

**IRS e-file Signature Authorization**

**2017**

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>Vijay Pamidi</b>	Social security number <b>099-25-0817</b>
Spouse's name <b>VANILAVANYA PATHIPAATI</b>	Spouse's social security number <b>781-45-8656</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>93,897.</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>6,704.</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>9,555.</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>2,851.</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 

5	0	8	1	7
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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 

5	8	6	5	6
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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					
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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

See separate instructions.

Your first name and initial <b>Vijay</b>	Last name <b>Pamidi</b>	Your social security number <b>099-25-0817</b>
If a joint return, spouse's first name and initial <b>VANILAVANYA</b>	Last name <b>PATHIPAATI</b>	Spouse's social security number <b>781-45-8656</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5000 HEATHER DRIVE</b>		Apt. no. <b>L203</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>DEARBORN MI 48126</b>		<b>▲ Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). (See instructions.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
Nivi	Pamidi	823-56-5170	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**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

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	95,797.
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. 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	95,797.

**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	1,900.
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	1,900.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	93,897.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	93,897.
<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>	24,187.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	69,710.
<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>	57,560.
<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>	7,704.
<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>	7,704.
<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>	1,000.
<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>	1,000.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	6,704.
<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>	6,704.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	9,555.
<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> NO	<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>	
<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>	9,555.
<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>	2,851.
<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>	2,851.
<b>b</b>	Routing number 0 7 2 0 0 0 8 0 5 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 3 7 5 0 0 9 7 8 9 1 1 2		
<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) ▶

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, <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 05/26/2018	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

Your social security number

Vijay Pamidi & VANILAVANYA PATHIPAATI

099-25-0817

**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>a</b>	<input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	3,865.
<b>b</b>	<input 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>	3,865.

**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>	22,200.
<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>	22,200.
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 93,897.		
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	1,878.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>	20,322.

**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?		
	<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.	<b>29</b>	24,187.
	<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 . . . . .		

**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

**2017**

Department of the Treasury  
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>Vijay Pamidi &amp; VANILAVANYA PATHIPAATI</b>	Taxpayer identification number <b>099-25-0817</b>
Enter preparer's name and PTIN <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	<b>P02090332</b>

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
<b>1</b> Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>2</b> Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount . . . . .</li> </ul>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>4</b> Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) . . . . .  List those documents, if any, that you relied on.  _____  _____  _____	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>		
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>		

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
<b>9a</b> Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

**Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC** (If the return does not claim CTC or ACTC, go to Part IV.)

<b>10a</b> Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.) . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>c</b> Have you determined that the taxpayer has not released the claim to another person? . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

<b>11</b> Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

**Part V Credit Eligibility Certification**

- **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- A. Interview the taxpayer, ask adequate questions, document the taxpayer’s responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
  - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
  - C. Submit Form 8867 in the manner required; **and**
  - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
    1. A copy of Form 8867,
    2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
    3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
    4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
    5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer’s answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

<b>12</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

# Unreimbursed Employee Business Expenses

Department of the Treasury  
Internal Revenue Service (99)

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

**2017**  
Attachment  
Sequence No. **129A**

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

Your name <b>Vijay Pamidi</b>	Occupation in which you incurred expenses	Social security number <b>099-25-0817</b>
----------------------------------	---	--

**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>	6,420.
<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>	12,000.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	1,380.
<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>	22,200.

**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 12,000    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 4,000
- 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

Your social security number

Vijay Pamidi & VANILAVANYA PATHIPAATI

099-25-0817

**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>	1,400.
<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>	500.
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	1,900.
<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>	1,900.



# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

Vijay Pamidi & VANILAVANYA PATHIPAATI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					95,797.
Adjustments to income					1,900.
Adjusted gross income					93,897.
Tax expense . . . . .					3,865.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					20,322.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					24,187.
Exemption amount . .					12,150.
Taxable income . . . .					57,560.
Tax . . . . .					7,704.
Alternative min tax . .					
Total credits . . . . .					1,000.
Other taxes . . . . .					
Payments . . . . .					9,555.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					2,851.
Effective tax rate % . .					7.14
**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 (Vijay Pamidi & VANILAVANYA PATHIPAATI) and Social Security Number (099-25-0817)

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) . . . . . 50817 Spouse's PIN (5 numbers) . . . . . 58656 Date . . . . . 02/22/2018

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 . . . . . Pamidi  
 First name . . . . . Vijay  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 099-25-0817  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 04/29/1984 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 33  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . vijaypamidi@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (215)301-2996  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . . . . . PATHIPAATI  
 First name . . . . . VANILAVANYA  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 781-45-8656  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 05/20/1987 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 30  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . vijaypamidi@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (609)787-7920  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (215)301-2996  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 5000 HEATHER DRIVE Apt no. . . . . L203  
 City . . . . . DEARBORN State . . . . . MI ZIP code . . . . . 48126

**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  Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
Nivi Pamidi		823-56-5170 Daughter	06/03/2016	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

► Keep for your records

Name(s) Shown on Return Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
--	---------------------------------------

INCOME	Federal Amount	NJ Amount
1 Wages, salaries, tips, etc. . . . . T	95,797.	4,212.
2 Taxable interest . . . . . T		
3 Dividends . . . . . T		
4 State/local tax refunds . . . . . T		
5 Alimony received . . . . . T		
6 Business income or loss . . . . . T		
7 Capital gain or loss . . . . . T		
8 Other gains and losses . . . . . T		
9 Taxable IRA distribution . . . . . T		
10 Taxable pension and annuities . . . . . T		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
12 Farm income or loss . . . . . T		
13 Unemployment compensation . . . . . T		
14 a Taxable social security benefits . . . . . T		
b Taxable railroad retirement benefits . . . . . T		
15 Other income . . . . . T		
16 Total income . . . . . T	95,797.	4,212.

## Nonresident State Allocation Worksheet

Vijay Pamidi & VANILAVANYA PATHIPAATI

099-25-0817

	<b>ADJUSTMENTS</b>		Federal Amount	NJ Amount
17	Educator expenses . . . . .	T		
		S		
18	Certain business expenses . . . . .	T		
		S		
19	Health savings account deduction . . . . .	T		
		S		
20	Moving expenses . . . . .	T	1,900.	
		S		
21	Self-employment tax deduction . . . . .	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
		S		
23	Self-employed health insurance deduction . . . . .	T		
		S		
24	Penalty on early withdrawal of savings . . . . .	T		
		S		
25	Alimony paid . . . . .	T		
		S		
26	IRA deduction . . . . .	T		
		S		
27	Student loan interest deduction . . . . .	T		
		S		
28	Tuition/fees deduction . . . . .	T		
		S		
29	Domestic production activities deduction . . . . .	T		
		S		
30	Total other adjustments . . . . .	T		
		S		
31	<b>Total adjustments</b> . . . . .	T	1,900.	
		S		
32	<b>Adjusted gross income</b> . . . . .	T	93,897.	4,212.
		S		

