

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name NAVEEN KUMAR	Social security number 202-59-6780
Spouse's name FNU VIJAY LAXMI	Spouse's social security number 941-90-9615

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	90,150.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	7,516.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	9,943.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,427.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

9	6	7	8	0
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 as my signature on my tax year 2017 electronically filed income tax return. 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

0	9	6	1	5
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and initial: **NAVEEN** Last name: **KUMAR** Your social security number: **202-59-6780**

If a joint return, spouse's first name and initial: **FNU** Last name: **VIJAY LAXMI** Spouse's social security number: **941-90-9615**

Home address (number and street). If you have a P.O. box, see instructions. **1800 W 76TH ST** Apt. no. **2G**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MINNEAPOLIS MN 55423**

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)

Check only one box.

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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
MISHIKA	LEKHVAR	671-31-1927	Daughter	<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 **3**

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

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**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **90,150.**

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** **15b** Taxable amount **15b**

16a Pensions and annuities **16a** **16b** 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** **20b** 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** **90,150.**

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 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**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **90,150.**

38	Amount from line 37 (adjusted gross income)	38	90,150.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	21,683.
41	Subtract line 40 from line 38	41	68,467.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	56,317.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	7,516.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	7,516.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,516.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	7,516.
64	Federal income tax withheld from Forms W-2 and 1099	64	9,943.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	9,943.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,427.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	2,427.
b	Routing number 0 9 1 0 0 0 0 2 2 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 0 4 7 8 0 2 8 7 2 9 8		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶ _____ Phone no. ▶ _____ Personal identification number (PIN) ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/30/2018	<input type="checkbox"/>	P02090332
Firm's name ▶	Firm's EIN ▶		Phone no.	
GLOBAL TAXES LLC	30-1017196		(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 for instructions and the latest information.

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

NAVEEN KUMAR & FNU VIJAY LAXMI

202-59-6780

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		5,738.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	5,738.

Interest You Paid

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

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	

Gifts to Charity

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

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

Casualty and Theft Losses

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	17,748.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	17,748.
25	Enter amount from Form 1040, line 38	25	90,150.
26	Multiply line 25 by 2% (0.02)	26	1,803.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	15,945.

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		21,683.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

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

Your name NAVEEN KUMAR	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 202-59-6780
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	2,568.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	11,400.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,380.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	17,748.

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 4,800 **b** Commuting (see instructions) _____ **c** Other 1,200
- 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**

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

NAVEEN KUMAR & FNU VIJAY LAXMI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					90,150.
Adjustments to income					
Adjusted gross income					90,150.
Tax expense					5,738.
Interest expense . . .					
Contributions					
Miscellaneous deductions					15,945.
Other Itemized Deductions					
Total itemized/standard deduction . .					21,683.
Exemption amount . .					12,150.
Taxable income					56,317.
Tax					7,516.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					9,943.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					2,427.
Effective tax rate % . .					8.34
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (NAVEEN KUMAR & FNU VIJAY LAXMI) and Social Security Number (202-59-6780)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

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) 96780 Spouse's PIN (5 numbers) 09615 Date 02/28/2018

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 KUMAR
 First name NAVEEN
 Middle initial Suffix
 Social security no. 202-59-6780
 Occupation SOFTWARE ENGINEER
 Date of birth 09/02/1984 (mm/dd/yyyy)
 Age as of 1-1-2018 33
 Date of death
 Legally blind
 E-mail address naveenlekhwar@gmail.com
 Work phone Ext _____
 Cell phone (612) 594-2442
 Home phone
 Fax number

Spouse:

Last name (if different) VIJAY LAXMI
 First name FNU
 Middle initial Suffix
 Social security no. 941-90-9615
 Occupation HOMEMAKER
 Date of birth 07/01/1985 (mm/dd/yyyy)
 Age as of 1-1-2018 32
 Date of death
 Legally blind
 E-mail address Drjaya05@gmail.com
 Work phone Ext _____
 Cell phone (612) 289-2380
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (612) 594-2442
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 1800 W 76TH ST Apt no. 2G
 City MINNEAPOLIS State MN ZIP code 55423

