

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/17/2018**

2018 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,280.

REV 11/13/17 PRO 1555

298-85-3983 065-23-8483
GURU R MADAM SETTY
SWATHI ADIMULAM
1275 SE UNIVERSITY AVE APT 102
WAUKEE IA 50263

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

298853983 TO MADA 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/15/2018**

2018 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,280.

REV 11/13/17 PRO 1555

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▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/17/2018**

2018 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,280.

REV 11/13/17 PRO 1555

298-85-3983 065-23-8483
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298853983 TO MADA 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **01/15/2019**

2018 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

1,280.

REV 11/13/17 PRO 1555

298-85-3983 065-23-8483
GURU R MADAM SETTY
SWATHI ADIMULAM
1275 SE UNIVERSITY AVE APT 102
WAUKEE IA 50263

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

298853983 TO MADA 30 0 201812 430

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 for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name GURU R MADAM SETTY	Social security number 298-85-3983
Spouse's name SWATHI ADIMULAM	Spouse's social security number 065-23-8483

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	183,817.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	27,890.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	25,561.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	2,329.

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 as my signature on my tax year 2017 electronically filed income tax return.

5	3	9	8	3
---	---	---	---	---

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 as my signature on my tax year 2017 electronically filed income tax return.

3	8	4	8	3
---	---	---	---	---

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

IF you live in . . .	THEN use this address to send in your payment . . .
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, Missouri, New Hampshire, New York, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
Connecticut, District of Columbia, Maryland, Pennsylvania, Rhode Island, West Virginia	Internal Revenue Service P.O. Box 37910 Hartford, CT 06176-7910
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V (2017)

Department of the Treasury
Internal Revenue Service (99)

2017

Form 1040-V Payment Voucher

- G Use this voucher when making a payment with Form 1040.
- G Do not staple this voucher or your payment to Form 1040.
- G Make your check or money order payable to the 'United States Treasury.'
- G Write your social security number (SSN) on your check or money order.

Enter the amount of your payment G	2,329.
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REV 02/15/18 PRO 1555

GURU R MADAM SETTY
SWATHI ADIMULAM
1275 SE UNIVERSITY AVE 102
WAUKEE IA 50263

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

298853983 TO MADA 30 0 201712 610

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

Your first name and initial: **GURU R** Last name: **MADAM SETTY** Your social security number: **298-85-3983**

If a joint return, spouse's first name and initial: **SWATHI** Last name: **ADIMULAM** Spouse's social security number: **065-23-8483**

Home address (number and street). If you have a P.O. box, see instructions. **1275 SE UNIVERSITY AVE** Apt. no. **102**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **WAUKEE IA 50263**

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

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

Boxes checked on 6a and 6b 2

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
AARADHYA	MADAM SETTY	941-94-3109	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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

Dependents on 6c not entered above _____

Add numbers on lines above 3

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	187,817.
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	-2,000.
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	185,817.

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	2,000.
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	2,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	183,817.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

GURU R MADAM SETTY & SWATHI ADIMULAM

298-85-3983

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		11,052.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	11,052.

Interest You Paid

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

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

Gifts to Charity

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	280.
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	280.

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

Casualty and Theft Losses

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

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	18,360.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	18,360.
25	Enter amount from Form 1040, line 38	25	183,817.
26	Multiply line 25 by 2% (0.02)	26	3,676.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	14,684.

Other Miscellaneous Deductions

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

29	Is Form 1040, line 38, over \$156,900?	29	
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		26,016.
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

GURU R MADAM SETTY & SWATHI ADIMULAM

298-85-3983

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	HYDERABAD ALLEMAN TELENGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		1,000.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12		3,000.		
13	Other interest.	13				
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		3,000.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-2,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		1,000.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c		3,000.		
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		3,000.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(2,000.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ^{NPA}	26		-2,000.		

Child and Dependent Care Expenses



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form2441 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

GURU R MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

Part I Persons or Organizations Who Provided the Care—You must complete this part.
 (If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
GENERATION NEXT GENERATION NEXT	5400 University Avenue WEST DES MOINES IA 50266	205-95-1154	10,401.

Did you receive dependent care benefits? **No** → Complete only Part II below.
Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
AARADHYA	MADAM SETTY	941-94-3109	10,401.

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

Part III Dependent Care Benefits

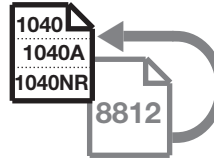
12	Enter the total amount of dependent care benefits you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000.
13	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2017 for the care of the qualifying person(s)	16	10,401.
17	Enter the smaller of line 15 or 16	17	5,000.
18	Enter your earned income . See instructions	18	103,629.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	84,188.
20	Enter the smallest of line 17, 18, or 19	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	5,000.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB".	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9	29	-2,000.
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

GURU R MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers

1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.			
If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:			
1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).			1
1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).			
1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).			
2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49			2
3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit			3
4a Earned income (see separate instructions)	4a		
b Nontaxable combat pay (see separate instructions)	4b		
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5		
6 Multiply the amount on line 5 by 15% (0.15) and enter the result			6
Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.			

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next , enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	
-----------	--	-----------	--



Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name GURU R MADAM SETTY	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 298-85-3983
---------------------------------	--	---------------------------------------

You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	15,000.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	960.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	18,360.

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) ▶
- 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 **b** Commuting (see instructions) **c** Other
- 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 for the latest information.
► Attach to Form 1040 or Form 1040NR.

2017
Attachment
Sequence No. **170**

Name(s) shown on return

GURU R MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

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.

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,500.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	500.
3 Add lines 1 and 2	3	2,000.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not 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 P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot 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"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	2,000.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

GURU R MADAM SETTY & SWATHI ADIMULAM

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					185,817.
Adjustments to income					2,000.
Adjusted gross income					183,817.
Tax expense					11,052.
Interest expense . . .					
Contributions					280.
Miscellaneous deductions					14,684.
Other Itemized Deductions					
Total itemized/standard deduction . .					26,016.
Exemption amount . .					12,150.
Taxable income					145,651.
Tax					27,890.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					25,561.
Form 2210 penalty . .					
Amount owed					2,329.
Applied to next year's estimated tax .					
Refund					
Effective tax rate % . .					15.17
**Tax bracket %					25.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (GURU R MADAM SETTY & SWATHI ADIMULAM) and Social Security Number (298-85-3983)

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.