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: Vijay Pamidi & VANILAVANYA PATHIPAATI, 099-25-0817

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. 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. 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: MI, License number: 0076828804164, Issue date: 08/23/2017, Expiration date: 12/31/2018, Does not expire: [ ], NY Document number: \_\_\_\_\_

Spouse:

Issuing state: MI, License number: 0078854602169, Issue date: 12/28/2017, Expiration date: 12/31/2018, Does not expire: [ ], NY Document number: \_\_\_\_\_

State Identification Card Detail

Taxpayer:

Issuing state: \_\_\_\_\_, Identification number: \_\_\_\_\_, Issue date: \_\_\_\_\_, Expiration date: \_\_\_\_\_, Does not expire: [ ], NY Document number: \_\_\_\_\_

Spouse:

Issuing state: \_\_\_\_\_, Identification number: \_\_\_\_\_, Issue date: \_\_\_\_\_, Expiration date: \_\_\_\_\_, Does not expire: [ ], NY Document number: \_\_\_\_\_

\* 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

Vijay Pamidi & VANILAVANYA PATHIPAATI

Social Security Number

099-25-0817

### 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"/>	New York
<input type="checkbox"/>	Vermont
<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 Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
IKNOWVATE TECHNOLOGIES		73,613.	7,296.	73,770.	3,086.
EPITEC INC		22,184.	2,259.	22,184.	747.
<b>Totals</b> . . . . .		95,797.	9,555.	95,954.	3,833.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	95,797.		95,797.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	9,555.		9,555.
3 & 7	Total social security wages/tips . . . . .	95,797.		95,797.
4	Total social security tax withheld . . . . .	5,939.		5,939.
5	Total Medicare wages and tips . . . . .	95,797.		95,797.
6	Total Medicare tax withheld . . . . .	1,389.		1,389.
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 . . . . .			
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .			
14 a	Total deductible mandatory state tax . . . . .	32.		32.
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 . . . . .	95,954.		95,954.
17	Total state tax withheld . . . . .	3,833.		3,833.
19	Total local tax withheld. . . . .			

Name as shown on return Vijay Pamidi	Social Security Number 099-25-0817
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**Employer EIN** . . . . . 38-3612150  
**Employer Name** . . . . . IKNOWVATE TECHNOLOGIES  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 1 TOWNE SQUARE STE 610  
**City** SOUTHFIELD **State** MI **ZIP** 48076  
**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 . . . . .	73,613.	<b>2</b> Federal tax withheld . . . . .	7,296.
<b>3</b> Social security wages . . . . .	73,613.	<b>4</b> Social sec tax withheld . . . . .	4,564.
<b>5</b> Medicare wages and tips . . . . .	73,613.	<b>6</b> Medicare tax withheld . . . . .	1,067.
<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:
_____	_____	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 <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
MI	38-3612150	69,558.	2,956.
NJ	383-612-150/000	4,212.	130.
_____	_____	_____	_____
_____	_____	_____	_____

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).
FLI	4.	New Jersey FLI tax
NJ DI	10.	New Jersey SDI tax
UI	18.	New Jersey UI/WF/SWF tax
_____	_____	_____
_____	_____	_____

Keep for your records

<u>Vijay Pamidi</u>	<u>099-25-0817</u> Page 2
<b>Employer Name . . . .</b> <u>IKNOWVATE TECHNOLOGIES</u>	

**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>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>E</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>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		<b>H2</b>	
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		<b>H3</b>	
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		<b>H4</b>	
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		<b>H5</b>	
<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. . . . . 099-25-0817

First name Vijay M.I. Last name Pamidi Suff. \_\_\_\_\_

Address 5000 HEATHER DRIVE, Apt. L203 City DEARBORN St MI ZIP code 48126

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

Name as shown on return Vijay Pamidi	Social Security Number 099-25-0817
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**Employer EIN** . . . . . 38-2563079  
**Employer Name** . . . . . EPITEC INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 24800 DENSO DRIVE  
**City** SOUTHFIELD **State** MI **ZIP** 48033  
**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 . . . . .	22,184.	<b>2</b> Federal tax withheld . . . . .	2,259.
<b>3</b> Social security wages . . . . .	22,184.	<b>4</b> Social sec tax withheld . . . . .	1,375.
<b>5</b> Medicare wages and tips . . . . .	22,184.	<b>6</b> Medicare tax withheld . . . . .	322.
<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:
_____	_____	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 <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
MI	38-2563079	22,184.	747.
_____	_____	_____	_____
_____	_____	_____	_____

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> d4a9-c278-293d-fecd
<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>10</b> _____
<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

Vijay Pamidi	099-25-0817 Page 2
Employer Name . . . . EPITEC INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

Part V Inmate In a Penal Institution

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

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

13 c  Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

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

Employee's SSN. . . . . 099-25-0817

First name M.I. Last name Suff.

Vijay Pamidi

Address City St ZIP code

5000 HEATHER DRIVE, Apt. L203 DEARBORN MI 48126

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. . . . . ▶ \_\_\_\_\_

Name as Shown on Return <b>Vijay Pamidi &amp; VANILAVANYA PATHIPAATI</b>	Social Security No. <b>099-25-0817</b>
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

<b>1</b>	Number of qualifying children: <u>1</u> X \$1,000. Enter the result . . . . .	<b>1</b>	1,000.
<b>2</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	<b>2</b>	93,897.
<b>3</b>	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>• Exclusion of income from Puerto Rico, and</li> <li>• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A filers:</b> Enter -0-.	<b>3</b>	0.
<b>4</b>	Add lines 2 and 3. Enter the total . . . . .	<b>4</b>	93,897.
<b>5</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly — \$110,000</li> <li>• Single, head of household, or qualifying widow(er) — \$75,000</li> <li>• Married filing separately — \$55,000</li> </ul>	<b>5</b>	110,000.
<b>6</b>	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	<b>6</b>	
<b>7</b>	Multiply the amount on line 6 by 5% (.05). Enter the result. . . . .	<b>7</b>	0.
<b>8</b>	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	<b>8</b>	1,000.

**Part 2**

<b>9</b>	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	<b>9</b>	7,704.
<b>10</b>	Add the amounts from — Form 1040, line 48 . . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	<b>10</b>	0.
<b>11</b>	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	<b>11</b>	0.
<b>12</b>	Subtract line 11 from line 9. Enter the result. . . . .	<b>12</b>	7,704.
<b>13</b>	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	<b>13</b>	1,000.

