

**MetaFin Consulting, LLC**  
206 Harmon Cove Towers  
Secaucus, NJ 07094  
323-325-2898

Client TAX75284  
March 28, 2018

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**SANDEEP N MUNDE and DIPTI MINUNATH NAGARE**  
**2820 STRAND CIRCLE**  
**OVIEDO, FL 32765**  
Home: (407) 969-9682 Work: (407) 969-9682 Mobile: (407) 969-9682

**FEDERAL FORMS**

Form 1040	2017 U.S. Individual Income Tax Return
Schedule A	Itemized Deductions
Form 1116	Foreign Tax Credit
Form 2106	Employee Business Expense
Form 2441	Child and Dependent Care Credit
Form 8606	Nondeductible IRAs
Form 8889	Health Savings Accounts
	Vehicle Expense Worksheet

**GEORGIA FORMS**

Form 500	2017 Georgia Individual Income Tax Return
Form 500, Schedule 3	Schedule 3 Part-Year/Nonresident
Form IND-CR 202	Child and Dependent Care Expense Credit
Form IND-CR Summary	IND-CR Summary Worksheet

**FEE SUMMARY**

Preparation Fee

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The Tax Reform Impact Summary shows the impact of the Tax Cuts and Jobs Act as if it had been in effect this tax year. It does not attempt to forecast next year's tax return, or account for expiring provisions. Specific limitations in applying the tax law to this return, if any, are noted on continuing pages.

	2017 Tax Law	2018 Tax Law
<b>INCOME</b>		
Total income.....	135,199	135,199
<b>ADJUSTMENTS TO INCOME</b>		
Total adjustments.....	0	0
Adjusted gross income.....	135,199	135,199
<b>ITEMIZED DEDUCTIONS</b>		
Taxes.....	7,761	7,761
Interest.....	9,291	9,291
Miscellaneous (subject to 2% of AGI).....	5,681	0
Total itemized deductions.....	22,733	17,052
<b>TAX COMPUTATIONS</b>		
Standard deduction.....	12,700	24,000
Larger of itemized or standard deduction.....	22,733	24,000
Income prior to exemption deduction.....	112,466	111,199
Exemption deduction.....	12,150	0
Taxable income.....	100,316	111,199
Tax before credits.....	16,557	16,343
<b>NONREFUNDABLE CREDITS</b>		
Family tax credit.....	0	500
Other credits.....	455	455
Total nonrefundable credits.....	455	955
Tax after credits.....	16,102	15,388
<b>OTHER TAXES</b>		
Total tax.....	16,102	15,388
<b>REFUNDABLE CREDITS</b>		
Total refundable credits.....	0	0
Total tax after refundable credits.....	16,102	15,388

**TAX COMPUTATION**

The Tax Cuts and Jobs Act increases the standard deduction on this return from \$12,700 to \$24,000 in 2018.

The Tax Cuts and Jobs Act eliminates the deduction for personal exemptions in 2018.

SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE

625-81-1363

	2017	2016	Diff
<b>INCOME</b>			
Wages, salaries, tips, etc.....	134,941	123,056	11,885
Interest income.....	258	0	258
Total income.....	135,199	123,056	12,143
<b>ADJUSTMENTS TO INCOME</b>			
Total adjustments.....	0	0	0
Adjusted gross income.....	135,199	123,056	12,143
<b>ITEMIZED DEDUCTIONS</b>			
Taxes.....	7,761	1,210	6,551
Interest.....	9,291	5,542	3,749
Contributions.....	0	200	-200
Miscellaneous (subject to 2% of AGI).....	5,681	11,719	-6,038
Total itemized deductions.....	22,733	18,671	4,062
<b>TAX COMPUTATION</b>			
Standard deduction.....	12,700	12,600	100
Larger of itemized or standard deduction.....	22,733	18,671	4,062
Income prior to exemption deduction.....	112,466	104,385	8,081
Exemption deduction.....	12,150	12,150	0
Taxable income.....	100,316	92,235	8,081
Tax before credits.....	16,557	14,599	1,958
<b>CREDITS</b>			
Foreign tax credit.....	36	0	36
Child and dependent care credit.....	419	392	27
Child tax credit.....	0	300	-300
Total credits.....	455	692	-237
Tax after credits.....	16,102	13,907	2,195
<b>OTHER TAXES</b>			
Total tax.....	16,102	13,907	2,195
<b>PAYMENTS</b>			
Federal income tax withheld.....	18,896	16,048	2,848
Total payments.....	18,896	16,048	2,848
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	2,794	2,141	653
Amount refunded to you.....	2,794	2,141	653
Amount you owe.....	0	0	0
<b>TAX RATES</b>			
Marginal tax rate.....	25.0%	25.0%	0.0%
Effective tax rate.....	16.1%	15.1%	1.0%

**GEORGIA INCOME**

Wages, salaries, tips, etc.....	65,688
Total Income.....	65,688
Georgia modified adjusted gross income.....	65,688

**INCOME FROM ALL SOURCES**

Wages, salaries, tips, etc.....	134,941
Interest & dividend income.....	258
Total Income.....	135,199
Federal adjusted gross income.....	135,199