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.***
MISHIKA LEKHVAR		671-31-1927 Daughter	11/19/2017	0	0		L	X

* **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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
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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

Taxpayer
Spouse

Note: Alabama does not allow this option

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

Taxpayer
Spouse

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 ____
License number ____
Issue date ____
Expiration date ____
Does not expire
NY Document number (first 3 chars)* ____

Spouse:

Issuing state ____
License number ____
Issue date ____
Expiration date ____
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:

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: NAVEEN KUMAR & FNU VIJAY LAXMI; Social Security Number: 202-59-6780

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
* Select the state and/or city amended return(s) to file electronically.

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? Yes No

Check this box if your client is in the U.S. Armed Forces with a stateside address

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom
- Kosovo Operation
- Afghanistan/Enduring Freedom
- Desert Storm
- Haiti
- Former Yugoslavia
- UN Operation
- Joint Guard
- Joint Forge
- Northern Watch
- Operation Allied Force
- Northern Forge
- Combat Zone Deployment Date _____

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
ACCENTURE LLP		90,150.	9,943.	90,150.	5,738.
Totals		90,150.	9,943.	90,150.	5,738.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	90,150.		90,150.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	9,943.		9,943.
3 & 7	Total social security wages/tips	97,881.		97,881.
4	Total social security tax withheld	6,069.		6,069.
5	Total Medicare wages and tips	97,881.		97,881.
6	Total Medicare tax withheld	1,419.		1,419.
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	19,180.		19,180.
b	Elective deferrals to qualified plans	7,731.		7,731.
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	583.		583.
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	10,866.		10,866.
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	90,150.		90,150.
17	Total state tax withheld	5,738.		5,738.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return NAVEEN KUMAR	Social Security Number 202-59-6780
---	---------------------------------------

Employer EIN 72-0542904
Employer Name ACENTURE LLP
 Name (cont.) _____
Street Address or P. O. Box SUITE 100 6415 BABCOCK ROAD
City SAN ANTONIO **State** TX **ZIP** 78249
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	90,150.	2 Federal tax withheld	9,943.
3 Social security wages	97,881.	4 Social sec tax withheld	6,069.
5 Medicare wages and tips	97,881.	6 Medicare tax withheld	1,419.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:	
C	37.	A: Enter amount attributable to RRTA Tier 2 tax	_____
D	7,731.	M: Enter amount attributable to RRTA Tier 2 tax	_____
V	583.	P: Double click to link to Form 3903, line 4	_____
DD	10,829.	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
MN	2684759	90,150.	5,738.

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

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

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

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

Keep for your records

NAVEEN KUMAR

202-59-6780 Page 2

Employer Name ACCENTURE LLP

Part I Statutory employees

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

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

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

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 202-59-6780

First name M.I. Last name Suff.

NAVEEN KUMAR

Address City St ZIP code

1800 W 76TH ST, Apt. 2G MINNEAPOLIS MN 55423

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):

			<i>Short Gap Eligible*</i>													
			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"/>	
				<i>Short gap:</i>			Yes		No							
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"/>	
				<i>Short gap:</i>			Yes		No							
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"/>	
				<i>Short gap:</i>			Yes		No							
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"/>	
				<i>Short gap:</i>			Yes		No							
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"/>	
				<i>Short gap:</i>			Yes		No							
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"/>	
				<i>Short gap:</i>			Yes		No							

* 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 NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
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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								
Tot Estimated Payments . . .								

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	9,943.	5,738.	
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			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	9,943.	5,738.	
20 Total Tax Payments for 2017	9,943.	5,738.	