*Enter this amount on Form 1040, line 52, or Form 1040A, line 35.*

**TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
- Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.



Caution: Use this worksheet only if you answered 'Yes' on line 11 of the Child Tax Credit Worksheet above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: • Social security taxes from box 4, and • Medicare taxes from box 6. . . . . Railroad employees, see Note below.	6	7,328.
7	<b>1040 filers:</b> Enter the total of any — • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71. <b>1040A filers:</b> Enter the total of any — • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
	<b>Next,</b> figure the amount of any of the following credits that you are claiming. • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <i>Then, go to line 13.</i>		
13	Enter the total of the amounts from — • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3.	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

Enter this amount on line 11 of the Child Tax Credit Worksheet.

Note: Railroad Employees

Include the following taxes in the total on line 6 of the Line 11 Worksheet:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.



**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
--	---------------------------------------

**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	<b>1</b>	3,833.
2 2017 state estimated taxes paid in 2017 . . . . .	<b>2</b>	
3 2016 state estimated taxes paid in 2017 . . . . .	<b>3</b>	
4 Amount paid with 2016 state application for extension . . . . .	<b>4</b>	
5 Amount paid with 2016 state income tax return . . . . .	<b>5</b>	
6 Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	<b>6</b>	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	<b>7</b>	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	<b>8</b>	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	<b>9</b>	
10 2017 local estimated taxes paid in 2017 . . . . .	<b>10</b>	
11 2016 local estimated taxes paid in 2017 . . . . .	<b>11</b>	
12 Amount paid with 2016 local application for extension . . . . .	<b>12</b>	
13 Amount paid with 2016 local income tax return . . . . .	<b>13</b>	
14 Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	<b>14</b>	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	<b>15</b>	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	<b>16</b>	
<b>Other:</b>		
17 <u>State mandatory taxes</u> . . . . .	<b>17</b>	32.
18 <b>Total</b> Add lines 1 through 17 . . . . .	<b>18</b>	3,865.
19 State and local refund allocated to 2017 . . . . .	<b>19</b>	
20 Nondeductible state income tax from line 28 . . . . .	<b>20</b>	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	<b>21</b>	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	<b>22</b>	3,865.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	<b>23</b>	
24 Adjusted gross income . . . . .	<b>24</b>	
25 Add lines 23 and 24 . . . . .	<b>25</b>	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	<b>26</b>	%
27 Hawaii state income tax included in line 18 . . . . .	<b>27</b>	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27 . . . . .	<b>28</b>	

## Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
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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

<b>5</b> Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	95,797.	_____	95,797.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	95,797.	_____	95,797.
<b>9 a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	95,797.	_____	95,797.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
<b>12</b> SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	95,797.	_____	95,797.

### Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .	_____	_____	_____
<b>16</b> Wages, salaries, tips, etc . . . . .	95,797.	_____	95,797.
<b>17</b> Net self-employment loss . . . . .	_____	_____	_____
<b>18</b> Alimony received. . . . .	_____	_____	_____
<b>19</b> Nontaxable combat pay . . . . .	_____	_____	_____
<b>20</b> Foreign earned income exclusion . . . . .	_____	_____	_____
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
<b>22</b> Combine lines 15 through 21. To IRA Wks, In 2. . . . .	95,797.	_____	95,797.

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

<b>23</b> Self-employed, church and statutory employees . . . . .	_____	_____	_____
<b>24</b> Wages, salaries, tips, etc . . . . .	95,797.	_____	95,797.
<b>25</b> Nontaxable combat pay . . . . .	_____	_____	_____
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	95,797.	_____	95,797.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
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**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 . . . . .		24,187.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		93,897.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		6,704.
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

Vijay Pamidi & VANILAVANYA PATHIPAATI

Filing status . . . . . Married Filing Jointly

Number of exemptions . . . . . 3

**Gross Income**

Wages and salaries . . . . .	95,797.
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> . . . . .	95,797.

**Adjustments to Income** . . . . . 1,900.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 93,897.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	3,865.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	20,322.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	24,187.
Standard deduction . . . . .	_____
Exemption amount . . . . .	12,150.

**Taxable Income** . . . . . 57,560.

Income tax . . . . .	7,704.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	7,704.
Nonbusiness credits . . . . .	1,000.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	1,000.
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 6,704.

Withholding . . . . .	9,555.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	9,555.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 2,851.

**Refund** . . . . . 2,851.

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

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

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	7.14 %

# 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>7,704.</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>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>7,704.</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 . . . . . 93,897.  
**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 . . . . . 93,897.  
**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
MI	01/01/17	12/31/17	6.0000	6.0000	0.0000	921.	0.	921.

Total general sales taxes from table . . . . . 921.  
**H** **Enter** additions to table amount (motor vehicle, boat) . . . . . \_\_\_\_\_  
**I** Total sales taxes from table plus additions to table amount . . . . . 921.  
**J** **Enter** actual sales taxes paid (in lieu of table amount) . . . . . \_\_\_\_\_  
**K** Total income taxes paid . . . . . 3,865.

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

**Paid Preparer Smart Worksheet**

**If different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

**A** Enter paid preparer code from Firm/Preparer Info. . . . . 1

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** . . . . . 650 miles

**E** Enter the number of miles from your **old home** to your **old workplace** . . . . . 40 miles

**F** Subtract line E from line D. If zero or less, enter -0- . . . . . 610 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) . . . . . 500.

**B** Parking fees and tolls . . . . . \_\_\_\_\_

**C** Gasoline and oil . . . . . \_\_\_\_\_

**D** Miles driven traveling to new home . . . . . \_\_\_\_\_

SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
<p>If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.</p>	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b>	Enter the social security tax withheld (Form(s) W-2, box 4) . . . . . <u>5,939.</u>
<b>B</b>	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . . <u>1,389.</u>
<b>C</b>	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . . <u>0.</u>
<b>D</b>	Add line A, B, and C . . . . . <u>7,328.</u>
<b>E</b>	Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . . <u>0.</u>
<b>F</b>	Subtract line E from line D. . . . . <u>7,328.</u>
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b>	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
<p><b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.</p>	
<b>H</b>	Enter the Tier 1 tax (Form(s) W-2, box 14). . . . . <u>0.</u>
<b>I</b>	Enter the Medicare Tax (Form(s) W-2, box 14) . . . . . <u>0.</u>
<b>J</b>	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . . _____
<b>K</b>	Add lines H, I, and J . . . . . <u>0.</u>
<b>L</b>	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . . _____
<b>M</b>	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . . _____
<b>N</b>	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . . _____
<b>O</b>	Add line L, M, and N . . . . . _____
<b>Line 6 Amount</b>	
<b>P</b>	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>7,328.</u>

# 2017 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 17, 2018.**

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name <b>VIJAY</b>	M.I.	Last Name <b>PAMIDI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>099 — 25 — 0817</b>
If a Joint Return, Spouse's First Name <b>VANILAVANYA</b>	M.I.	Last Name <b>PATHIPAATI</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>781 — 45 — 8656</b>
Home Address (Number, Street, or P.O. Box) <b>5000 HEATHER DRIVE, APT. L203</b>			4. School District Code (5 digits – see page 60) <b>82160</b>
City or Town <b>DEARBORN</b>	State <b>MI</b>	ZIP Code <b>48126</b>	