**INCOME ALLOCATION %**

Georgia modified adjusted gross income.....	65,688
Federal AGI less GA modifications.....	135,199
Ratio Georgia income/Federal income.....	49%

**PRORATION OF EXEMPTIONS**

Itemized or standard deduction.....	22,733
Personal exemptions from Form 500.....	10,400
Total deductions and exemptions.....	33,133
Total deduction & exemptions * ratio.....	16,099
Georgia taxable income.....	49,589

**TAX CALCULATION**

Tax.....	2,713
Nonrefundable credits.....	126
Net tax.....	2,587

**TAX PAYMENTS**

Georgia income tax withheld.....	3,804
Total prepayment credits.....	3,804

**REFUND OR AMOUNT DUE**

Overpayment.....	1,217
Amount refunded to you.....	1,217

**TAX RATES**

Marginal tax rate.....	6.0%
Effective tax rate.....	5.5%

SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE

625-81-1363

**Forms needed for this return**

Federal: 1040, Sch A, 1116, 2106, 2441, 8606, 8889  
 Georgia: 500, Sch 3, IND-CR 202, IND-CR Summary

**Tax Rates**

	<u>Marginal</u>	<u>Effective</u>
Federal	25.0%	16.1%
Georgia	6.0%	5.5%

**Carryovers to 2018**Federal Carryovers

Foreign Tax Credit	44.
AMT Foreign Tax Credit	58.
Taxpayer Traditional IRA Basis	5,500.
Spouse Traditional IRA Basis	5,500.
Taxable State and Local Refunds	1,217.

Form **1040**

Department of the Treasury — Internal Revenue Service (99)

**U.S. Individual Income Tax Return**

**2017**

OMB No. 1545-0074

IRS Use Only — Do not write or staple in this space.

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

Your first name and initial SANDEEP N MUNDE Last name Your social security number 625-81-1363

If a joint return, spouse's first name and initial Last name DIPTI MINUNATH NAGARE Spouse's social security number 673-73-9463

Home address (number and street). If you have a P.O. box, see instructions. 2820 STRAND CIRCLE Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). OVIEDO, FL 32765 Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code 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 & full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions) Boxes checked on 6a and 6b. 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. d Total number of exemptions claimed.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 134,941. 8a Taxable interest. Attach Schedule B if required. 8a 258. 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 b Taxable amount. 15b 16a Pensions and annuities. 16a b Taxable amount. 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation. 19 20a Social security benefits. 20a b Taxable amount. 20b 21 Other income. List type and amount. 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 135,199.

Adjusted Gross Income 23 Educator expenses. 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 25 Health savings account deduction. Attach Form 8889. 25 26 Moving expenses. Attach Form 3903. 26 27 Deductible part of self-employment tax. Attach Schedule SE. 27 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction. 29 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN. 31a 32 IRA deduction. 32 33 Student loan interest deduction. 33 34 Tuition and fees. Attach Form 8917. 34 35 Domestic production activities deduction. Attach Form 8903. 35 36 Add lines 23 through 35. 36 0. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 135,199.

**Tax and Credits**

**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

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	135,199.
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind.		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	22,733.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	112,466.
<b>42</b>	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	<b>42</b>	12,150.
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	100,316.
<b>44</b>	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	<b>44</b>	16,557.
<b>45</b>	Alternative minimum tax (see instructions). Attach Form 6251	<b>45</b>	0.
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	16,557.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	36.
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	419.
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your total credits	<b>55</b>	455.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	16,102.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your total tax	<b>63</b>	16,102.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	18,896.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	Earned income credit (EIC)	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <input type="checkbox"/> <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	<b>74</b>	18,896.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	<b>75</b>	2,794.
<b>76a</b>	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	2,794.
<b>b</b>	Routing number: 121000358 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number: 001062672938		
<b>77</b>	Amount of line 75 you want applied to your 2018 estimated tax	<b>77</b>	

**Amount You Owe**

<b>78</b>	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

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

Designee's name **Vijay K Koukuntla** Phone no. **3233252898** Personal identification number (PIN) **61112**

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

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 PROFESSIO Daytime phone number: (407) 969-9682

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: SOFTWARE PROFESSIO If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

**Paid Preparer Use Only**

Print/Type preparer's name: Vijay K Koukuntla Preparer's signature: Vijay K Koukuntla Date: \_\_\_\_\_ Check  if self-employed PTIN: P01946338

Firm's name: MetaFin Consulting, LLC Firm's address: 206 Harmon Cove Towers Secaucus, NJ 07094 Firm's EIN: 47-4861613 Phone no.: 323-325-2898



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
► Attach to Form 1040.

