

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

2017 California e-file Return Authorization for Individuals

8453

Your first name and initial SAI KRISHNA REDDY		Last name CHINNI		Suffix	Your SSN or ITIN 747-88-1224
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 3430 ANDREWS DR		Apt. no./ste. no. APT 301	PMB/private mailbox		Daytime telephone number
City PLEASANTON			State CA	ZIP code 94588	
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. **1** 19,219.

2 Refund or no amount due. See instructions **2** 311.

3 Amount you owe. See instructions **3** _____

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4 Direct deposit of refund 5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2018 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 311. 12 The remaining amount of my refund for direct deposit _____

9 Routing number 101100045 13 Routing number _____

10 Account number 518006343211 14 Account number _____

11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Your signature _____ Date _____

Spouse's/RDP's signature. If filing jointly, both must sign. Date _____
It is unlawful to forge a spouse's/RDP's signature.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date 06/19/2018	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA	FEIN 30-1017196	ZIP code 30041		

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date 06/19/2018	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P02090332
	Firm's name (or yours if self-employed) and address APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA	FEIN 30-1017196	ZIP code 30041	

APE

747-88-1224 CHIN
SAIKRISHNAR CHINNI

17

A
R
RP

3430 ANDREWS DR
PLEASANTON CA 94588 APT 301

12-19-1991

- 1 [X] Single
2 [] Married/RDP filing jointly. See inst.
3 [] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 [] Head of household (with qualifying person). See instructions.
5 [] Qualifying widow(er) with dependent child. Enter year spouse/RDP died
If your California filing status is different from your federal filing status, check the box here []

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst []

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$114 = \$ 114

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$114 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 [] X \$114 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 [] X \$353 = \$

11 Exemption amount: Add line 7 through line 10 11 [] X \$114 = \$ 114

12 Total California wages from your Form(s) W-2, box 16 12 19219 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 67003 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 67003 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C. 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 67003 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions. 18 4236 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-. 19 62767 00

Total Taxable Income

Your name: CHINNI

Your SSN or ITIN: 747-88-1224

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	3197	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	19219	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	18004	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 5 0 9
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	916	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	2 8 6 8
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39	33	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	883	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00	
42	Add line 40 and line 41	42	883	00	

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
	58	Enter credit name _____ code _____ and amount	58		00
	59	Enter credit name _____ code _____ and amount	59		00
	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
62	Add line 50 and line 55 through 61. These are your total credits	62		00	
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	883	00	

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
	72	Mental Health Services Tax. See instructions	72		00
	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	883	00

Payments	81	California income tax withheld. See instructions	81	1194	00
	82	2017 CA estimated tax and other payments. See instructions	82		00
	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPD) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86	1194	00

Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	311	00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102	0	00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	311	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00



Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	00
Alzheimer's Disease/Related Disorders Fund	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Voluntary Tax Contribution Fund	● 413	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	00
120 Add code 400 through code 440. This is your total contribution	● 120	00

Your name: CHINNI Your SSN or ITIN: 747-88-1224

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001
Pay Online - Go to ftb.ca.gov/pay for more information.

122 Interest, late return penalties, and late payment penalties.
123 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached
124 Total amount due. See instructions. Enclose, but do not staple, any payment

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip.
See instructions. Have you verified the routing and account numbers? Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
[Routing number] [Type] [Account number] [Direct deposit amount]

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
[Routing number] [Type] [Account number] [Direct deposit amount]

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

X Your email address. Enter only one email address. Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

APPANA RUPA VENKATA SATYA SAI MANI KUMAR

Firm's name (or yours, if self-employed) PTIN

GLOBAL TAXES LLC P 0 2 0 9 0 3 3 2

Firm's address FEIN

2530 PEBBLE CREEK LN CUMMING GA 30041 3 0 1 0 1 7 1 9 6

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No
Print Third Party Designee's Name Telephone Number