<p><b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2017 FILING STATUS.</b> Check one.</p> <p>a. <input type="checkbox"/> Single</p> <p>b. <input checked="" type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> <p>* If you check box "c," complete line 3 and enter spouse's full name below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>8. 2017 RESIDENCY STATUS.</b> Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>

**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	<b>3</b>	x	\$4,000	9a.	<b>12000</b>	<b>00</b>
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x	\$2,600	9b.		00
c. Number of qualified disabled veterans .....	9c.		x	\$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above .....	9d.	<input type="checkbox"/>			9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15 .....	9e.				9e.	<b>12000</b>	<b>00</b>
<b>10. Adjusted Gross Income</b> from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.				10.	<b>93897</b>	<b>00</b>
<b>11. Additions from Schedule 1, line 9. Include Schedule 1</b> .....	11.				11.		00
<b>12. Total.</b> Add lines 10 and 11 .....	12.				12.	<b>93897</b>	<b>00</b>
<b>13. Subtractions from Schedule 1, line 27. Include Schedule 1</b> .....	13.				13.		00
<b>14. Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" .....	14.				14.	<b>93897</b>	<b>00</b>
<b>15. Exemption allowance.</b> Enter amount from line 9e or Schedule NR, line 19.....	15.				15.	<b>12000</b>	<b>00</b>
<b>16. Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" .....	16.				16.	<b>81897</b>	<b>00</b>
<b>17. Tax.</b> Multiply line 16 by 4.25% (0.0425) .....	17.				17.	<b>3481</b>	<b>00</b>

**NON-REFUNDABLE CREDITS**

		AMOUNT			CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	<b>102</b>		18b.	<b>102</b>
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.			19b.	
<b>20. Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0" .....	20.			20.	<b>3379</b>

Filer's Full Social Security Number

099	—	25	—	0817
-----	---	----	---	------

21. Enter amount of Income Tax from line 20.....	21.	3379	00
22. Voluntary Contributions from Form 4642, line 7. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23.....	24.	3379	00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00			
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00			
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.	<table border="1"> <tr> <td style="width: 100px;"></td> <td style="text-align: right;">00</td> </tr> </table>		00	27b.	00
	00					
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00			
29. Michigan tax withheld from Schedule W, line 7. <b>Include Schedule W (do not submit W-2s)</b> .....	29.	3703	00			
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00			
31. <b>2017 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include <b>Schedule AMD (see instructions)</b> .	31.					
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.						
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.						
31c.	31c.		00			
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	3703	00			

**REFUND OR TAX DUE**

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <table border="1"><tr><td style="width: 50px;"></td><td style="text-align: right;">00</td></tr></table> and penalty <table border="1"><tr><td style="width: 50px;"></td><td style="text-align: right;">00</td></tr></table> .....		00		00	33.		00
	00						
	00						
34. <b>Overpayment.</b> If line 32 is greater than line 24, subtract line 24 from line 32.....	34.	324	00				
35. <b>Credit Forward.</b> Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00				
36. Subtract line 35 from line 34.....	36.	324	00				

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>	
072000805	375009789112	1. <input checked="" type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2016, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02090332

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)  
APPANA RUPA VENKATA SATYA SAI

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
2530 PEBBLE CREEK LN  
CUMMING GA 30041  
646-727-7157

By checking this box, I authorize Treasury to discuss my return with my preparer.

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 33 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

**2017 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name <b>VIJAY</b>	M.I.	Last Name <b>PAMIDI</b>	2. Filer's Full Social Security No. (Example: 123-45-6789) <b>099 — 25 — 0817</b>
If a Joint Return, Spouse's First Name <b>VANILAVANYA</b>	M.I.	Last Name <b>PATHIPAATI</b>	3. Spouse's Full Social Security No. (Example: 123-45-6789) <b>781 — 45 — 8656</b>

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

A		B	C	D		E		
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld		
X		38-3612150	IKNOWVATE TECHNO	73613	00	2956	00	
X		38-2563079	EPITEC INC	22184	00	747	00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00	00
<b>4. SUBTOTAL.</b> Enter total of Table 1, column E. ....							<b>4.</b> 3703	00

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS**

A		B	C	D		E		
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld		
					00		00	
					00		00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00	00
<b>5. SUBTOTAL.</b> Enter total of Table 2, column E. ....							<b>5.</b>	00

Name as Shown on Return <u>Vijay Pamidi &amp; VANILAVANYA PATHIPAATI</u>	Social Security Number <u>099-25-0817</u>
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- **QuickZoom** to another copy of this worksheet . . . . . ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code . . . . . ▶ NJ  
Jurisdiction name . . . . . New Jersey

<b>1</b>	Income earned in another state or locality subject to Michigan tax . . . . .	<b>1</b>	<u>4,059.</u>
<b>2</b>	Enter the amount from Form MI-1040, line 14. . . . .	<b>2</b>	<u>93,897.</u>
<b>3</b>	Divide line 1 by line 2 . . . . .	<b>3</b>	<u>0.0432</u>
<b>4</b>	Enter the amount from Form MI-1040, line 17. . . . .	<b>4</b>	<u>3,481.</u>
<b>5</b>	Multiply line 4 by line 3 . . . . .	<b>5</b>	<u>150.</u>
<b>6</b>	Enter the amount of tax imposed by another state or locality . . . . .	<b>6</b>	<u>102.</u>
<b>7</b>	Credit. Enter line 6 or the smaller of line 5 or line 6 . . . . .	<b>7</b>	<u>102.</u>

# Michigan Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

**Taxpayer:**

Last Name . . . . . Pamidi  
 First Name . . . . . Vijay  
 Middle Initial . . . . . Suffix . . . . .  
 Social Security No. . . . . 099-25-0817  
 Date of Birth . . . . . 04/29/1984 (mm/dd/yyyy)  
 Age as of 12/31/2017 33  
 Date of death . . . . .  
 Occupation . . . . . SOFTWARE ENGINEER  
 Work Phone . . . . .  
 Home Phone . . . . .

**Spouse:**

Last Name . . . . . PATHIPAATI  
 First Name . . . . . VANILAVANYA  
 Middle Initial . . . . . Suffix . . . . .  
 Social Security No. . . . . 781-45-8656  
 Date of Birth . . . . . 05/20/1987 (mm/dd/yyyy)  
 Age as of 12/31/2017 30  
 Date of death . . . . .  
 Occupation . . . . . HOMEMAKER  
 Work Phone . . . . .