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

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE

625-81-1363

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) .....	1	700.
	2	Enter amount from Form 1040, line 38. .... <b>2</b>   135,199.		
	3	Multiply line 2 by 7.5% (0.075) .....	3	10,140.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4	0.
<b>Taxes You Paid</b>	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	3,804.
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions) .....	6	3,957.
	7	Personal property taxes .....	7	
	8	Other taxes. List type and amount ► .....	8	
	9	Add lines 5 through 8 .....	9	7,761.
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098 .....	10	9,291.
	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	
	<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).			
	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	9,291.
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. ....	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	17	
	18	Carryover from prior year. ....	18	
	19	Add lines 16 through 18 .....	19	0.
<b>Casualty and Theft Losses</b>	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	0.
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► .....		
		Form 2106 (Taxpayer) .....	21	8,249.
	22	Tax preparation fees .....	22	136.
	23	Other expenses—investment, safe deposit box, etc. List type and amount ► .....	23	
	24	Add lines 21 through 23 .....	24	8,385.
	25	Enter amount from Form 1040, line 38. .... <b>25</b>   135,199.		
	26	Multiply line 25 by 2% (0.02) .....	26	2,704.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27	5,681.
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ► .....	28	0.
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. ....	29	22,733.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. .... ► <input type="checkbox"/>		

**Foreign Tax Credit**

**2017**

Department of the Treasury  
Internal Revenue Service (99)

(Individual, Estate, or Trust)  
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.  
▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Attachment  
Sequence No. **19**

Name **SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE** ID no. as shown on page 1 of your tax return **625-81-1363**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income
- b  General category income
- c  Section 901(j) income
- d  Certain income re-sourced by treaty
- e  Lump-sum distributions

f Resident of (name of country) ▶

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession. ▶ <b>INDIA</b>				
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): <u>Interest</u>				
	258.			<b>1 a</b> 258.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement).....				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions).....	3,957.			
<b>b</b> Other deductions (attach statement).....				
<b>c</b> Add lines 3a and 3b.....	3,957.			
<b>d</b> Gross foreign source income (see instructions).....	258.			
<b>e</b> Gross income from all sources (see instructions).....	135,199.			
<b>f</b> Divide line 3d by line 3e (see instructions).....	0.001908			
<b>g</b> Multiply line 3c by line 3f.....	8.			
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions).....				
<b>b</b> Other interest expense.....				
<b>5</b> Losses from foreign sources.....				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5.....	8.			<b>6</b> 8.
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶				<b>7</b> 250.

**Part II Foreign Taxes Paid or Accrued** (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add columns (o) through (r))
		In foreign currency				In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	
<b>A</b>	12/31/2017							80.		80.
<b>B</b>										
<b>C</b>										

**8** Add lines A through C, column (s). Enter the total here and on line 9, page 2..... ▶ **8** 80.

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	80.		
10	Carryback or carryover (attach detailed computation).	10			
11	Add lines 9 and 10.	11	80.		
12	Reduction in foreign taxes (see instructions).	12			
13	Taxes reclassified under high tax kickout (see instructions).	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14			80.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15	250.		
16	Adjustments to line 15 (see instructions).	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	250.		
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	112,466.		
	<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19			0.0022
20	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42.	20			16,557.
	<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit).	21			36.
22	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions).	22			36.

**Part IV Summary of Credits From Separate Parts III** (see instructions)

23	Credit for taxes on passive category income.	23			
24	Credit for taxes on general category income.	24			
25	Credit for taxes on certain income re-sourced by treaty.	25			
26	Credit for taxes on lump-sum distributions.	26			
27	Add lines 23 through 26.	27			
28	Enter the <b>smaller</b> of line 20 or line 27.	28			36.
29	Reduction of credit for international boycott operations. See instructions for line 12.	29			
30	Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a.	30			36.

Alternative Minimum Tax  
**Foreign Tax Credit**

**2017**

Department of the Treasury  
Internal Revenue Service (99)

(Individual, Estate, or Trust)  
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.  
▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Attachment  
Sequence No. **19**

Name **SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE** ID no. as shown on page 1 of your tax return **625-81-1363**

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ▶

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
<b>g</b> Enter the name of the foreign country or U.S. possession. ▶ <b>INDIA</b>				
<b>1 a</b> Gross income from sources within country shown above and of the type checked above (see instructions): <u>Interest</u>				
	258.			<b>1 a</b> 258.
<b>b</b> Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
<b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement).....				
<b>3</b> Pro rata share of other deductions <b>not definitely related:</b>				
<b>a</b> Certain itemized deductions or standard deduction (see instructions).....				
<b>b</b> Other deductions (attach statement).....				
<b>c</b> Add lines 3a and 3b.....				
<b>d</b> Gross foreign source income (see instructions).....	258.			
<b>e</b> Gross income from all sources (see instructions).....	135,199.			
<b>f</b> Divide line 3d by line 3e (see instructions).....	0.001908			
<b>g</b> Multiply line 3c by line 3f.....				
<b>4</b> Pro rata share of interest expense (see instructions):				
<b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions).....				
<b>b</b> Other interest expense.....				
<b>5</b> Losses from foreign sources.....				
<b>6</b> Add lines 2, 3g, 4a, 4b, and 5.....				<b>6</b>
<b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶				<b>7</b> 258.