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) 53983 Spouse's PIN (5 numbers) 38483 Date 03/15/2018

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 MADAM SETTY
 First name GURU
 Middle initial R Suffix _____
 Social security no. 298-85-3983
 Occupation SOFTWARE ENGINEER
 Date of birth 07/25/1985 (mm/dd/yyyy)
 Age as of 1-1-2018 32
 Date of death _____
 Legally blind
 E-mail address IBMGURU9@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (515) 779-3861
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) ADIMULAM
 First name SWATHI
 Middle initial _____ Suffix _____
 Social security no. 065-23-8483
 Occupation SOFTWARE ENGINEER
 Date of birth 08/12/1985 (mm/dd/yyyy)
 Age as of 1-1-2018 32
 Date of death _____
 Legally blind
 E-mail address IBMGURU9@GMAIL.COM
 Work phone _____ Ext _____
 Cell phone (515) 771-5112
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (515) 779-3861
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 1275 SE UNIVERSITY AVE Apt no. 102
 City WAUKEE State IA ZIP code 50263

Foreign Address: Check this box to use foreign address . . ▶

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____
 Foreign phone _____

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____
- 5 Qualifying widow(er)
 - Year spouse died 2015 2016
 - If the 'qualifying person' is your child but **not** your dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
AARADHYA MADAM SETTY		941-94-3109 Daughter	11/13/2012	5	11		L	10,401.

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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return GURU R MADAM SETTY & SWATHI ADIMULAM	Social Security Number 298-85-3983
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer **Note:** Alabama does not allow this option
- Spouse

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

- Taxpayer **Note:** Alabama, New Mexico, New York and Ohio do not allow this option
- Spouse

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 IA
 License number 786AK3399
 Issue date 12/16/2017
 Expiration date 12/16/2019
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state IA
 License number 799AK4401
 Issue date 12/16/2017
 Expiration date 12/16/2019
 Does not expire
 NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Does not expire
 NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- 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: GURU R MADAM SETTY & SWATHI ADIMULAM; Social Security Number: 298-85-3983

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return GURU R MADAM SETTY & SWATHI ADIMULAM	Social Security Number 298-85-3983
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
EVEREST CONSULTING GROUP INC		103,629.	15,223.	103,629.	6,234.
ORACLE AMERICA INC	X	78,191.	9,656.	78,191.	4,495.
IOWA STUDENT LOAN LIQUIDITY CORPORA	X	5,997.	682.	5,997.	323.
Totals		187,817.	25,561.	187,817.	11,052.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	103,629.	84,188.	187,817.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	15,223.	10,338.	25,561.
3 & 7	Total social security wages/tips	103,629.	90,164.	193,793.
4	Total social security tax withheld	6,425.	5,590.	12,015.
5	Total Medicare wages and tips	103,629.	90,164.	193,793.
6	Total Medicare tax withheld	1,503.	1,307.	2,810.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits		5,000.	5,000.
b	Offsite dependent care benefits		5,000.	5,000.
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12		27,012.	27,012.
b	Elective deferrals to qualified plans		5,976.	5,976.
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		21,036.	21,036.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14		474.	474.
16	Total state wages and tips	103,629.	84,188.	187,817.
17	Total state tax withheld	6,234.	4,818.	11,052.
19	Total local tax withheld.			

Name as shown on return GURU R MADAM SETTY	Social Security Number 298-85-3983
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Employer EIN 22-3531077
Employer Name EVEREST CONSULTING GROUP INC
 Name (cont.) _____
Street Address or P. O. Box 3840 PARK AVENUE
City EDISON **State** NJ **ZIP** 08820
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	103,629.	2 Federal tax withheld	15,223.
3 Social security wages	103,629.	4 Social sec tax withheld	6,425.
5 Medicare wages and tips	103,629.	6 Medicare tax withheld	1,503.
7 Social security tips	_____	8 Allocated tips	_____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IA	22-3531077-001	103,629.	6,234.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

9 Verification Code	_____	9 74da-ce4a-e27a-a34f
10 Dependent care benefits (Check if employer furnished care at work)	<input type="checkbox"/>	10 _____
Dependent care benefits - Amount forfeited from flexible spending account	_____	11 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	_____	11 _____

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

Keep for your records

GURU R MADAM SETTY	298-85-3983 Page 2
Employer Name EVEREST CONSULTING GROUP 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 <i>If deducting expenses, double click to link to Schedule C</i>		

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

Clergy only:	D		
D Designated housing or parsonage allowance			
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		E	
F If no FICA was withheld , check the applicable box below			
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			
Non-Clergy only:			
G 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 Tips \$20 or more in a month which were not reported to employer	H1		
2 Tips less than \$20 in a month which were not required to be reported		H2	
3 Value of non-cash tips, such as tickets or passes, not reported		H3	
4 Actual amount of allocated tips if different than the amount in box 8		H4	
5 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. 298-85-3983

First name M.I. Last name Suff.

GURU R MADAM SETTY

Address City St ZIP code

1275 SE UNIVERSITY AVE, Apt. 102 WAUKEE IA 50263

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return SWATHI ADIMULAM	Social Security Number 065-23-8483
--	---------------------------------------

Employer EIN 94-2805249
Employer Name ORACLE AMERICA INC
 Name (cont.) _____
Street Address or P. O. Box 500 ORACLE PARKWAY
City REDWOOD CITY **State** CA **ZIP** 94065
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	78,191.	2 Federal tax withheld	9,656.
3 Social security wages	84,167.	4 Social sec tax withheld	5,218.
5 Medicare wages and tips	84,167.	6 Medicare tax withheld	1,220.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	5,976.	A: Enter amount attributable to RRTA Tier 2 tax
DD	19,550.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IA	4063155-002-WTH	78,191.	4,495.

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

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

9 Verification Code		9	
10 Dependent care benefits (Check if employer furnished care at work)	▶ <input type="checkbox"/>	10	5,000.
Dependent care benefits - Amount forfeited from flexible spending account			
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11	

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

Keep for your records

SWATHI ADIMULAM	065-23-8483 Page 2
Employer Name ORACLE AMERICA 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

Clergy only:		D E	
D Designated housing or parsonage allowance			
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value			
F If no FICA was withheld, check the applicable box below			
1 <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			
Non-Clergy only:			
G 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 Tips \$20 or more in a month which were not reported to employer	H1 H2 H3 H4 H5	
2 Tips less than \$20 in a month which were not required to be reported		
3 Value of non-cash tips, such as tickets or passes, not reported		
4 Actual amount of allocated tips if different than the amount in box 8		
5 Tips paid out through a tip-sharing arrangement		
6 <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. 065-23-8483

First name M.I. Last name Suff.