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 NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	90,150.	_____	90,150.
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	90,150.	_____	90,150.
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	90,150.	_____	90,150.
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	90,150.	_____	90,150.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	90,150.	_____	90,150.
17 Net self-employment loss	_____	_____	_____
18 Alimony received	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	90,150.	_____	90,150.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	90,150.	_____	90,150.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	90,150.	_____	90,150.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
---	---------------------------------------

2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		21,683.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		90,150.
6	Tax liability for Form 2210 or Form 2210-F		7,516.
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
 NAVEEN KUMAR & FNU VIJAY LAXMI

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	90,150.
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	_____
Total Gross Income	90,150.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 90,150.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	5,738.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	15,945.
Phaseout of itemized deductions	_____
Total Itemized Deductions	21,683.
Standard deduction	_____
Exemption amount	12,150.

Taxable Income 56,317.

Income tax	7,516.
Alternative minimum tax	_____
Total Taxes before Credits	7,516.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 7,516.

Withholding	9,943.
Estimated tax payments	_____
Other payments	_____
Total Payments	9,943.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 2,427.

Refund 2,427.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	8.34 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>7,516.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>7,516.</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 90,150.
- 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 90,150.
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
If AZ, CO, LA, MS, NY or SC column (a):

QuickZoom to Misc Global Options to enter default locality ►

or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MN	01/01/17	12/31/17	6.8750	6.8750	0.0000	1,024.	0.	1,024.

- Total general sales taxes from table 1,024.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 1,024.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 5,738.



2017 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial NAVEEN	Last Name KUMAR	Your Social Security Number 202596780	
If a Joint Return, Spouse's First Name and Initial FNU	Spouse's Last Name VIJAY LAXMI	Spouse's Social Security Number 941909615	
Current Home Address 1800 W 76TH ST APT 2G	Check if: <input type="checkbox"/> New Address <input type="checkbox"/> Foreign Address	Your Date of Birth 09021984	
City MINNEAPOLIS	State MN	Zip Code 55423	Spouse's Date of Birth 07011985

2017 Federal Filing Status (1) Single (2) Married filing jointly (3) Married filing separately:
 (place an X in one box): (4) Head of household (5) Qualifying widow(er)
 Enter spouse name and Social Security number _____

State Elections Campaign Fund
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:		Your code _____
Republican 11	Grassroots—Legalize Cannabis . 14	Legal Marijuana Now 17
Democratic/Farmer-Labor . 12	Green 15	General Campaign
Independence 13	Libertarian 16	Fund 99

Spouse code _____

From Your Federal Return (see instructions)	A Wages, salaries, tips, etc. 90150	B IRA, pensions, and annuities 0	C Unemployment 0	D Federal adjusted gross income 90150
---	---	--	----------------------------	---

▲ Place an X in box if a negative number

1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box)	1 <input type="checkbox"/> 56317
2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions	2 5738
3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M)	3 _____
4 Add lines 1 through 3 (if a negative number, place an X in the box).	4 <input type="checkbox"/> 62055
5 State income tax refund from line 10 of federal Form 1040	5 _____
6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M)	6 _____
7 Total subtractions. Add lines 5 and 6	7 _____
8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank.	8 62055
9 Tax from the table in the M1 instructions	9 3744
10 Alternative minimum tax (enclose Schedule M1MT)	10 _____
11 Add lines 9 and 10	11 3744
12 Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR)	12 3744
a <input type="checkbox"/> 0 b <input type="checkbox"/> 0 (Place an X in box if a negative number)	
13 Tax on lump-sum distribution (enclose Schedule M1LS)	13 _____