**Part II Foreign Taxes Paid or Accrued** (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(s) Total foreign taxes paid or accrued (add columns (o) through (r))	
		In foreign currency				In U.S. dollars					
		Taxes withheld at source on:				Taxes withheld at source on:					
		(j) Date paid or accrued	(k) Dividends	(l) Rents & royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents & royalties	(q) Interest	(r) Other foreign taxes paid or accrued	
<b>A</b>		12/31/2017							80.		80.
<b>B</b>											
<b>C</b>											

**8** Add lines A through C, column (s). Enter the total here and on line 9, page 2..... ▶ **8** 80.

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	80.		
10	Carryback or carryover (attach detailed computation).	10			
11	Add lines 9 and 10.	11	80.		
12	Reduction in foreign taxes (see instructions).	12			
13	Taxes reclassified under high tax kickout (see instructions).	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14			80.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15	258.		
16	Adjustments to line 15 (see instructions).	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	258.		
18	<b>Individuals:</b> Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption.	18	125,908.		
<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.					
19	Divide line 17 by line 18. If line 17 is more than line 18, enter '1'.	19			0.0020
20	<b>Individuals:</b> Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42.	20			10,766.
<b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions.					
21	Multiply line 20 by line 19 (maximum amount of credit).	21			22.
22	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions).	22			22.

**Part IV Summary of Credits From Separate Parts III** (see instructions)

23	Credit for taxes on passive category income.	23			
24	Credit for taxes on general category income.	24			
25	Credit for taxes on certain income re-sourced by treaty.	25			
26	Credit for taxes on lump-sum distributions.	26			
27	Add lines 23 through 26.	27			
28	Enter the <b>smaller</b> of line 20 or line 27.	28			22.
29	Reduction of credit for international boycott operations. See instructions for line 12.	29			
30	Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a.	30			22.

# Child and Dependent Care Expenses

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

**2017**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Attachment  
Sequence No. **21**

Name(s) shown on return

Your social security number

SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE

625-81-1363

**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)
	KIDZONE&BEYOND CHILDCARE	3200 LOCKWOOD BLVD OVIDO, FL 32765	431-24-3221	1,371.
	ORLANDO SCIENCE CENTRE	777 E. PRINCETON STREET ORLANDO, FL 32803	59-0896343	725.

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	
AAHANA	MUNDE	934-90-1109 2,096.

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> 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.	<b>3</b>	2,096.																																																												
<b>4</b> Enter your <b>earned income</b> . See instructions.	<b>4</b>	65,688.																																																												
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4.	<b>5</b>	69,253.																																																												
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5.	<b>6</b>	2,096.																																																												
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.	<b>7</b>	135,199.																																																												
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X .20																																																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">If line 7 is:</th> <th colspan="3" style="text-align: left;">If line 7 is:</th> </tr> <tr> <th style="text-align: left;">Over</th> <th style="text-align: left;">But not over</th> <th style="text-align: left;">Decimal amount is</th> <th style="text-align: left;">Over</th> <th style="text-align: left;">But not over</th> <th style="text-align: left;">Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0 – 15,000</td> <td></td> <td>.35</td> <td>\$29,000 – 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>15,000 – 17,000</td> <td></td> <td>.34</td> <td>31,000 – 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>17,000 – 19,000</td> <td></td> <td>.33</td> <td>33,000 – 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>19,000 – 21,000</td> <td></td> <td>.32</td> <td>35,000 – 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>21,000 – 23,000</td> <td></td> <td>.31</td> <td>37,000 – 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>23,000 – 25,000</td> <td></td> <td>.30</td> <td>39,000 – 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>25,000 – 27,000</td> <td></td> <td>.29</td> <td>41,000 – 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>27,000 – 29,000</td> <td></td> <td>.28</td> <td>43,000 – No limit</td> <td></td> <td>.20</td> </tr> </tbody> </table>	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		
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions.	<b>9</b>	419.																																																												
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	<b>10</b>	16,521.																																																												
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47.	<b>11</b>	419.																																																												

**BAA** For Paperwork Reduction Act Notice, see your tax return instructions.

**Nondeductible IRAs**

▶ Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.  
▶ Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

Your social security number

SANDEEP N MUNDE

625-81-1363

**Fill in Your Address  
Only if You Are Filing  
This Form by Itself  
and Not With Your  
Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apartment number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2017.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2017 **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions.	1	5,500.								
2	Enter your total basis in traditional IRAs. See instructions.	2									
3	Add lines 1 and 2.	3	5,500.								
	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</td> <td style="padding: 2px;">No</td> <td style="padding: 2px;">▶</td> <td style="padding: 2px;">Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</td> </tr> <tr> <td></td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">▶</td> <td style="padding: 2px;">Go to line 4.</td> </tr> </table>	In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	▶	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		Yes	▶	Go to line 4.		
In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	▶	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.								
	Yes	▶	Go to line 4.								
4	Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018.	4									
5	Subtract line 4 from line 3.	5									
6	Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions.	6									
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. <b>Do not</b> include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions).	7									
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. <b>Do not</b> include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16.	8									
9	Add lines 6, 7, and 8.	9									
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter '1.000'	10	X								
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17.	11									
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.	12									
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions.	13									
14	Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2017 and earlier years</b> .	14	5,500.								
15a	Subtract line 12 from line 7.	15a									
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 22, <b>or</b> 2017 Form 8915B, line 13, as applicable.	15b									
c	<b>Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b.	15c									
<p><b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59-1/2 at the time of the distribution. See instructions.</p>											

**Nondeductible IRAs**

▶ Go to [www.irs.gov/Form8606](http://www.irs.gov/Form8606) for instructions and the latest information.  
▶ Attach to 2017 Form 1040, 2017 Form 1040A, or 2017 Form 1040NR.