SWATHI ADIMULAM

Address City St ZIP code

1275 SE UNIVERSITY AVE, Apt. 102 WAUKEE IA 50263

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return SWATHI ADIMULAM	Social Security Number 065-23-8483
--	---------------------------------------

Employer EIN 42-1137531
Employer Name IOWA STUDENT LOAN LIQUIDITY CORPORA
 Name (cont.) TION
Street Address or P. O. Box 6775 VISTA DRIVE
City WEST DES MOINES **State** IA **ZIP** 50266
Foreign Province/County
Foreign Postal Code
Foreign Country

Spouse's W-2 **Do not transfer this W-2 to next year**
 Automatically calculate lines 3 through 6 and line 16.

Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp	5,997.	2 Federal tax withheld	682.
3 Social security wages	5,997.	4 Social sec tax withheld	372.
5 Medicare wages and tips	5,997.	6 Medicare tax withheld	87.
7 Social security tips		8 Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	8.	A: Enter amount attributable to RRTA Tier 2 tax
DD	1,478.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IA	421137531001	5,997.	323.

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

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

9 Verification Code		9 C7B6-A00F-9536-2374
10 Dependent care benefits (Check if employer furnished care at work)	<input type="checkbox"/>	10
Dependent care benefits - Amount forfeited from flexible spending account		
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
DENVISN	38.	Other (not classified)
MEDICAL	436.	Other (not classified)

SWATHI ADIMULAM

065-23-8483 Page 2

Employer Name IOWA STUDENT LOAN LIQUIDITY CORPORA

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 065-23-8483
First name SWATHI M.I. Last name ADIMULAM Suff.
Address 1275 SE UNIVERSITY AVE, Apt. 102 City WAUKEE St IA ZIP code 50263
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return GURU R MADAM SETTY & SWATHI ADIMULAM	Social Security Number 298-85-3983
---	---------------------------------------

Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	25,561.	11,052.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	25,561.	11,052.	
20 Total Tax Payments for 2017	25,561.	11,052.	

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

Charitable Contributions Summary

2017

▶ Keep for your records

Name(s) Shown on Return GURU R MADAM SETTY & SWATHI ADIMULAM	Social Security Number 298-85-3983
---	---------------------------------------

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals: From Schedule A, line 16	280.	280.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions	280.		280.			
2 2017 contributions allowed	280.	0.	280.	0.	0.	0.
3 Carryovers from:						
a 2016 tax year						
b 2015 tax year						
c 2014 tax year						
d 2013 tax year						
e 2012 tax year						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 Carryovers to 2018:						
a From 2017	0.		0.	0.	0.	0.
b From 2016						
c From 2015						
d From 2014						
e From 2013						
f From 2012						

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return GURU R MADAM SETTY & SWATHI ADIMULAM	Social Security Number 298-85-3983
---	---------------------------------------

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	103,629.	84,188.	187,817.
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	103,629.	84,188.	187,817.
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	103,629.	84,188.	187,817.
11 Scholarship or fellowship income not on W-2	_____	_____	_____
12 SE exempt earnings less nontaxable income	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	103,629.	84,188.	187,817.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	103,629.	84,188.	187,817.
17 Net self-employment loss	_____	_____	_____
18 Alimony received	_____	_____	_____
19 Nontaxable combat pay	_____	_____	_____
20 Foreign earned income exclusion	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2.	103,629.	84,188.	187,817.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	103,629.	84,188.	187,817.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	103,629.	84,188.	187,817.

Keep for your records

Name(s) shown on return
GURU R MADAM SETTY & SWATHI ADIMULAM

Social Security No.
298-85-3983

General Information:

Property description FLAT 102 PLOT 242 & 243
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) HYDERABAD
City ALLEMAN State ZIP code
If a foreign address: Foreign province or state TELENGANA
Foreign postal code 500072 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help [X]
Trade or business not subject to net investment income tax []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? . . . Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

HYDERABAD, ALLEMAN, TELENGANA, 500072, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	1,000.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	1,000.	100.000000	1,000.
4 Enter royalties received (not reported elsewhere)			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint					
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees					
12 a Mortgage int qualified	3,000.				
From Form 1098 import					
Total mort int qualified	3,000.		3,000.		
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	3,000.		3,000.		
21 Income or (loss)			-2,000.		
22 Deductible rental real estate loss			-2,000.		

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return GURU R MADAM SETTY & SWATHI ADIMULAM	Social Security Number 298-85-3983
---	---------------------------------------

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		26,016.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		183,817.
6	Tax liability for Form 2210 or Form 2210-F		27,890.
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
 GURU R MADAM SETTY & SWATHI ADIMULAM

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	187,817.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	-2,000.
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	185,817.

Adjustments to Income 2,000.

Adjusted Gross Income (Last year's AGI) _____ 183,817.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	11,052.
Interest	_____
Contributions	280.
Casualty or theft loss(es)	_____
Miscellaneous	14,684.
Phaseout of itemized deductions	_____
Total Itemized Deductions	26,016.
Standard deduction	_____
Exemption amount	12,150.

Taxable Income 145,651.

Income tax	27,890.
Alternative minimum tax	_____
Total Taxes before Credits	27,890.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 27,890.

Withholding	25,561.
Estimated tax payments	_____
Other payments	_____
Total Payments	25,561.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 0.

Refund 0.

Amount Applied to Estimate 0.

Amount Due 2,329.

Tax bracket	25.0 %
Effective tax rate	15.17 %

► Keep for your records

Name(s) Shown on Return
GURU R MADAM SETTY & SWATHI ADIMULAM

Your Social Security Number
298-85-3983

Part I 2018 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:

- a 100% (110%) of **2017** taxes (default, see Tax Help) 30,679.
- b 100% of tax on **2018** estimated taxable income 26,595.
- c 90% of tax on **2018** estimated taxable income 23,936.
- d 66-2/3% of tax on **2018** estimated taxable income (farmers and fishermen) 17,730.
- e Equal to 100% of overpayment (no vouchers) 0.
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a 2018 Required Annual Payment based on your choice above 30,679.
- b Estimated amount of 2018 federal income tax withholding 25,561.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) 5,118.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form 1040, line 75) 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess 5,120.
- d Apply to extent of first quarter amount and refund excess 1,280.
- e Enter amount you want to apply ►
- f Amount applied to 2018 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 17, 2018	2 Jun 15, 2018	3 Sep 17, 2018	4 Jan 15, 2019	Total
1 If the client has already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2018, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment	1,280.	1,280.	1,280.	1,280.	5,120.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	1,280.	1,280.	1,280.	1,280.	5,120.
6 Voucher amounts	1,280.	1,280.	1,280.	1,280.	5,120.

Part V Changes to Income, Deductions and Withholding for 2018

2017 income and deductions are shown in the '2017 Actual' column below.

***Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2017 Actual	2018 Estimated
1 a Adjusted gross income	183,817.	
b Foreign income or housing exclusions (info only)		
2 Net capital gains (losses) included in AGI (info only)		
3 a Self-employment profit included in AGI for Taxpayer		
b Self-employment profit included in AGI for Spouse		
c Taxpayer's wages subject to Social Security tax included in AGI . .		
Medicare wages for taxpayer (W-2 box 5) included in AGI	103,629.	
Add'l 0.9% Medicare tax withheld on taxpayer wages.		
d Spouse's wages subject to Social Security tax included in AGI . . .		
Medicare wages for spouse (W-2 box 5) included in AGI	90,164.	
Add'l 0.9% Medicare tax withheld on spouse wages		
4 a Total itemized deductions (after limits)	26,016.	
b Net qualified disaster loss included on line 4a above (after limits)		
5 Federal income tax withholding	25,561.	
6 Deduction for qualified business income		

Part VI Filing Status and Personal Exemptions for 2018

- 1 Choose 2018 filing status:
 Single Married filing jointly
 Married filing separately Head of Household Qualifying widow(er)
- 2 Check if required to itemize in 2018
- 3 Check the boxes that will apply in 2018:
 Taxpayer: 65 or Over Blind
 Spouse: 65 or Over Blind
- 4 a Check if dependent of another in 2018
 b Enter 2018 expected earned income if dependent of another _____
- 5 Enter the number of personal exemptions in 2018 3

Part VII 2018 Estimated Taxable Income and Tax

1	Estimated 2018 adjusted gross income	1	183,817.
2	Larger of itemized or standard deduction	2	26,016.
3	Line 1 less line 2	3	157,801.
4	Deduction for qualified business income	4	
5	Line 3 less line 4	5	157,801.
6	Income tax	6	26,595.
7	Enter additional taxes ▶	7	
8	Line 6 plus line 7	8	26,595.
9	Enter nonrefundable credits ▶	9	
10	Line 8 less line 9 (but not less than zero)	10	26,595.
11	Self-employment tax and additional 0.9% Medicare tax	11	0.
12	Other taxes (not including taxes on lines 6, 7 or 11) ▶	12	
13	Enter refundable credits (not withholding) ▶	13	
14	Sum of lines 10 - 12, less line 13. This is your 2018 tax based on your estimate of 2018 income	14	26,595.

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>27,890.</u>
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input checked="" type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>27,890.</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 38 183,817.
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 183,817.
F Sales tax table information:
 Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
 If AZ, CO, LA, MS, NY or SC column (a):
QuickZoom to Misc Global Options to enter default locality ► _____
or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
IA	01/01/17	12/31/17	6.0000	6.0000	0.0000	1,482.	0.	1,482.

Total general sales taxes from table 1,482.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 1,482.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid 11,052.

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** 850 miles
E Enter the number of miles from your **old home** to your **old workplace** 50 miles
F Subtract line E from line D. If zero or less, enter -0- 800 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: Schedule E Worksheet (HYDERABAD)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet	
Supporting information provided by program. NO ENTRIES ARE NEEDED.	
A Ownership	<u>Taxpayer</u>
B At-risk status	<u>All</u>
C Passive status	<u>Disposition</u>
Schedule E	
D Tentative profit (loss)	-2,000.
E Other adjustments and preferences	
F At-risk disallowed loss	
G Passive carryover loss.	
H Passive disallowed loss	
I Net profit (loss) allowed	-2,000.
Related Disposition	
J Tentative profit (loss)	
K At-risk disallowed loss	
L Passive carryover loss.	
M Passive disallowed loss	
N Net profit (loss) allowed	

SMART WORKSHEET FOR: Estimated Tax Worksheet

Electronic Funds Withdrawal of Estimated Tax Smart Worksheet (Electronic Filing Only)

If the client would like to pay one or more installments of estimated tax by electronic funds withdrawal, check a box in the first column of the following table and enter bank information on the Federal Information Worksheet.

X	Installment Number	Amount	Date
<input type="checkbox"/>	1	1,280.	April 17, 2018
<input type="checkbox"/>	2	1,280.	June 15, 2018
<input type="checkbox"/>	3	1,280.	September 17, 2018
<input type="checkbox"/>	4	1,280.	January 15, 2019

QuickZoom to the Federal Information Worksheet to enter bank information ► _____

Your first name, middle initial, and last name GURU R MADAM SETTY

Spouse's first name, middle initial, and last name SWATHI ADIMULAM

Your Social Security Number 298-85-3983

Spouse's Social Security Number 065-23-8483

Home address, city, state, ZIP 1275 SE UNIVERSITY AVE, 102

WAUKEE IA 50263

Part I Tax Return Information

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B)	1B <u>84,188.00</u>	1A <u>99,629.00</u>
2. Total Tax (IA 1040, line 42 A & B)	2B <u>4,171.00</u>	2A <u>5,271.00</u>
3. Iowa Income Tax Withheld (IA 1040, line 66 A & B).....	3B <u>4,818.00</u>	3A <u>6,234.00</u>
4. Amount to be Refunded (IA 1040, line 71).....		4. <u>1,730.00</u>
5. Total Amount Due (IA 1040, line 76)		5. <u> .00</u>

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

0	7	3	0	0	0	1	7	6
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

0	0	3	7	9	2	9	8	4	9	8	1
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings Checking

Will this refund go to (or payment come from) an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2017 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature _____ Date: _____ Spouse Signature. If a joint return, both must sign. _____ Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

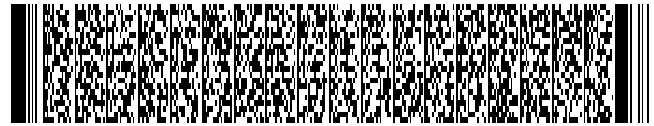
ERO Signature	Date <u>06/02/2018</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed)	<u>GLOBAL TAXES LLC</u>			FEIN <u>30-1017196</u>
Address and zip code	<u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>			Phone Number <u>(678)965-9729</u>
Paid Preparer Signature	Date <u>06/02/2018</u>	Check if self-employed <input type="checkbox"/>	Preparer PTIN <u>P02090332</u>	
Firm's name (or yours if self-employed)	<u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u>			FEIN <u>30-1017196</u>
Address and zip code	<u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>			Phone Number <u>(678)965-9729</u>

2017 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning ___/___/2017 and ending ___/___/___

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name MADAM SETTY Your first name/middle initial GURU R
 Spouse's last name ADIMULAM Spouse's first name/middle initial SWATHI
 Current mailing address (number and street, apartment, lot, or suite number) or PO Box
1275 SE UNIVERSITY AVE, 102
 City, State, ZIP
WAUKEE IA 50263
 Spouse SSN 065-23-8483 Your SSN 298-85-3983