Print phone number on city returns  Home  TP work  Spouse work

c/o Name . . . . .  
 Address . . . . . 5000 HEATHER DRIVE Apt No. L203  
 City . . . . . DEARBORN State . MI ZIP Code . 48126  
 Foreign province/county Foreign postal code  
 Foreign country  
 School District Code . . . . . ▶ 82160

## Part II – Main Form

**Taxpayer Spouse (if different)**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form MI-1040: Full-Year Resident . . . . . ▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Nonresident . . . . . ▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Part-Year Resident . . . . . ▶ _____

Enter Nonresident and Part-Year Resident allocations on Schedule NR. . . . . ▶ \_\_\_\_\_

Taxpayer residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

Spouse residency dates . . . . . From \_\_\_\_\_ To \_\_\_\_\_

**City Resident Status** (complete if filing a city income tax return):

<b>Detroit</b>	Full-year resident <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Part-year resident <input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

**Other cities:**

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

**Important:** Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion      • Battle Creek      • Big Rapids      • Flint      • Grand Rapids      • Grayling
- Hamtramck      • Highland Park      • Ionia      • Jackson      • Lansing      • Lapeer
- Muskegon      • Muskegon Heights      • Pontiac      • Portland      • Saginaw      • Springfield
- Walker

City name	Residency Status				Part-year residents only:		
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address	Dates of residency	
					Spouse's Former address	From	To
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____



Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2017 Michigan tax return
Nivi Pamidi	Daughter	1	<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	—	<input type="checkbox"/>
			<input type="checkbox"/>	—	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet . . . . . ▶ \_\_\_\_\_

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

Description	Filename

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

TP's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Adjusted Gross Income (See Help) . . . . . \_\_\_\_\_

Spouse's Prior Year Refund or Tax Due Amount (See Help) . . . . . \_\_\_\_\_

EF Status Dates:

Date return was EFiled . . . . . \_\_\_\_\_

Date return was accepted by state . . . . . \_\_\_\_\_

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

QuickZoom to Form MI-8453 Additional Information Smart Worksheet . . . . . ▶ \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund on an amended return.

State Information:

- Yes No
- Use direct deposit for any state tax refund
  - Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

State balance-due amount from this return . . . . . \_\_\_\_\_  
Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

Enter the payment date to withdraw from the account below . . . . . \_\_\_\_\_

Bank Information (State and City):

For any of the above options, fill out information below:  
For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . Bank of America \_\_\_\_\_

Account type . . . . . Checking  Savings

Routing number . . . . . 072000805

Account number . . . . . 375009789112

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 VIII – Additional Return Information

Exemptions:

Taxpayer

Spouse

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

- Use federal Form 1310 in place of Form MI-1310
- Personal Representative
- Claimant

First Name . . . \_\_\_\_\_ Middle Initial . . . \_\_\_\_\_ Last Name . . . \_\_\_\_\_  
Address . . . . . \_\_\_\_\_  
City . . . . . \_\_\_\_\_ State . . . \_\_\_\_\_ ZIP Code . . . \_\_\_\_\_

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No

- Does TP want \$3 to go to State Campaign Fund?
- Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1 \_\_\_\_\_

QuickZoom to Firm/Preparer Info . . . . . ► \_\_\_\_\_

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

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

Third Party Designee (See Help):

Yes No

- TP authorizes Michigan Department of Treasury to discuss return with preparer (MI-1040 and Detroit returns only)?
- TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
- Preparer is third party designee (CF-1040 only)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) . . . . . \_\_\_\_\_  
Designee's phone number (other than preparer) . . . . . \_\_\_\_\_  
Personal identification number . . . . . \_\_\_\_\_

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 4: Application for extension to file tax returns . . . . . ► \_\_\_\_\_

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns . . . . . ► \_\_\_\_\_

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns . . . . . ► \_\_\_\_\_

Detroit City Extensions:

Yes No

- Tax return due date extended?  
Extended due date . . . \_\_\_\_\_

QuickZoom to Form 5209: Application for extension to file Detroit city tax return . . . . . ► \_\_\_\_\_

Spouse, if Yes No

different   Tax return due date extended?

residency Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form 5209: Application for extension to file spouse's **Detroit city** tax return . . . . . ▶ \_\_\_\_\_

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**QuickZoom** to Form MI-1040: Individual Income Tax Return . . . . . ▶ \_\_\_\_\_

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# Total Household Resources Worksheet

2017

▶ Keep for your records

Name as Shown on Return Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
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## Household Income Computation (for full year and part-year residents)

<b>Full year residents:</b> Complete column A only. <b>Part-year residents:</b> Complete columns A and B. <b>QuickZoom</b> to Schedule NR before completing column B . . . ▶ _____	<b>Column A</b>  Total Amount	<b>Column B</b> Received during Michigan residency
<b>1</b> Wages, salaries, tips, sick, strike and SUB pay . . . . . ▶ <b>1</b>	95,797.	
<b>Interest and dividends:</b> <b>2 a</b> Taxable interest and dividend income . . . . . less: interest and dividend income from Schedules K-1 . . . . . <b>b</b> Nontaxable interest . . . . . Interest and dividends (including nontaxable interest) . . . . . ▶ <b>2</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>Net business and farm income:</b> <b>3 a</b> U.S. Schedule C income or loss . . . . . <b>b</b> Net farm income or loss . . . . . <b>c</b> Other gains or losses . . . . . <b>d</b> Income from Schedules K-1 . . . . . Net business and farm income . . . . . ▶ <b>3</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>Net royalty and rent income:</b> <b>4</b> U.S. Schedule E income (if negative, enter 0) . . . . . ▶ <b>4</b>	_____	_____
<b>Retirement pension and annuity benefits:</b> <b>5 a</b> Pension and IRA distributions . . . . . <b>b</b> Lump-sum distribution . . . . . Name of payer: _____ Retirement pension and annuity benefits . . . . . ▶ <b>5</b>	_____ _____ _____	_____ _____ _____
<b>Capital gains or (losses):</b> <b>6 a</b> Capital gains less capital losses . . . . . <b>b</b> Excluded gain on sale of residence . . . . . Combine lines 6a and 6b . . . . . ▶ <b>6</b>	_____ _____ _____	_____ _____ _____
<b>Alimony and other taxable income:</b> <b>7 a</b> Gambling/lottery winnings . . . . . <b>b</b> Prizes and awards from Form 1099-MISC . . . . . <b>c</b> Combine lines 7a and 7b . . . . . <b>d</b> Line 7c minus \$300 . . . . . <b>e</b> Other income from Form 1099-MISC . . . . . <b>f</b> Alimony received . . . . . <b>g</b> Other taxable income . . . . . <b>h</b> Combine lines 7d through 7g . . . . . less: prior year Michigan Property Tax Credit (see tax help) . . . . . Total. Describe: _____ . . . . . ▶ <b>7</b>	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
<b>Social security, SSI and railroad retirement benefits:</b> <b>8 a</b> Social security or railroad retirement benefits . . . . . <b>b</b> Less deductions for medicare premiums . . . . . <b>c</b> Supplemental security income . . . . . <b>d</b> Death benefits and amounts received for minor children or other dependent adults who live with you . . . . . Combine lines 8a through 8d . . . . . ▶ <b>8</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>9</b> Child support and foster parent payments . . . . . ▶ <b>9</b>	_____	_____
<b>10</b> Unemployment compensation . . . . . ▶ <b>10</b>	_____	_____
<b>11</b> Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 . . . . . ▶ <b>11</b>	_____	_____

