 2 2 1 0 1 7 0 6 ACCOUNT NUMBER: 4 5 7 0 2 9 7 6 3 2 6 9			
90	<b>AMOUNT OWED:</b> Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payment.	90		00	

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE: APPANA RUPA VENKATA SATYA SAI MANI KUMAR DATE: 05/22/2018  
 SPOUSE'S SIGNATURE: APPANA RUPA VENKATA SATYA SAI MANI KUMAR DATE: 05/22/2018  
 PAID PREPARER'S SIGNATURE: GLOBAL TAXES LLC DATE: 05/22/2018  
 PAID PREPARER'S STREET ADDRESS: 2530 Pebble Creek Ln, Cumming GA 30041  
 PAID PREPARER'S CITY: Cumming STATE: GA ZIP CODE: 30041  
 OCCUPATION: senior software engineer  
 OCCUPATION: HOMEMAKER  
 SPOUSE'S OCCUPATION: HOMEMAKER  
 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED): GLOBAL TAXES LLC  
 PAID PREPARER'S TIN: 30-1017196  
 PAID PREPARER'S PHONE NUMBER: (678) 965-9729

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Keep for your records

Name GAURAV PRASAD & FNU Sweta kumari	Social Security Number 804-04-7275
--	---------------------------------------

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	----- Stillborn Certificate Number		----- Deceased			
D	GARVI	PRASAD	07/01/2016	785-62-3756	Daughter	12

**Enter additional dependents below**

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	----- Stillborn Certificate Number		----- Deceased			

**Dependent Information:**

In the 'Type of Dep' column above, select the appropriate code for each dependent listed:

- D – Dependent (Default)
- A – Parent/Ancesor (65 or over, lived 12 months in taxpayer home)
- O – Dependent on AZ only (65 or older, not claimed on federal return)
- E – Dependent on AZ only (student not claimed on federal return to allow federal education credits)
- S – Dependent on AZ only (Stillborn)
- N – N/A (Not a qualified dependent), exclude dependent from tax return

See the government instructions on a main form, dependent section, for more information.

► Keep for your records

Name as Shown on Return

GAURAV PRASAD & FNU Sweta kumari

Social Security Number

804-04-7275

**Family Income Tax Credit Worksheet**

<b>A</b> Number of dependents listed as type "D" . . . . .	<u>1</u>
<b>B</b> Number of personal exemptions based upon filing status (MFJ = 2, otherwise = 1) . . . . .	<u>2</u>
<b>C</b> Add lines A and B . . . . .	<u>3</u>
<b>D</b> Multiply line C by \$40 . . . . .	<u>120</u>
<b>E</b> Enter \$240 if MFJ or HOH; enter \$120 if Single or MFS . . . . .	<u>240</u>
<b>F</b> Lesser of line D or line E. Enter here and on Form 140PY, line 61 . . . . .	<u>120</u>

Arizona Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . GAURAV
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . PRASAD
Social Security No . . . . . 804-04-7275
Date of Birth . . . . . 08/22/1984
Date of Death . . . . .
Daytime Phone . . . . . (408) 412-4613
Extension . . . . .

Spouse:

First Name . . . . . FNU
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . Sweta kumari
Social Security No . . . . . 950-94-0745
Date of Birth . . . . . 08/24/1985
Date of Death . . . . .
Daytime Phone . . . . . (408) 412-4613
Extension . . . . .

Home Phone . . . . .
Print this daytime phone on forms . . . . . Taxpayer daytime Spouse daytime Home
Street Address . 3300 Wells Branch Pkwy Apt No. . 3110
City . . . . . AUSTIN State . . . . . TX ZIP Code . . . . . 78728

Last name(s) in prior years if different from name(s) used in current year . . . . .

Part II - Main Form

- Form 140: Resident Tax Return (Long form)
Form 140A: Resident Tax Return (Short form)
Form 140NR: Nonresident Tax Return
Enter Nonresident income allocations on Form 140NR
[X] Form 140PY: Part-Year Resident Tax Return
Dates of Residency: From: 01/01/2017 To: 01/07/2017
Other states of residency: TX
Enter Part-Year Resident income allocations on Form 140PY
Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only.

Military personnel and composite return filers:

- You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
You are filing a composite return on Form 140NR

Part III - Filing Status

- [X] Married filing joint return
Injured spouse protection of joint overpayment (Form 203)
Head of household
Child's First name MI Last Name Suff
Head of household and married in 2017
Married filing separate return
Spouse itemized deductions
Married filing separate with one spouse claiming at least one dependent
Single

Part IV - Other Information

- Checkboxes for Arizona gross income, dependent status, farmer/fisherman, itemized deductions, standard deduction, and first-time filer.

Increased Excise Tax Credit

- Checkbox for prison sentence and credit claimed by another household member.

Voluntary Gifts

- Numbered list of voluntary gift funds (Solutions Teams, Arizona Wildlife, Child Abuse, etc.) with checkboxes and lines for amounts.

Part V - Electronic Filing Information

- Checked checkbox for electronic filing of the state return.

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename. (Empty rows)

- Yes/No checkboxes for Federal PIN(s) usage.

Date return was EFiled, Date return was accepted by the state, Enter the date Form AZ-140V was given to client

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes/No checkboxes for direct deposit of state tax refund and electronic funds withdrawal.

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

Name of Financial Institution (optional) BANK OF AMERICA, Account type Checking, Routing number 122101706, Account number 457029763269, Enter the payment date to withdraw from the account above, State balance-due amount from this return, Enter an amount to withdraw from the account above, If partial payment is made, the remaining balance due

International ACH Transactions

- Yes/No checkboxes for international ACH transactions.



**Part VII - Paid Preparer Information**

Enter preparer Code from Firm/Preparer Info (See Help) . . . . . ▶ 1

**Part VIII – Extension Status**

**Yes**   **No**  
    Has the tax return due date been extended for a six month extension?  
Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name GAURAV PRASAD & FNU Sweta kumari	Social Security Number 804-04-7275
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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 . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	265.
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	<b>Total income tax withheld</b> . . . . .	14	265.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Using the Federal PIN(s) (See help) . . . . . ▶ <input checked="" type="checkbox"/>
<b>D</b>	Document to attach to the BACK of E-File Signature Authorization Form: <u>Form W-2 (Copy 2)</u> _____ _____ _____
<b>E</b>	<b>Retain E-File Signature Authorization Form and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES</b>