Step 2 Filing Status: Mark one box only

1	Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse was 65 or older as of 12/31/17. <input type="checkbox"/>
3	<input checked="" type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/17: County No. <u>25</u> School District No. <u>6822</u>
4	Married filing separate returns. Spouse's name: <u>▲ SSN:</u> Net Income: \$	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	Qualifying widow(er) with dependent child. Name: SSN:	

Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3.....	▲ <u>1</u> X \$ 40 = \$ <u>40</u>	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind.....	▲ X \$ 20 = \$	▲ X \$ 20 = \$
c. Dependents: Enter 1 for each dependent.....	▲ X \$ 40 = \$	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
d. Enter first names of dependents here <u>AARADHYA</u>	e. Total \$ <u>40</u>	e. Total \$ <u>80</u>

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

B. Spouse/Status 3 ▲ A. You or Joint ▲

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....	<u>84,188.00</u>	<u>103,629.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	<u>.00</u>	<u>.00</u>		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....	<u>.00</u>	<u>.00</u>		
4. Alimony received.....	<u>.00</u>	<u>.00</u>		
5. Business income/(loss) from federal Schedule C or C-EZ.....	<u>.00</u>	<u>.00</u>		
6. Capital gain/(loss), federal Sch. D if required for federal purposes.....	<u>.00</u>	<u>.00</u>		
7. Other gains/(losses) from federal form 4797.....	<u>.00</u>	<u>.00</u>		
8. Taxable IRA distributions.....	<u>.00</u>	<u>.00</u>		
9. Taxable pensions and annuities.....	<u>.00</u>	<u>.00</u>		
10. Rents, royalties, partnerships, estates, etc.....	<u>.00</u>	<u>-2,000.00</u>		
11. Farm income/(loss) from federal Schedule F.....	<u>.00</u>	<u>.00</u>		
12. Unemployment compensation. See instructions.....	<u>.00</u>	<u>.00</u>		
13. Gambling winnings.....	<u>.00</u>	<u>.00</u>		
14. Other income, bonus depreciation, and section 179 adjustment.....	<u>.00</u>	<u>.00</u>		
15. Gross Income. Add lines 1-14.....	<u>84,188.00</u>	<u>101,629.00</u>		

NOTE: Use only blue or black ink, no pencils or red ink.

16. Payments to an IRA, Keogh, or SEP.....	<u>.00</u>	<u>.00</u>		
17. Deductible part of self-employment tax.....	<u>.00</u>	<u>.00</u>		
18. Health insurance premium.....	<u>.00</u>	<u>.00</u>		
19. Penalty on early withdrawal of savings.....	<u>.00</u>	<u>.00</u>		
20. Alimony paid.....	<u>.00</u>	<u>.00</u>		
21. Pension/retirement income exclusion.....	<u>.00</u> ▲	<u>.00</u>		
22. Moving expense deduction from federal form 3903.....	<u>.00</u>	<u>2,000.00</u>		
23. Iowa capital gain deduction; certain sales only. Include IA 100.....	<u>.00</u> ▲	<u>.00</u>		
24. Other adjustments.....	<u>.00</u>	<u>.00</u>		
25. Total adjustments. Add lines 16-24.....	<u>.00</u> ▲	<u>2,000.00</u>		
26. Net Income. Subtract line 25 from line 15.....	<u>84,188.00</u> ▲	<u>99,629.00</u>		

27. Federal income tax refund/overpayment received in 2017.....	<u>.00</u> ▲	<u>.00</u>		
28. Self-employment/household employment/other federal taxes.....	<u>.00</u> ▲	<u>.00</u>		
29. Addition for federal taxes. Add lines 27 and 28.....	<u>0.00</u>	<u>0.00</u>		
30. Total. Add lines 26 and 29.....	<u>84,188.00</u>	<u>99,629.00</u>		
31. Federal tax withheld.....	<u>10,338.00</u> ▲	<u>15,223.00</u>		
32. Federal estimated tax payments made in 2017.....	<u>.00</u> ▲	<u>.00</u>		
33. Additional federal tax paid in 2017 for 2016 and prior years.....	<u>.00</u> ▲	<u>.00</u>		
34. Deduction for federal taxes. Add lines 31, 32, and 33.....	<u>10,338.00</u>	<u>15,223.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	<u>73,850.00</u> ▲	<u>84,406.00</u>		



2017 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 8 Taxable Income				
36. BALANCE. From side 1, line 35.....			73,850.00	84,406.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard.....			6,854.00	8,110.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			66,996.00	76,296.00

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
Step 9 Tax, Credits, and Check-off Contributions				
39. Tax from tables or alternate tax.....	4,171.00	4,966.00		
40. Iowa lump-sum tax. 25% of federal tax from form 4972.....	.00	.00		
41. Iowa alternative minimum tax. Include IA 6251.....	.00	305.00		
42. Total tax. ADD lines 39, 40, and 41.....	4,171.00	5,271.00		
43. Total exemption credit amount(s) from Step 3, side 1.....	40.00	80.00		
44. Tuition and textbook credit for dependents K-12.....	.00	.00		
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	.00		
46. Total credits. ADD lines 43, 44, and 45.....	40.00	80.00		
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	4,131.00	5,191.00		
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	.00	.00		
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	4,131.00	5,191.00		
50. Out-of-state tax credit. Include IA 130.....	.00	.00		
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	4,131.00	5,191.00		
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	.00	.00		
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	4,131.00	5,191.00		
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	0.00	0.00		
55. Total state and local tax. ADD lines 53 and 54.....	4,131.00	5,191.00		
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	4,131.00	5,191.00		9,322.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here.....				.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....				9,322.00

Step 10 Credits				
59. Iowa Fuel tax credit. Include IA 4136.....	.00	.00		
60. Check One: Child and dependent care credit <input type="checkbox"/> OR Early childhood development credit <input type="checkbox"/>	.00	.00		
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	0.00		
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	.00		
63. Total refundable Iowa credits. ADD lines 59 - 62.....	.00	0.00		
64. RESERVED FOR FUTURE USE.....	0.00	0.00		
65. Taxpayers trust fund tax credit. The credit for 2017 is \$0.....	0.00	0.00		
66. Iowa income tax withheld.....	4,818.00	6,234.00		
67. Estimated and voucher payments made for tax year 2017.....	.00	.00		
68. TOTAL. ADD lines 63, 65, 66, and 67.....	4,818.00	6,234.00		
69. TOTAL CREDITS. ADD columns A and B on line 68 and enter here.....				11,052.00

