

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

See separate instructions.

Your first name and initial: **JIGNESH RAGHABHAI** Last name: **PATEL** Your social security number: **888-69-9007**

If a joint return, spouse's first name and initial: **ANSHULI JIGNESH** Last name: **PATEL** Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **16636 N 58TH ST** Apt. no. **1048**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **SCOTTSDALE AZ 85254-1284**

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

**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)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

c Dependents:

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

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed **2**

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

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

Dependents on 6c not entered above \_\_\_\_\_

Add numbers on lines above ▶ **2**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	14,701
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
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	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	14,701

**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	
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	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Reserved for future use	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	0
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	14,701

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Sign Here

Joint return? See instructions. Keep a copy for your records.

Signature area with fields for Preparer's signature, Date, Spouse's signature, Date, Your occupation, Spouse's occupation, Daytime phone number, and Identity Protection PIN.

Paid Preparer Use Only

Preparer information section including fields for Preparer's signature, Date, Print/Type preparer's name, Firm's name, Firm's address, Firm's EIN, and Phone no.



# W-2 Detail Listing

(Keep for your records)

**2017**

Name(s) as shown on return

Tax ID Number

JIGNESH RAGHABHAI & ANSHULI JIGNESH PATEL

888-69-9007

T/S	Employer Name	FEDERAL			STATE	
		Gross	W/H	State Code	Gross	W/H
T	INFOSYS LIMITED	14,701	1,633	AZ	14,701	397
	<b>Totals</b>	<b>14,701</b>	<b>1,633</b>		<b>14,701</b>	<b>397</b>