- 14 Tax on non-qualified first-time homebuyer withdrawals (enclose Schedule M1HOME) 14 _____
- 15 Tax before credits. Add lines 12, 13, and 14 15 3744
- 16 Marriage Credit for joint return when both spouses have taxable earned income
or taxable retirement income (enclose Schedule M1MA) 16 ■ _____
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR and M1RCR) 17 ■ _____
- 18 Other nonrefundable credits (enclose Schedule M1C) 18 ■ _____
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 19 _____
- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) 20 3744
- 21 Nongame Wildlife Fund contribution (see instructions) 21 ■ _____
This will reduce your refund or increase the amount you owe 21 ■ _____
- 22 Add lines 20 and 21 22 3744
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from W-2, 1099, and W-2G forms (do not send) 23 ■ 5738
- 24 Minnesota estimated tax and extension payments made for 2017 24 ■ _____
- 25 Refundable credits (enclose Schedule M1REF): Child and Dependent Care Credit, Working Family Credit,
K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin. 25 ■ _____
- 26 Business and investment credits (enclose Schedule M1B) 26 ■ _____
- 27 Total payments. Add lines 23 through 26 27 5738
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions).
For direct deposit, complete line 29 28 ■ 1994
- 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):

Account Type	Routing Number	Account Number
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<u>091000022</u>	<u>104780287298</u>
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract
line 27 from line 22 (see instructions) 30 ■ _____
- 31 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■ _____
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■ _____
- 33 Amount from line 28 you want applied to your 2018 estimated tax 33 ■ _____

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
_____	_____	<u>APPANA RUPA VENKA</u>	<u>05302018</u>
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	PTIN or VITA/TCE # (required)
_____	<u>6125942442</u>	<u>6789659729</u>	<u>P02090332</u>
Your email address	Preparer's email address		
<u>naveenlekhwar@gmail.com</u>	<u>kumar@gtaxfile.com</u>		

Include a copy of your 2017 federal return and schedules.

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

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

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

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



2017 Schedule M1W, Minnesota Income Tax Withheld

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

Your First Name and Initial NAVEEN	Last Name KUMAR	Your Social Security Number 202596780
If a Joint Return, Spouse's First Name and Initial FNU	Spouse's Last Name VIJAY LAXMI	Spouse's Social Security Number 941909615

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

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

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
<u>1</u>	<input checked="" type="checkbox"/>	MN <u>2684759</u>	<u>90150</u>	<u>5738</u>
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
_____	<input type="checkbox"/>	MN _____	_____	_____
Subtotal for additional W-2s (from line 5 on the back)				_____
Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E)				1 ■ <u>5738</u>

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

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld (round to nearest whole dollar)
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
_____	MN _____	_____	_____
Subtotal for additional 1099 and W-2G forms (from line 6 on the back)			_____
Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D)			2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries

(from line 7 on the back) **3** ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.

Enter the total here and on line 23 of Form M1 **4** ■ 5738

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



Minnesota Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name NAVEEN
Middle Initial Suffix
Last Name KUMAR
Social Security No. 202-59-6780
Date of Birth 09/02/1984
Age as of 1-1-2018. 33
Date of Death
Daytime Phone (612) 594-2442 * [X]
Extension
Home Phone * []
Street Address 1800 W 76TH ST Apartment 2G
City MINNEAPOLIS State MN ZIP Code 55423
County Check box if foreign address []

Spouse:

First Name FNU
Middle Initial Suffix
Last Name (if different) VIJAY LAXMI
Social Security No. 941-90-9615
Date of Birth 07/01/1985
Age as of 1-1-2018. 32
Date of Death
Daytime Phone * []
Extension
Check box if foreign address []

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

Part II - Main Form

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

Part III - Filing Status

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

Part IV - Other Information

New! State Driver's License and ID Card

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

Taxpayer Information:

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

Decedent Information:

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

Stillborn Children Information:

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

First-Time Homebuyer Information:

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

Farmer Information:

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

American Indian Information:

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

Active Duty Military:

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

Credit for Past Military Service:

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

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

Part V – Preparer Information

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

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

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

Yes No

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

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

Preparer Name _____
Preparer PTIN _____

Part VI – Direct Deposit or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
* See Tax Help for refund expectation

Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

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

Name of financial institution (optional) US BANK

Routing number 091000022

Account number 104780287298

Type of account Checking Savings

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to debit the account above _____

If partial payment is made, the remaining balance due _____

International ACH Transactions:

Yes No

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

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form M60 was given to client _____

Part VIII – Extension Status

Yes No

Tax return due date extended?