Step 11 Refund				
70. If line 69 is more than line 58, Subtract line 58 from line 69. This is the amount you overpaid.....				1,730.00
71. Amount of line 70 to be REFUNDED.....			REFUND	1,730.00
71a. Routing Number: <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="6"/>			71b. Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
71c. Account Number: <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="1"/>				
72. Amount of line 70 to be applied to your 2018 estimated tax.....	.00	.00		.00

Step 12 Pay				
73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE.....				.00
74. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>				.00
75. Penalty and interest <input checked="" type="checkbox"/> 75a. Penalty .00 <input checked="" type="checkbox"/> 75b. Interest .00 ADD. Enter total.....				.00
76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here.....			PAY THIS AMOUNT	.00

Step 13 I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN HERE	<input type="checkbox"/>				
Your Signature	Date	Check if Deceased	Date of Death	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	06/02/2018
SIGN HERE	<input type="checkbox"/>				
Spouse's Signature	Date	Check if Deceased	Date of Death	P02090332	30-1017196
				Preparer's PTIN	Firm's FEIN
				(678) 965-9729	
			Daytime Telephone Number		Daytime Telephone Number

This return is due April 30th, 2018. Sign, enclose W-2s, and verify SSNs.
**MAILING ADDRESS: Iowa Income Tax Document Processing,
 PO BOX 9187, Des Moines IA 50306-9187**
 Make check payable to Treasurer, State of Iowa



If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

Name(s) G R MADAM SETTY & S ADIMULAM Social Security Number 298-85-3983

Medical and Dental Expenses	1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, IA 1040, line 18) 1. _____		
	2. Multiply the amount on federal form 1040*, line 38 (federal 1040A, line 21 or 1040EZ line 4) by 10% (.10). Enter result here 2. _____		
	3. Subtract line 2 from line 1. If less than zero, enter zero 3. _____		
Taxes You Paid	4. State and local taxes. Check only one box. a <input checked="" type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2017. b <input type="checkbox"/> RESERVED FOR FUTURE USE 4. <u>0</u>		
	5. Real estate taxes 5. _____		
	6. Personal property taxes, including annual vehicle registration 6. _____		
	7. Other taxes. List type and amount 7. <u>0</u>		
	8. Add lines 4-7. Enter total here 8. <u>0</u>		
Interest You Paid	9. Home mortgage interest and points a. Interest and points reported on federal form 1098 9a. _____		
	b. Interest not reported on federal form 1098 9b. _____		
	10. Points not reported on federal form 1098 10. _____		
	11. RESERVED FOR FUTURE USE 11. _____		
	12. Investment interest. Include federal form 4952 if required 12. _____		
	13. Add lines 9a-12. Enter total here 13. _____		
Gifts to Charity	14. Contributions by cash or check 14. <u>280</u>		
	15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____		
	16. Contributions carryover from prior year * 16. _____		
	17. Add lines 14-16. Enter total here 17. <u>280</u>		
Casualty/Theft Loss	18. Casualty or theft loss(es). Include federal form 4684 18. _____		
Job Expenses and Misc. Deductions	19. Unreimbursed employee expenses. Include federal form 2106 or 2106-EZ if required 19. <u>18,360</u> SEE STMT MISC		
	20. Tax preparation fees 20. _____		
	21. Other expenses. List type and amount: 21. _____		
	22. Add lines 19-21. Enter total here 22. <u>18,360</u>		
	23. Multiply the amount of federal form 1040*, line 38 (federal 1040A, line 21 or 1040EZ line 4) by 2% (.02). Enter the result here 23. <u>3,676</u>		
	24. Subtract line 23 from line 22. Enter the total. If less than zero, enter zero. 24. <u>14,684</u>		
Other Misc. Deductions	25. Other miscellaneous deductions not subject to 2% AGI Limit. List type and amount: 25. _____		
Total Itemized Deductions	26. Is the amount on federal form 1040* line 38 (federal 1040A, line 21 or 1040EZ line 4) more than \$156,900? If no, continue. If yes, see Iowa Itemized Deductions Worksheet, IA 104 to determine if your itemized deductions may be limited 26. <u>14,964</u>		
	27. Other deductions. See Expanded Instructions 27. _____		
	28. Total deductions. Add lines 26-27. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040. 28. <u>14,964</u>		
Proration of Deductions Between Spouses	Complete lines 29-33 only if you are using filing status 3 or 4.	Spouse	You
	29. Net income of both spouses from IA 1040, line 26 29b. <u>84,188</u>	29a. <u>99,629</u>	
	30. Total Iowa net income, add columns 29a and 29b. Enter total here 30. <u>183,817</u>		
	31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent 31. <u>54.2</u> %		
	32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A (You) 32. <u>8,110</u>		
	33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return (Spouse) 33. <u>6,854</u>		

*See the 2017 expanded instructions on our website if you have federal bonus depreciation/section 179 adjustment from line 14 of the IA 1040 and all other Iowa net income decoupling.



Name(s) GURU R MADAM SETTY Social Security Number 298-85-3983

PART I - Iowa Adjustments and Preferences. See instructions

If you itemized deductions on Schedule A (IA 1040), start on line 1. If you did not itemize on your IA 1040, start on line 6.

1. Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (IA 1040), line 3, or 2.5% (.025) of federal Form 1040, line 38 (federal 1040A, line 21 or 1040EZ, line 4) as adjusted for disallowance of depreciation/section 179, from line 14 of the IA 1040. 1. _____
2. Taxes from Schedule A (IA 1040), line 8 2. _____
3. Enter the home mortgage interest adjustment, if any, from federal Form 6251 3. _____
4. Miscellaneous deductions from Schedule A (IA 1040), line 24 4. 14,684.
5. Enter the amount, if any, from IA 104 (Iowa Itemized Deductions Worksheet), step 2, line 11. If you are not required to complete the IA 104, enter zero. See instructions 5. (0.)
6. Refunds of taxes (exclude Iowa income tax) 6. (_____)
7. Investment interest expense (difference between regular tax and AMT) 7. _____
8. Qualified small business stock 8. _____
9. Exercise of incentive stock options (excess of AMT income over regular tax income) . 9. _____
10. Estates and trusts [amount from federal Schedule K-1 (Form 1041) 10. _____
11. Electing large partnerships [amount from federal Schedule K-1 (Form 1065-B)] 11. _____
12. Disposition of property (difference between AMT and regular tax gain or loss) 12. _____
13. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 13. _____
14. Passive activities (difference between AMT and regular tax income or loss)..... 14. _____
15. Loss limitations (difference between AMT and regular tax income or loss) 15. _____
16. Circulation costs (difference between regular tax and AMT)..... 16. _____
17. Long-term contracts (difference between AMT and regular tax income)..... 17. _____
18. Mining costs (difference between regular tax and AMT) 18. _____
19. Research and experimental costs (difference between regular tax and AMT) 19. _____
20. Income from certain installment sales before January 1, 1987 20. (_____)
21. Other adjustments, including income-based related adjustments 21. _____
22. Total Adjustments and Preferences. Add lines 1 through 21 22. 14,684.