Name. If married, file a separate form for each spouse required to file 2017 Form 8606. See instructions.

Your social security number

DIPTI MINUNATH NAGARE

673-73-9463

**Fill in Your Address  
Only if You Are Filing  
This Form by Itself  
and Not With Your  
Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apartment number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

**Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs**

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2017.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2017 **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2017 Forms 8915A and 8915B)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017 (excluding any portion you recharacterized) **and** you made nondeductible contributions to a traditional IRA in 2017 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2017, including those made for 2017 from January 1, 2018, through April 17, 2018. See instructions.	1	5,500.						
2	Enter your total basis in traditional IRAs. See instructions.	2							
3	Add lines 1 and 2.	3	5,500.						
	<table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</td> <td style="padding: 2px;">No</td> <td style="padding: 2px;">▶ Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</td> </tr> <tr> <td></td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">▶ Go to line 4.</td> </tr> </table>	In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	▶ Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		Yes	▶ Go to line 4.		
In 2017, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No	▶ Enter the amount from line 3 on line 14. Do not complete the rest of Part I.							
	Yes	▶ Go to line 4.							
4	Enter those contributions included on line 1 that were made from January 1, 2018, through April 17, 2018.	4							
5	Subtract line 4 from line 3.	5							
6	Enter the value of <b>all</b> your traditional, SEP, and SIMPLE IRAs as of December 31, 2017, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B). If the result is zero or less, enter -0-. See instructions.	6							
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2017. <b>Do not</b> include rollovers (other than repayments of qualified disaster distributions (see 2017 Forms 8915A and 8915B)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions).	7							
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2017. <b>Do not</b> include amounts converted that you later recharacterized (see instructions). Also enter this amount on line 16.	8							
9	Add lines 6, 7, and 8.	9							
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter '1.000'	10	X						
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17.	11							
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA.	12							
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions.	13							
14	Subtract line 13 from line 3. This is <b>your total basis in traditional IRAs for 2017 and earlier years</b> .	14	5,500.						
15a	Subtract line 12 from line 7.	15a							
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2017 Forms 8915A and 8915B (see instructions). Also, enter this amount on 2017 Form 8915A, line 22, <b>or</b> 2017 Form 8915B, line 13, as applicable.	15b							
c	<b>Taxable amount.</b> Subtract line 15b from line 15a. If more than zero, also include this amount on 2017 Form 1040, line 15b; 2017 Form 1040A, line 11b; or 2017 Form 1040NR, line 16b.	15c							
	<b>Note:</b> You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59-1/2 at the time of the distribution. See instructions.								



Name(s) shown on Form 1040 or Form 1040NR

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶

673-73-9463

DIPTI MINUNATH NAGARE

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions).....	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).....	2	
3	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter.....	3	3,400.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs.....	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-.....	5	3,400.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter.....	6	3,400.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions).....	7	
8	Add lines 6 and 7.....	8	3,400.
9	Employer contributions made to your HSAs for 2017.....	9	2,950.
10	Qualified HSA funding distributions.....	10	
11	Add lines 9 and 10.....	11	2,950.
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	450.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25..... <i>Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).</i>	13	

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14 a	Total distributions you received in 2017 from all HSAs (see instructions).....	14 a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).....	14 b	
c	Subtract line 14b from line 14a.....	14 c	
15	Qualified medical expenses paid using HSA distributions (see instructions).....	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter 'HSA' and the amount.....	16	
17 a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here.....	<input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter 'HSA' and the amount on the line next to the box.....	17 b	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule.....	<b>18</b>	
19 Qualified HSA funding distribution.....	<b>19</b>	
20 <b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter 'HSA' and the amount.....	<b>20</b>	
21 <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter 'HDHP' and the amount on the line next to the box.....	<b>21</b>	

Form 8889 (2017)

**Employee Business Expenses**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form2106](http://www.irs.gov/Form2106) for instructions and the latest information.**

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

Your name <b>SANDEEP N MUNDE</b>	Occupation in which you incurred expenses <b>SOFTWARE PROFESSIONAL</b>	Social security number <b>625-81-1363</b>
-------------------------------------	---	--

**Part I Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	3,313.		
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment	4	980.		
5 Meals and entertainment expenses (see instructions)	5			7,912.
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	4,293.		7,912.

**Note:** If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that <b>weren't</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code 'L' in box 12 of your Form W-2 (see instructions)	7			
---	---	--	--	--

**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	4,293.		7,912.
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9	4,293.		3,956.
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7).</b> (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			8,249.