<b>Other nontaxable income:</b>			
<b>12 a</b>	Compensation for damages to character or for personal injury or sickness . . . . .		
<b>b</b>	An inheritance or life insurance proceeds (from other than spouse) . . . . .		
<b>c</b>	Death benefits paid by or on behalf of an employer . . . . .		
<b>d</b>	Minister's housing allowance . . . . .		
<b>e</b>	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification . . . . .		
<b>f</b>	Adoption subsidies . . . . .		
<b>g</b>	Combat pay from W-2, box 12 code Q . . . . .		
<b>h</b>	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution . . . . .		
<b>i</b>	Reimbursement from dependent care and/or medical care spending accounts . . . . .		
<b>j</b>	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 . . . . .		
<b>k</b>	Other (see <i>Tax Help</i> ). Enter description: . . . . .		
	Total. Describe: _____ ▶ <b>12</b>		
<b>13</b>	Workers' compensation, veterans' disability compensation . . . . . ▶ <b>13</b>		
<b>14</b>	FIP and other MDHHS benefits . . . . . ▶ <b>14</b>		
<b>15</b>	<b>Subtotal.</b> Add lines 1 through 14. . . . . ▶ <b>15</b>	95,797.	
<b>Adjustments:</b>			
<b>16 a</b>	IRA deduction . . . . .		
<b>b</b>	Moving expenses . . . . .	1,900.	
<b>c</b>	One half of self-employment tax . . . . .		
<b>d</b>	Self-employment health insurance deduction . . . . .		
<b>e</b>	SEP, SIMPLE or qualified plans . . . . .		
<b>f</b>	Penalty for early withdrawal . . . . .		
<b>g</b>	Alimony paid . . . . .		
<b>h</b>	Student loan interest deduction . . . . .		
<b>i</b>	Health savings account deduction . . . . .		
<b>j</b>	Net operating loss deduction: (1) Federal net operating loss deduction . . . . . (2) Federal modified taxable income (see <i>Help</i> ). . . . . (3) Enter the smaller of (1) or (2). If less than zero, enter -0- . . . . .		
<b>k</b>	Educator expenses . . . . .		
<b>l</b>	Tuition and fees deduction . . . . .		
<b>m</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .		
<b>n</b>	Domestic production activities deduction . . . . .		
<b>o</b>	Archer MSA deduction . . . . .		
<b>p</b>	Jury duty pay given to employer . . . . .		
<b>q</b>	Other adjustments . . . . .		
<b>16</b>	Total adjustments. Describe: <u>Moving expenses</u> . . . . . ▶ <b>16</b>	1,900.	
<b>17 a</b>	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only) . . . . .		
<b>b</b>	Automobile insurance premiums (medical care portion only) . . . . .		
<b>17</b>	Total medical insurance (line 17a plus line 17b) . . . . . ▶ <b>17</b>		
<b>18</b>	Add lines 16 and 17 . . . . . ▶ <b>18</b>	1,900.	
<b>19</b>	<b>Total Household Resources.</b> Subtract line 18 from line 15. . . . . ▶ <b>19</b>	93,897.	

**QuickZoom** to Form MI-1040CR (Homestead Property Tax Credit) . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form MI-1040CR7 (Home Heating Credit) . . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Vijay Pamidi & VANILAVANYA PATHIPAATI	Social Security Number 099-25-0817
---	---------------------------------------

## 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	3,703.
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	3,703.
15	Date return will be filed and balance paid . . . . .	15	

# Smart Worksheets from your 2017 Michigan Tax Return

SMART WORKSHEET FOR: Other State Tax Credit (NJ)

## Other State/Locality Income and Tax Smart Worksheet

If you are claiming a credit for taxes paid to a **local government unit** outside Michigan, do **not** enter amounts on line A.

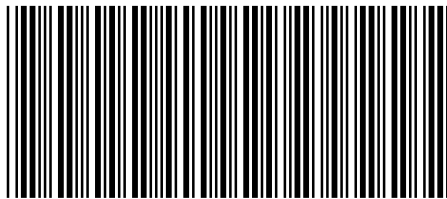
Carefully review transferred nonresident state amounts in Column 1 and verify that the income is from wages, salaries or tips. These are the types of income that Michigan requires to calculate the out-of-state tax credit.

- A** Income earned in another state or locality subject to Michigan tax . . . . .
- B** Amount of tax imposed by another state or locality . . . . .

Column 1 Amount reported in the other state return	Column 2 * Amount if different
4,059.	
102.	

\* Use this column only to modify an entry made by the program in column 1.

NJ-1040-NR  
2017



040NV01170

STATE OF NEW JERSEY  
INCOME TAX - NONRESIDENT RETURN

For Tax Year Jan. - Dec. 31, 2017 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_\_\_ Ending \_\_\_\_\_, 20\_\_\_\_  
Check box [ ] if application for Federal extension is attached  
or enter confirmation number \_\_\_\_\_

1555

(JOINT FILERS ENTER FIRST NAME AND INITIAL OF EACH- ENTER SPOUSE/CIVIL UNION PARTNER LAST NAME ONLY IF DIFFERENT)

YOUR SOCIAL SECURITY NUMBER  
099-25-0817

LAST NAME, FIRST NAME AND MIDDLE INITIAL  
Pamidi Vijay & PATHIPAATI VANILAVAN

SPOUSE/CIVIL UNION PARTNER'S SOCIAL SECURITY NUMBER  
781-45-8656

STREET ADDRESS  
5000 HEATHER DRIVE, Apt. L203

STATE OF RESIDENCY  
Michigan

CITY, TOWN, POST OFFICE STATE ZIP CODE  
DEARBORN MI 48126

DRIVER'S LICENSE # (VOLUNTARY) STATE  
0076828804164 MI

CHANGE OF ADDRESS

**NJ RESIDENCY STATUS** IF YOU WERE A NEW JERSEY RESIDENT FOR ANY PART OF THE TAXABLE YEAR, GIVE THE PERIOD OF NEW JERSEY RESIDENCY:

FROM: MONTH DAY YEAR TO: MONTH DAY YEAR

**FILING STATUS (CHECK ONLY ONE BOX)**

- 1. SINGLE
- 2.  MARRIED/CU, FILING JOINT RETURN
- 3. MARRIED/CU, FILING SEPARATE RETURN

**EXEMPTIONS**

- 6. REGULAR  YOURSELF  SPOUSE/CU PARTNER
- 7. AGE 65 OR OLDER [ ] YOURSELF [ ] SPOUSE/CU PARTNER
- 8. BLIND OR DISABLED [ ] YOURSELF [ ] SPOUSE/CU PARTNER

DOMESTIC PARTNER 6. 2

NAME AND SS# OF SPOUSE/CU PARTNER

4. HEAD OF HOUSEHOLD

5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

- 9. DEPENDENT CHILDREN 9. 1
- 10. OTHER DEPENDENTS 10.