PART II - Iowa Alternative Minimum Taxable Income

23. Taxable income from IA 1040, line 38.....	23.	<u>76,296.</u>
24. Net operating loss deduction. Do not enter as a negative amount.....	24.	<u> </u>
25. Add lines 22, 23, and 24	25.	<u>90,980.</u>
26. Iowa Alternative Minimum Tax net operating loss deduction. See instructions.....	26.	<u> </u>
27. Iowa Alternative Minimum Taxable Income. Subtract line 26 from line 25	27.	<u>90,980.</u>

PART III - Iowa Exemption Amount and Iowa Alternative Minimum Tax Based on Iowa Filing Status

28. Enter the applicable amount below based on your Iowa filing status:		
• If filing status 1, 5, or 6, enter \$26,000		
• If filing status 2, enter \$35,000		
• If filing status 3 or 4, enter \$17,500.....	28.	<u>17,500.</u>
29. Enter the applicable amount below based on your Iowa filing status:		
• If filing status 1, 5, or 6, enter \$112,500		
• If filing status 2, enter \$150,000		
• If filing status 3 or 4, enter \$75,000.....	29.	<u>75,000.</u>
30. Subtract line 29 from line 27. If zero or less, enter zero.....	30.	<u>15,980.</u>
31. Multiply line 30 by 25% (0.25).....	31.	<u>3,995.</u>
32. Subtract line 31 from line 28. If zero or less, enter zero.....	32.	<u>13,505.</u>
33. Subtract line 32 from line 27. If zero or less, enter zero.....	33.	<u>77,475.</u>
34. Tentative Iowa Alternative Minimum Tax. Multiply line 33 by 6.7% (0.067)	34.	<u>5,191.</u>
35. Regular tax less exemption credits. IA 1040 line 39, less IA 1040 line 43	35.	<u>4,886.</u>
36. Iowa Alternative Minimum Tax. Subtract line 35 from 34; enter here and on IA 1040, line 41. If zero or less, enter zero. See instructions for Iowa Alternative Minimum Tax Limited to Net Worth.....	36.	<u>305.</u>

PART IV - Nonresidents and Part-Year Residents Only – Complete Lines 37-40

37... Enter Iowa net income plus Iowa adjustments and preferences. If zero or less, enter zero. See instructions.	37.	<u> </u>
38. Total net income plus total adjustments and preferences. See instructions.....	38.	<u> </u>
39. Divide line 37 by line 38 and enter the result to three decimal places. If greater than one, enter 1.000. See instructions	39.	<u> </u>
40. Iowa Alternative Minimum Tax. Multiply line 36 by 39. Enter here and on IA 1040, line 41. See instructions.....	40.	<u> </u>



Schedule A
Lines 19, 21, 25

Iowa
Miscellaneous Itemized Deductions Statement

2017
Statement MISC

▶ Attach to return

Name(s) Shown on Return G R MADAM SETTY & S ADIMULAM	Social Security Number 298-85-3983
---	---------------------------------------

Employee Business Expenses – Subject to 2% Limitation

1	Unreimbursed employee expenses from Form 2106	1	18,360
2	Excluded expenses from Form 2555	2	
3	Educator Expenses (from federal Educator Expenses Worksheet)	3	
4	Union and professional dues	4	
5	Professional subscriptions	5	
6	Uniforms and protective clothing	6	
7	Job search costs	7	
8	Other: _____ _____	8	
9	Total unreimbursed employee business expenses (combine lines 1 - 8) . . .	9	18,360

Miscellaneous Expenses – Subject to 2% Limitation

10	Depreciation and amortization deductions	10	
11	Casualty/theft losses of property used in services as an employee	11	
12	REMIC expenses, from Schedule E	12	
13	Investment expenses related to interest and dividend income	13	
14	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1	14	
15	Miscellaneous deductions excluded on Form 2555	15	
16	Investment counsel and advisory fees	16	
17	Certain attorney and accounting fees	17	
18	Safe deposit box rental fees	18	
19	IRA custodial fees	19	
20	Loss incurred from total distribution of all traditional IRAs	20	
21	Loss incurred from total distribution of all Roth IRAs	21	
22	Loss incurred from final distribution of a QTP investment	22	
23	Other: _____ _____	23	
24	Total miscellaneous expenses (combine lines 10 through 23)	24	

Other Miscellaneous Deductions – Not Subject to 2% Limitation

25	Deductions from Schedule(s) K-1 <input type="checkbox"/>	25	
26	Federal estate tax paid	26	
27	Impairment-related work expenses	27	
28	Amortizable bond premiums	28	
29	Gambling losses	29	
30	Claim repayments	30	
31	Casualty and theft losses	31	
32	Unrecovered investment in annuity	32	
33	Ordinary loss debt instrument	33	
34	Total other miscellaneous deductions (combine lines 25 through 33)	34	

Iowa Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name GURU
Middle Initial R Suffix _____
Last Name MADAM SETTY
Social Security No. 298-85-3983
Date of Birth 07/25/1985 (mm/dd/yyyy)
Date of Death _____ (mm/dd/yyyy)
Occupation _____
Work Phone _____

Spouse:

First Name SWATHI
Middle Initial _____ Suffix _____
Last Name ADIMULAM
Social Security No. 065-23-8483
Date of Birth 08/12/1985 (mm/dd/yyyy)
Date of Death _____ (mm/dd/yyyy)
Occupation _____
Work Phone _____

Home Phone _____
Check to print phone number on forms Home Taxpayer work Spouse work

Address 1275 SE UNIVERSITY AVE Apt No. 102
City WAUKEE State IA ZIP Code 50263
County Number 25
School District (alpha by district) A to N: _____ O to Z: Waukee
District Number 6822 Rate _____ 0 %

Part II – Resident Status

QuickZoom to Form IA 1040 , Individual Income Tax Form ► _____

Indicate Iowa residency by checking appropriate box(es):

Taxpayer

Resident, filing IA 1040
 Nonresident, filing IA 1040
 Part-year resident, IA 1040: Date moved into Iowa _____ Date moved out of Iowa _____

Spouse

Resident, filing IA 1040
 Nonresident, filing IA 1040
 Part-year resident, IA 1040: Date moved into Iowa _____ Date moved out of Iowa _____

QuickZoom to Form IA-126 to enter Nonresident or Part-Year resident information ► _____

Part III – Filing Status

Single
 Married filing joint return
 Married filing separately on this combined return
 Married filing separate returns.
 Spouse used standard deduction.
 Check this box if you **did not** live with your spouse at any time during the year.
 Head of household (with qualifying person)
If qualifying person is not claimed as a dependent on this return, enter the person's name
and social security number here _____
 Qualifying widow(er) with dependent child

Part IV – Other Information

Check this box to take the standard deduction even if less than itemized deductions
 Check this box to itemize even if itemized deductions are less than the standard deduction

Part IV – Other Information (continued)

- Check here if including net operating losses carried forward/back in other adjustments to income
- Check here if at least two-thirds of 2017 gross income is from farming or fishing.
- Taxpayer is the surviving spouse or is otherwise qualified for pension/retirement exclusion in 2017.
- Spouse is the surviving spouse or is otherwise qualified for pension/retirement exclusion in 2017.