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**

Form **2106** (2017)

**Part II Vehicle Expenses**

<b>Section A – General Information</b> (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service.....	6/01/15	
12	Total miles the vehicle was driven during 2017.....	10,000 miles	miles
13	Business miles included on line 12.....	6,192 miles	miles
14	Percent of business use. Divide line 13 by line 12.....	61.92 %	%
15	Average daily roundtrip commuting distance.....	36 miles	miles
16	Commuting miles included on line 12.....	3,808 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12.....	miles	miles
18	Was your vehicle available for personal use during off-duty hours?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Do you have evidence to support your deduction?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21	If 'Yes,' is the evidence written?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>Section B – Standard Mileage Rate</b> (See the instructions for Part II to find out whether to complete this section or Section C.)			
22	Multiply line 13 by 53.5 º (0.535). Enter the result here and on line 1.....	22	3,313.

<b>Section C – Actual Expenses</b>		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.....		
24 a	Vehicle rentals.....		
24 b	Inclusion amount (see instructions)....		
24 c	Subtract line 24b from line 24a.....		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 – see instructions).....		
26	Add lines 23, 24c, and 25.....		
27	Multiply line 26 by the percentage on line 14.....		
28	Depreciation (see instructions).....		
29	Add lines 27 and 28. Enter total here and on line 1.....		

<b>Section D – Depreciation of Vehicles</b> (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions).....		
31	Enter section 179 deduction and special allowance (see instructions)....		
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)....		
33	Enter depreciation method and percentage (see instructions).....		
34	Multiply line 32 by the percentage on line 33 (see instructions).....		
35	Add lines 31 and 34.....		
36	Enter the applicable limit explained in the line 36 instructions.....		
37	Multiply line 36 by the percentage on line 14.....		
38	Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above....		

SANDEEP N MUNDE AND DIPTI MINUNATH NAGARE

625-81-1363

**Vehicle/Employee Business Expense (2106)**  
**Business mileage**

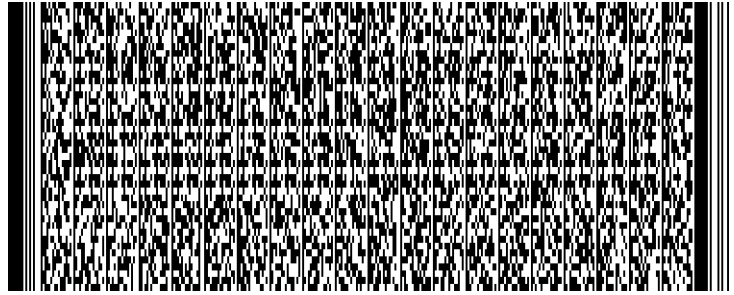
BUSINESS MILES (172DAYS X 36MILES PER DAY) ..... \$ 6,192.  
Total \$ 6,192.

**Vehicle/Employee Business Expense (2106)**  
**Meal and entertainment expenses in full**

MEAL EXPENSES (172DAYS X \$46PER DAY) AS PER IRS PUB 1542..... \$ 7,912.  
Total \$ 7,912.



1800401518



Georgia Form 500 (Rev. 06/22/17)
Individual Income Tax Return
Georgia Department of Revenue
2017 (Approved software version)

Page 1

Fiscal Year Beginning

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID 530794782

STATE ISSUED FL

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. SANDEEP N 625811363
LAST NAME SUFFIX
MUNDE

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
DIPTI M 673739463
LAST NAME SUFFIX
NAGARE

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)
2. 2820 STRAND CIRCLE
CHECK IF ADDRESS HAS CHANGED

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. OVIEDO FL 32765

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number.
1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT 05042017 TO 12312017 3. NONRESIDENT
Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself [X] 6b. Spouse [X] 6c. 2

GAIA0112L 08/25/17



- 7a.** Number of Dependents (Enter details on Line 7c, and DO NOT include yourself or your spouse). . . . . ▶ **7a.** 1
- 7b.** Enter the total number of exemptions and dependents (Add Lines 6c and 7a). . . . . ▶ **7b.** 3
- 7c.** Dependents (If you have more than 5 dependents, attach a list of additional dependents)

<b>First Name, MI.</b> AAHANA	<b>Last Name</b> MUNDE
<b>Social Security Number</b> 934901109	<b>Relationship to You</b> DAUGHTER

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

<b>First Name, MI.</b>	<b>Last Name</b>
<b>Social Security Number</b>	<b>Relationship to You</b>

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8.** Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ). . . . . ▶ **8.** 135199  
**(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1 and 2.**
- 9.** Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet). . . . . ▶ **9.**
- 10.** Georgia adjusted gross income (Net total of Line 8 and Line 9). . . . . ▶ **10.**

**Pages (1 – 5) are Required for Processing**



- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) . . . . ▶ **11a.**  
 (See IT-511 Tax Booklet)  
 b. Self: 65 or over?  Blind?  Total x 1,300 = . . . . . ▶ **11b.**  
 Spouse: 65 or over?  Blind?   
 c. Total Standard Deduction (Line 11a + Line 11b) . . . . . ▶ **11c.**  
**Use EITHER Line 11c OR Line 12c (Do not write on both lines)**
  
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A
  - a. Federal Itemized Deductions (Schedule A-Form 1040) . . . . . ▶ **12a.**
  - b. Less adjustments: (See IT-511 Tax Booklet) . . . . . ▶ **12b.**
  - c. Georgia Total Itemized Deductions . . . . . ▶ **12c.**
  