Extended due date . . . _____

QuickZoom to Form M13, Income Tax Extension Payment ▶ _____

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

Tax Payments Worksheet

2017

► Keep for your records

Name NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
--	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	5,738.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	5,738.
15	Date return will be filed and balance paid	15	

**Additional Nontaxable Income,
Losses, and Deductions Worksheet**

2017

► Keep for your records

Name as Shown on Return NAVEEN KUMAR & FNU VIJAY LAXMI	Social Security Number 202-59-6780
---	---------------------------------------

Additional Nontaxable Income

1	Payment received under the state Medicaid Home & Community - Based Services Waiver (Medicaid Waiver)	1	
2	Workers' compensation benefits	2	
3	Your contributions to an employee elective deferral plan, such as a 401(k), 403(b), 457 deferred compensation or SIMPLE/SEP plan	3	7,731.
4	Contributions to dependent care accounts	4	
5	Contributions to medical expense accounts	5	
6	Nontaxable employee transit and parking expenses	6	
7	Veterans' benefits	7	
8	Nontaxable scholarships, fellowships, grants for education, including those from foreign sources, and tuition waivers or reductions	8	
9	Nontaxable pension and annuity payments, including disability payments	9	
10	Income excluded by a tax treaty	10	
11	Lump-sum distribution reported on line 1 of Schedule M1LS	11	
12	Federally nontaxed interest and mutual fund dividends	12	
13	Reduction in your rent for caretaking responsibilities equal to the difference between your actual rent and the amount your rent would have been if you had not been the caretaker	13	
14	Housing allowance for military	14	
15	Housing allowance for clergy	15	
16	Nontaxable military earned income, such as combat pay	16	
17	Strike benefits	17	
18	Employer paid education expenses	18	
19	Employer paid adoption expenses	19	
20	Gain on the sale of your home excluded from federal income	20	
21	Other additional nontaxable income. Enter the type(s) of income below:	21	

Losses and Deductions

1	Capital loss carryforward	1	
2	Net operating loss carryforward/carryback	2	
3	Passive activity loss that is not disallowed as a result of section 469, paragraph (i) of the Internal Revenue Code and the amount of passive activity loss carryover allowed under section 469(b) of the Internal Revenue Code	3	
4	Prior year passive activity loss carryforward claimed in current year for federal purposes	4	
5	Health savings account deduction	5	
6	Archer MSA deduction	6	
7	Domestic production activities deduction	7	
8	Educator expenses deduction	8	
Total additional nontaxable income, losses, and deductions			7,731.

Smart Worksheets from your 2017 Minnesota Tax Return

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

Federal Taxable Income Smart Worksheet	
A	Federal adjusted gross income (Form 1040, line 37 or Form 1040A, line 21 or 1040EZ, line 4) <u>90150</u>
B	Less: Standard or itemized deductions (Form 1040, line 40a or Form 1040A, line 24a or 1040EZ, line 5) <u>21683</u>
C	Less: Exemptions claimed on federal return (Form 1040, line 42 or Form 1040A, line 26) <u>12150</u>
D	Federal taxable income (Line A less lines B and C) <u>56317</u>
<i>Note: Line D flows to line 1. If line D is negative, it is displayed on line 1 as a positive number and the line 1 box is checked as required by the Minnesota Department of Revenue.</i>	

SMART WORKSHEET FOR: Form M1: Individual Income Tax Return

State Income Tax or Sales Tax Addition Smart Worksheet	
A	Total itemized deductions from federal return (Schedule A, line 29) <u>21683</u>
B	Amount computed using the table in the Form M1 instructions <u>12700</u>
C	Subtract line 2b from line 2a <u>8983</u>
D	State income tax or sales tax included on line 5 of your federal Schedule A <u>5738</u>
E	Additional income tax listed on line 8 of your federal Schedule A <u> </u>
F	Total state income tax <u>5738</u>