- Yes No**
- Is the taxpayer or spouse claimed as a dependent on another person's Iowa return?
 - Not itemizing deductions and Form IA 4562A assets which would be on Sch. A.
 - Suppress automatic calculation and printing of Form IA 2210 and Form IA 2210F
 - Allow the Iowa DOR to calculate the underpayment penalty on Form IA 2210 or Form IA 2210F
 - gross income is from farming or fishing
 - May the State discuss return with preparer?

Contributions Contributions will reduce your refund or add to the amount you owe.

- 1 Fish / Wildlife 1 _____
- 2 State Fairgrounds Renovation 2 _____
- 3 Volunteer Firefighters / Veterans Trust Fund 3 _____
- 4 Child Abuse Prevention Fund 4 _____

Part V – 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 Iowa Department of Revenue, as applicable by law.

The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Yes No
 Federal Pin(s) will be used in place of the Form IA 8453 (See Help)

Occupation:

- | | | |
|-------------------------------------|-------------------------------------|--------------------------|
| Taxpayer | Spouse | |
| <input type="checkbox"/> | <input type="checkbox"/> | Farmer and farm laborers |
| <input type="checkbox"/> | <input type="checkbox"/> | Military (as on W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other |

EF Status Dates:

- Date return was EFiled ▶ _____
- Date return was accepted by the state ▶ _____
- Enter the date Form IA 1040V was given to client ▶ _____
- QuickZoom** to Form IA 8453 Additional Information SmartWorksheet ▶ _____

Part VI – Direct Deposit/Direct Debit Information

Caution: See Tax Help for Refund Expectation

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the payment date to withdraw from account listed below (Electronic Filing Only) . . . ▶ _____

State balance-due amount from this return ▶ _____

Bank Information

If you selected direct deposit or direct debit, fill out the information below:

Name of Financial Institution ▶ BANK OF AMERICA

Account type Checking Savings

Routing number 073000176

Account number 003792984981

International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

If the Iowa tax return can't be filed by April 30, and 90% of the tax liability is paid by April 30, then you automatically have until October 31, 2018 to file the Iowa return.

Form IA 1040-V is filed only to make a payment.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the tax return due date been extended?

Extended due date _____

QuickZoom to Form IA 1040V, Extension Payment Voucher ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name G R MADAM SETTY & S ADIMULAM	Social Security Number 298-85-3983
--------------------------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Spouse		Taxpayer
9 State withholding on Forms W-2	4,818.		6,234.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-G			
c State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld	4,818.		6,234.
15 Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Iowa Tax Return

SMART WORKSHEET FOR: Form IA 8453-IND: Individual Income Tax Declaration for Electronic Filing

Additional Information Smart Worksheet

A Date this return was E-Filed ▶ _____

B Date return was accepted by the state ▶ _____

C Documents to attach to the FRONT of Form IA 8453:
 Form W-2 (Copy 2) _____

D Documents to attach to the BACK of Form IA 8453:

Do Not Mail. Retain the completed Form IA 8453 with your ERO records for three years.
 Furnish it **only** upon request to IDRF.

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Tax Exemption Smart Worksheet

A	Minimum income level for this return	13,500.
B	Taxpayer's net income	99,629.
C	Spouse's net income	84,188.
D	Pension/retirement income exclusion (from line 21)	_____
E	Lump-sum distribution	_____
F	Reportable social security benefits from step 4 of IA 1040	_____
G	Total income.	183,817.
H	Total Nonresident/part-year resident income	_____
I	Income is less than or equal to the minimum income if this box is checked.	<input type="checkbox"/>

If checked, this return qualifies for exemption from tax. Zero is entered on line 55, and the remainder of the return is completed.

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Line 31 Smart Worksheet		
	Spouse — filing status 3 only	You or Joint
A Federal income tax withholding on Forms W-2	10,338.	15,223.
B Federal income tax withholding on Forms W-2G		
C Federal income tax withholding on Forms 1099-R		
D Federal income tax withholding on Forms 1099-MISC		
E Federal income tax withholding on Forms 1099-G		
F Federal income tax withholding on Schedules K-1		
G Fed income tax w/h on forms 1099-INT, DIV and OID		
H Other federal income tax withholding		

SMART WORKSHEET FOR: Form IA 1040: Individual Income Tax Long Form

Form IA 1040, Tax Smart Worksheet		
Tax Reduction Worksheet - Filing Status 1, Single		
1 Net income from line 26 and pension exclusion from line 21, Form IA 1040		_____
2 Subtract minimum income level for this return		_____
3 Result		_____
4 Tax from line 47, Form IA 1040		_____
5 Smaller of line 3 and line 4		_____
Alternate Tax Worksheet - Filing Statuses 2, 3, 4, 5, and 6		
1 Enter the total of net income from line 26 plus pension exclusion from line 21 of the IA 1040 and reportable social security benefits from step 4 of the IA 1040. Filing statuses 3 or 4: Enter combined totals of both spouses.	Alt tax status:	_____
	Eligible	183,817.
2 Minimum income level for this return		13,500.
3 Income subject to alternate tax		170,317.
4 Alternate tax. Multiply line 3 by 8.98% (.0898).		15,294.
5 Using the tax tables, determine the tax on the taxable income from line 38 of the IA 1040. Status 3 and 4 filers: Calculate tax separately and combine the amounts		
	Spouse — filing status 3 only	You or Joint
Tax table	4,171.	4,966. 9,137.

SMART WORKSHEET FOR: Form IA 1040 Schedule A: Itemized Deductions

Schedule A, Line 4 Smart Worksheet	
A Other state and local income taxes as reported on Federal Schedule A, line 5	11,052.
B Less Iowa income tax	(11,052.)
C School District Surtax and EMS Surtax paid in 2017	_____