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance . . . . . ▶ **13.**
  
- 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D **OR** multiply by \$3,700 for filing status B or C . . . . . ▶ **14a.**
- 14b. Enter the number from Line 7a. Multiply by \$3,000 . . . . . ▶ **14b.**
- 14c. Add Lines 14a and 14b. Enter total . . . . . ▶ **14c.**
  
- 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) . . . ▶ **15.** 49589
  
- 16. Tax (Use Tax Table in the IT-511 Tax Booklet) . . . . . ▶ **16.** 2713
  
- 17. Low Income Credit **17a.** **17b.** . . . . . ▶ **17c.**
  
- 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) . . . ▶ **18.**
  
- 19. Credits used from IND-CR Summary Worksheet . . . . . ▶ **19.** 126
  
- 20. Total Credits Used from Schedule 2 Georgia Tax Credits . . . . . ▶ **20.**
  
- 21. Total Credits Used (sum of Lines 17 – 20) cannot exceed Line 16 . . . . . ▶ **21.** 126
  
- 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero . . . . . ▶ **22.** 2587
  
- 23. **Georgia Income Tax Withheld on Wages and 1099s** . . . . . ▶ **23.** 3804  
 (Enter Tax Withheld Only and include W-2s and/or 1099s)
  
- 24. **Other Georgia Income Tax Withheld** . . . . . ▶ **24.**  
 (Must include G2-A, G2-FL, G2-LP and/or G2-RP)

**PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.**





**YOUR SOCIAL SECURITY NUMBER**  
 625811363

**INCOME STATEMENT DETAILS** Only enter income on which Georgia Tax was withheld. Enter W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**

**(INCOME STATEMENT A)**

1. WITHHOLDING TYPE:  
 W-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL  
 ID NUMBER (FEIN)  SSN   
 161695874

3. EMPLOYER/PAYER STATE WITHHOLDING ID  
 3262162PV

4. GA WAGES/INCOME  
 65688

5. GA TAX WITHHELD  
 3804

**(INCOME STATEMENT B)**

1. WITHHOLDING TYPE:  
 W-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL  
 ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES/INCOME

5. GA TAX WITHHELD

**(INCOME STATEMENT C)**

1. WITHHOLDING TYPE:  
 W-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL  
 ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES/INCOME

5. GA TAX WITHHELD

**(INCOME STATEMENT D)**

1. WITHHOLDING TYPE:  
 W-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL  
 ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES/INCOME

5. GA TAX WITHHELD

**(INCOME STATEMENT E)**

1. WITHHOLDING TYPE:  
 W-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL  
 ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES/INCOME

5. GA TAX WITHHELD

**(INCOME STATEMENT F)**

1. WITHHOLDING TYPE:  
 W-2s    G2-A    G2-LP  
 1099s    G2-FL    G2-RP

2. EMPLOYER/PAYER FEDERAL  
 ID NUMBER (FEIN)  SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES/INCOME

5. GA TAX WITHHELD

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated Tax paid for 2017 and Form IT-560.....	▶ 25.	
26. Total prepayment credits (Add Lines 23, 24 and 25).....	▶ 26.	3804
27. If Line 22 exceeds Line 26, subtract Line 26 from Line 22 and enter balance due.....	▶ 27.	
28. If Line 26 exceeds Line 22, subtract Line 22 from Line 26 and enter overpayment.....	▶ 28.	1217
29. Amount to be credited to 2018 ESTIMATED TAX.....	▶ 29.	



**YOUR SOCIAL SECURITY NUMBER**  
 625811363

- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) ..... ▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00) ..... ▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00) ..... ▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00) ..... ▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00) ..... ▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ..... ▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00) ..... ▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program ..... ▶ 37.  
 (No gift of less than \$1.00)
- 38. Public Safety Memorial Grant (No gift of less than \$1.00) ..... ▶ 38.
- 39. Form 500 UET (Estimated tax penalty)  500 UET exception attached ... ▶ 39.
- 40. (If you owe) Add Lines 27, 30 thru 39  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.** ... ▶ 40.
- 41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28  
**THIS IS YOUR REFUND** ..... ▶ 41.

1217

41 a. Direct Deposit (For U.S. Accounts Only) Type: Checking  Savings  Routing Number 121000358

Account Number 001062672938

If you do not enter Direct Deposit information or if you are a first time filer, a paper check will be issued.	(PAYMENT) <b>PROCESSING CENTER                  GEORGIA DEPARTMENT OF REVENUE                  PO BOX 740399                  ATLANTA, GA 30374-0399</b>	(REFUND and NO BALANCE DUE) <b>PROCESSING CENTER                  GEORGIA DEPARTMENT OF REVENUE                  PO BOX 740380                  ATLANTA, GA 30374-0380</b>
--	--	--

INCLUDE ALL ITEMS IN ENVELOPE, DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature  (Check box if deceased)

Spouse's Signature  (Check box if deceased)

Date

Date

Taxpayer's Phone Number  
 4079699682

I authorize DOR to discuss this return with the named preparer.