11. ATTENDING COLLEGE 11.

12. TOTALS (FOR LINE 12A - ADD LINES 6, 7, 8, AND 11) 12A. 2 12B. 1  
(FOR LINE 12B - ADD LINE 9 AND LINE 10)

13. DEPENDENT'S INFORMATION FROM LINES 9 AND 10

12C. VETERAN EXEMPTION [ ] YOURSELF [ ] SPOUSE/CU PARTNER 12C.

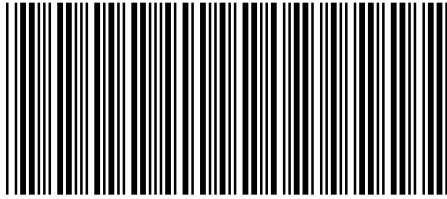
	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR
A.	Pamidi Nivi	823-56-5170	2016
B.			
C.			
D.			

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

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)	COL. B - AMOUNT FROM NEW JERSEY SOURCES
14. WAGES, SALARIES, TIPS, AND OTHER COMPENSATION LINES 61-67 COMPLETED	14. 95954	14. 4212
15. INTEREST	15.	.
16. DIVIDENDS	16.	.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4)	17.	.
18. NET GAINS FROM DISPOSITION OF PROPERTY (FROM LINE 60)	18.	.
19. NET GAINS FROM RENT, ROYALTIES, PATENTS (SCH. NJ-BUS-1, PART II, LINE 4)	19.	.
20. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 19)	20.	.
21. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	21.	.
22. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART III, LINE 4)	22.	.
23. NET PRO RATA SHARE OF S CORP INCOME (SCH. NJ-BUS-1, PART IV, LINE 4)	23.	.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	.
25. OTHER - STATE NATURE AND SOURCE	25.	.
26. TOTAL INCOME (ADD LINES 14 THROUGH 25)	26. 95954	26. 4212
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 24)	27A.	.
27B. OTHER RETIREMENT INCOME EXCLUSION (SEE WORKSHEET AND INSTR.)	27B.	.
27C. TOTAL EXCLUSION (ADD LINE 27A AND LINE 27B)	27C.	.







040NV02170

Pamidi Vijay & PATHIPAATI VANILAV

099250817

28. GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26)	28.	95954 .	28.	4212 .
29. GROSS INCOME FROM LINE 28	29.	95954 .	29.	4212 .
30. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 26)	30.	3500 .		
31. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTIONS PAGE 26)	31.	.		
32. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	32.	.		
33. QUALIFIED CONSERVATION CONTRIBUTION	33.	.		
34. HEALTH ENTERPRISE ZONE DEDUCTION	34.	.		
35. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCH. NJ-BUS-2, LINE 11)	35.	.		
36. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 30 THROUGH 35)	36.	3500 .		
37. TAXABLE INCOME (SUBTRACT LINE 36 FROM LINE 29, COLUMN A)	37.	92454 .		
38. TAX ON AMOUNT ON LINE 37 (FROM TAX TABLES PAGE 34)	38.	2334 .		
39. INCOME PERCENTAGE	B. (LINE 29)	=	4.39 %	
	A. (LINE 29)			
40. NEW JERSEY TAX (MULTIPLY AMOUNT FROM LINE 38 <u>2334</u> x <u>4.39</u> % FROM LINE 39)	40.			102 .
41. SHELTERED WORKSHOP TAX CREDIT (ENCLOSE FORM GIT-317. SEE INSTRUCTIONS PAGE 28)	41.			.
42. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 41 FROM LINE 40)	42.			102 .
43. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAXES. CHECK BOX [ ] IF FORM NJ-2210 IS ENCLOSED.	43.			.
44. TOTAL TAX AND PENALTY (ADD LINE 42 AND LINE 43)	44.			102 .
45. TOTAL NEW JERSEY INCOME TAX WITHHELD (FROM ENCLOSED FORMS W-2 AND 1099)	45.	130 .		
46. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	46.	.		
47. TAX PAID ON YOUR BEHALF BY PARTNERSHIP(S)	47.	.		
48. EXCESS NJ UI/WF/SWF WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	48.	.		
49. EXCESS NJ DISABILITY INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	49.	.		
50. EXCESS NJ FAMILY LEAVE INSURANCE WITHHELD (ENCLOSE FORM NJ-2450. SEE INSTR.)	50.	.		
51. TOTAL PAYMENTS/CREDITS (ADD LINE 45 THROUGH 50)	51.			130 .
52. IF LINE 51 IS LESS THAN LINE 44, ENTER AMOUNT YOU OWE (ENTER CHECK AMOUNT ON PAGE 1)	52.			.
53. IF LINE 51 IS MORE THAN LINE 44, ENTER OVERPAYMENT	53.			28 .
54. DEDUCTIONS FROM OVERPAYMENT ON LINE 53 WHICH YOU ELECT TO CREDIT TO:				
(A) YOUR 2018 TAX	54A.	.		
(B) N.J. ENDANGERED WILDLIFE FUND	54B.	.		
(C) N.J. CHILDREN'S TRUST FUND	54C.	.		
(D) N.J. VIETNAM VETERANS' MEMORIAL FUND	54D.	.		
(E) N.J. BREAST CANCER RESEARCH FUND	54E.	.		
(F) U.S.S. N.J. EDUCATIONAL MUSEUM FUND	54F.	.		
(G) DESIGNATED CONTRIBUTION	54G.	.		
55. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 54A, B, C, D, E, F AND G)	55.			.
56. REFUND (AMOUNT TO BE SENT TO YOU, SUBTRACT LINE 55 FROM LINE 53)	56.			28 .

ALSO ENTER ON LINE 46:  
 - PAYMENTS MADE IN CONNECTION WITH NJ REAL PROPERTY  
 - PAYMENTS BY S CORPORATION FOR NONRESIDENT SHAREHOLDER

NOTE:  
 AN ENTRY ON LINE 54A, B, C, D, E, F, OR G WILL REDUCE YOUR TAX REFUND

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

Pay amount on Line 52 in full. Write Social Security Number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI  
 Division of Taxation  
 Revenue Processing Center  
 PO Box 244  
 Trenton, NJ 08646-0244

> \_\_\_\_\_  
 Your Signature Date

> \_\_\_\_\_  
 Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

You may also pay by e-check or credit card.