California Adjustments — 2017 Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: S A I, K R I S H N A, R E D D Y, C H I N N I SSN or ITIN: 7 4 7 8 8 1 2 2 4

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> TX	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input checked="" type="radio"/> TX 09/06/2017	<input type="radio"/> _____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/> _____	<input type="radio"/> _____
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> _____	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> 117	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> _____
8 Before 2017: I was a CA resident for the period of	<input type="radio"/> _____	<input type="radio"/> _____

Part II Income Adjustment Schedule

Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 7	<input checked="" type="radio"/> 69,003.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 69,003.	<input checked="" type="radio"/> 19,219.
8 Taxable interest. (b) _____ 8(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> _____ 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> _____ 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> _____ 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20 Social security benefits. (a) <input checked="" type="radio"/> _____ 20(b)	<input type="radio"/>	<input type="radio"/>			
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input checked="" type="radio"/>	{ a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> }	a _____ b _____ c <input checked="" type="radio"/> d _____ e _____ f <input type="radio"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	<input checked="" type="radio"/> 69,003.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 69,003.	<input checked="" type="radio"/> 19,219.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E 22b	69,003.			69,003.	19,219.
23	Educator expenses 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24					
25	Health savings account deduction 25					
26	Moving expenses 26	2,000.			2,000.	0.
27	Deductible part of self-employment tax . . . 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 Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a					
32	IRA deduction 32					
33	Student loan interest deduction 33					
34	Tuition and fees 34					
35	Domestic production activities deduction . 35					
36	Add line 23 through line 35 in each column, A through E 36	2,000.			2,000.	0.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	67,003.			67,003.	19,219.

Part III Adjustments to Federal Itemized Deductions

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) <input type="radio"/> 38	1,367.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. <input type="radio"/> 39	1,367.
40	Subtract line 39 from line 38 <input type="radio"/> 40	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____ <input type="radio"/> 41	
42	Combine line 40 and line 41 <input type="radio"/> 42	0.
43	Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$187,203 Head of household \$280,808 Married/RDP filing jointly or qualifying widow(er) \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 <input type="radio"/> 43	0.
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions <input type="radio"/> 44	4,236.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E <input type="radio"/> 45	19,219.
46	Enter your deductions from line 44 <input type="radio"/> 46	4,236.
47	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- <input type="radio"/> 47	0.2868
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 <input type="radio"/> 48	1,215.
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- <input type="radio"/> 49	18,004.

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

Your first name and initial: **SAI KRISHNA REDDY** Last name: **CHINNI** Your social security number: **747-88-1224**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **3430 ANDREWS DR** Apt. no. **301**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Pleasanton CA 94588**

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 **1**

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)
				<input 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 _____
• did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **1**

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **69,003.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ **13**

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

15a IRA distributions **15a** **15b** Taxable amount **15b**

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

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

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

19 Unemployment compensation **19**

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

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

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **69,003.**

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 **31a** **b** Recipient's SSN ▶ _____

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** **67,003.**

	38	Amount from line 37 (adjusted gross income)		38	67,003.
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes	<input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a	39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	6,350.
	41	Subtract line 40 from line 38		41	60,653.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		42	4,050.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	56,603.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44	9,895.
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46		47	9,895.
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
	55	Add lines 48 through 54. These are your total credits		55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	9,895.	
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>		61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)		62	
63	Add lines 56 through 62. This is your total tax		63	9,895.	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	11,548.	
	65	2017 estimated tax payments and amount applied from 2016 return	65		
	66a	Earned income credit (EIC) NO	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		74	11,548.	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	1,653.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		76a	1,653.
	b	Routing number 1 0 1 1 0 0 0 4 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
Direct deposit? See instructions.	d	Account number 5 1 8 0 0 6 3 4 3 2 1 1			
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77			
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	
	79	Estimated tax penalty (see instructions)	79		

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

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

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

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

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/19/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196		Phone no. (678) 965-9729	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

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

SAI KRISHNA REDDY CHINNI

Your social security number

747-88-1224

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.