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

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

Name(s) as shown on Form NJ-1040NR Pamidi Vijay & PATHIPAATI VANILAVANYA	Your Social Security Number 099-25-0817
---	--

<b>PART I</b>	<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
57.					
58. Capital Gains Distribution					58
59. Other Net Gains					59
60. Net Gains (Add Lines 57, 58, and 59) (Enter here and on Line 18) (If Loss, enter ZERO)					60

<b>PART II</b>	<b>ALLOCATION OF WAGE AND SALARY INCOME EARNED PARTLY INSIDE AND OUTSIDE NEW JERSEY</b>	(See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)			
61. Amount reported on Line 14 in Column A required to be allocated		61			
62. Total days in taxable year		62			
63. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)		63			
64. Total days worked in taxable year (subtract Line 63 from Line 62)		64			
65. Deduct days worked outside New Jersey		65			
66. Days worked in New Jersey (subtract Line 65 from Line 64)		66			
67. ALLOCATION FORMULA	$\frac{\text{(Line 66)}}{\text{(Line 64)}} \times \frac{\text{(Enter amount from Line 61)}}{\text{(Salary earned inside N.J.)}} =$				(Include this amount on Line 14, Col. B)

<b>PART III</b>	<b>ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>	(See instructions if other than Formula Basis of allocation is used.)			
<b>BUSINESS ALLOCATION PERCENTAGE (From Schedule NJ-NR-A)</b>					
Enter below the line number and amount of each item of business income reported in Column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.					
From Line No. _____	\$ _____	X _____	% = \$ _____		
From Line No. _____	\$ _____	X _____	% = \$ _____		
From Line No. _____	\$ _____	X _____	% = \$ _____		

New Jersey Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name Pamidi
First Name Vijay
Middle Initial Suffix
Social Security No. 099-25-0817
Date of Birth 04/29/84
Age as of 12/31/2017 33
Date of Death
Daytime Phone
Home Phone

Spouse:

Last Name PATHIPAATI
First Name VANILAVANYA
Middle Initial Suffix
Social Security No. 781-45-8656
Date of Birth 05/20/87
Age as of 12/31/2017 30
Date of Death
Daytime Phone

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

c/o (care of)
Street Address 5000 HEATHER DRIVE Apt. No. L203
City DEARBORN State MI ZIP Code 48126
County/Municipality Code (residents only)

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

Part II - Main Form

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

Part III - Filing Status

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

Part IV - Exemptions

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

Number of qualifying dependent children 1
Number of other dependents
Number of dependents attending colleges (must be under age 22)

**Part V – Other Information**

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

**Part VI – Preparer Code**

1 Paid preparer code . . . 1

**Part VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

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

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

**Electronic PDF Attachments**

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

Description	Filename

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information**

**Direct Deposit:**

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

**Electronic Funds Withdrawal:**

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

**Bank Information:**

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

Name of Financial Institution (optional) . . . \_\_\_\_\_

Checking account

Savings account

Routing number . . . . . \_\_\_\_\_

Account number. . . . . \_\_\_\_\_

Payment date to withdraw from the account above . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes**   **No**

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

\_\_\_\_\_ Bank name for International ACH Transaction

**Part IX - Extension Status**

**Yes**   **No**

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

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

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form NJ-630: Application for Extension of Time to File . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form NJ-1040 . . . . . ▶

**QuickZoom** to Form NJ-1040NR . . . . . ▶

## Allocation Worksheet for Part-Year and Nonresidents

**2017**

▶ Keep for your records

Name as Shown on Return <i>Pamidi, Vijay &amp; PATHIPAATI, VANILAVANYA</i>	Social Security No. 099-25-0817
---	------------------------------------

<b>Part I - Income</b>	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
<b>Part-year residents:</b> Complete column B (also complete column D if applicable). <b>Full year nonresidents:</b> Complete column D only.	<b>Column A</b> Income from all sources	<b>Column B</b> Income from column A for this period	<b>Column C</b> Income for nonresident period	<b>Column D</b> Income from New Jersey sources
<b>1</b> Wages, salaries, tips, etc . . . . .	95,954.		95,954.	4,212.
<b>2 a</b> Taxable interest income . . . . .				
<b>b</b> Less penalty for early withdrawal of savings . . . . .				
<b>3</b> Dividend income . . . . .				
<b>4</b> Business income . . . . .				
<b>5 a</b> Gain or loss from disposition of property . . . . .				
<b>b</b> Capital gain distribution . . . . .				
<b>c</b> Other gains or losses . . . . .				
<b>6</b> Gain or loss from rents, royalties, patents . . . . .				
<b>7</b> Net gambling winnings . . . . .				
<b>8</b> Pension and IRA distributions . . .	<i>See IRA/Pension Worksheet</i>			
<b>9</b> Distributive share of partnership income . . . . .				
<b>10</b> Net pro rata share of S corporation income . . . . .				
<b>11</b> Alimony and separate maintenance . . . . .				
<b>12</b> Other income . . . . .				
<b>Part II - Deductions</b> (Part-year residents and nonresidents)		<b>Column A</b> Total Amount	<b>Column B</b> Resident Period	<b>Column C</b> Nonresident Period
<b>13 a</b> Nonreimbursed medical expenses . . . . .				
<b>b</b> Qualified medical savings account contribution . . . . .				
<b>c</b> Self-employed health insurance deduction . . . . .				
<b>14</b> Alimony paid . . . . .				
<b>15 a</b> Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065 . . . . .				
<b>b</b> Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S . . . . .				
<b>c</b> HEZ deduction for sole proprietors . . . . .				
<b>15</b> Health Enterprise Zone deduction . . . . .				

**Part III - Payments and Withholdings**

(Part-year residents and nonresidents)

	<b>Column A</b> Total Amount	<b>Column B</b> Resident Period	<b>Column C</b> Nonresident Period
<b>16</b> Sheltered workshop tax credit . . . . .			
<b>17</b> New Jersey tax withheld . . . . .	130.		130.
<b>18</b> New Jersey estimated tax payments/overpayment credit from previous year . . . . .			
<b>19</b> Tax paid on your behalf by partnership(s) . . . . .			
<b>20</b> Excess New Jersey UI/WF/SWF withheld . . . . .			
<b>21</b> Excess New Jersey disability insurance withheld . . . . .			
<b>22</b> Excess New Jersey family leave insurance withheld . . . . .			





# Tax Payments Worksheet

**2017**

► Keep for your records

Name Pamidi, Vijay & PATHIPAATI, VANILAVANYA	Social Security Number 099-25-0817
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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	130.
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	130.
15	Date return will be filed and balance paid . . . . .	15	04/17/2018