VIJAY K KOUKUNTLA

Preparer's Phone Number  
 3233252898

Signature of Preparer  
 Name of Preparer Other Than Taxpayer  
 VIJAY K KOUKUNTLA

Preparer's FEIN  
 474861613

Preparer's Firm Name  
 METAFIN CONSULTING, LLC

Preparer's SSN/PTIN/SIDN  
 P01946338

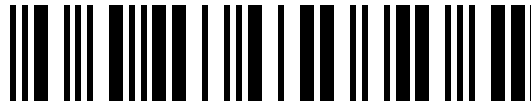
**Georgia Form 500**

(Rev. 06/22/17)

**Schedule 3**

**Part-Year Nonresident**

**2017** (Approved software vendor)



1807401518

**Schedule 3**

**Page 1**

**YOUR SOCIAL SECURITY NUMBER**

625811363

**DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3, FORM 500 or 500X**

**SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.**

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT  
(COLUMN A)

INCOME NOT TAXABLE TO GEORGIA  
(COLUMN B)

GEORGIA INCOME  
(COLUMN C)

1. WAGES, SALARIES, TIPS, etc  
134941

1. WAGES, SALARIES, TIPS, etc  
69253

1. WAGES, SALARIES, TIPS, etc  
65688

2. INTERESTS AND DIVIDENDS  
258

2. INTERESTS AND DIVIDENDS  
258

2. INTERESTS AND DIVIDENDS

3. BUSINESS INCOME OR (LOSS)

3. BUSINESS INCOME OR (LOSS)

3. BUSINESS INCOME OR (LOSS)

4. OTHER INCOME OR (LOSS)

4. OTHER INCOME OR (LOSS)

4. OTHER INCOME OR (LOSS)

5. TOTAL INCOME: TOTAL LINES 1 THRU 4  
135199

5. TOTAL INCOME: TOTAL LINES 1 THRU 4  
69511

5. TOTAL INCOME: TOTAL LINES 1 THRU 4  
65688

6. TOTAL ADJUSTMENTS FROM FORM 1040

6. TOTAL ADJUSTMENTS FROM FORM 1040

6. TOTAL ADJUSTMENTS FROM FORM 1040

7. TOTAL ADJUSTMENTS FROM FORM 500,  
SCHEDULE 1

7. TOTAL ADJUSTMENTS FROM FORM 500,  
SCHEDULE 1

7. TOTAL ADJUSTMENTS FROM FORM 500,  
SCHEDULE 1

8. ADJUSTED GROSS INCOME:  
LINE 5 PLUS OR MINUS LINES 6 AND 7  
135199

8. ADJUSTED GROSS INCOME:  
LINE 5 PLUS OR MINUS LINES 6 AND 7  
69511

8. ADJUSTED GROSS INCOME:  
LINE 5 PLUS OR MINUS LINES 6 AND 7  
65688

9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage ..... ▶ 9. 48.59 % Not to exceed 100%

10a. Itemized  or Standard Deduction  (See IT-511 Tax Booklet)..... ▶ 10a. 22733

10b. Additional Standard Deduction  
Self: 65 or over?  Blind?  Spouse: 65 or over?  Blind?  Total x 1,300= 10b.

11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)

11a. Enter the number on Line 6c. from Form 500 or 500X 2 multiply by \$2,700 for ..... ▶ 11a. 7400  
filing status A or D or multiply by \$3,700 for filing status B or C

11b. Enter the number on Line 7a. from Form 500 or 500X 1 multiply by \$3,000..... ▶ 11b. 3000

11c. Add Lines 11a and 11b. Enter total ..... ▶ 11c. 10400

12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c ..... ▶ 12. 33133

13. Multiply Line 12 by Ratio on Line 9 and enter result..... ▶ 13. 16099

14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C  
Enter here and on Line 15, Page 3 of Form 500 or Form 500X..... ▶ 14. 49589

List the state(s) in which the income in Column B was earned and/or to which it was reported.



– Enclose with Form 500 or 500X, if this schedule is applicable. –

YOUR SOCIAL SECURITY NUMBER  
625811363

SCHEDULE 202 Child and Dependent Care Expense Credit – Tax Credit 202

**Child and Dependent Care Expense Credit – Tax Credit 202**

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

1.	Amount of child & dependent care expense <b>credit</b> claimed on Federal Form 1040..... ▶	1.	419
2.	Georgia allowable rate..... ▶	2.	30%
3.	Allowable Child & Dependent Care Expense Credit (Line 1 x .30)..... ▶	3.	126
4.	Enter credit used in 2017 (enter here and include on IND-CR Summary Worksheet Line 2)..... ▶	4.	126



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1. Only Georgia Individual Tax Credits (series 200) are claimed on Form IND-CR supporting schedules (IND-CR 201 through 209).
2. Enter the amount of credit used in 2017 from each applicable IND-CR schedule on Lines 1-9.
3. If there is a credit remaining from previous years eligible for carryover to 2017, the supporting IND-CR schedule must be completed even if the credit is not used in 2017.
4. The total of Line 10 should be entered on Form 500 or Form 500X, Page 3, Line 19.
5. **All applicable IND-CR schedules must be attached to Form 500 or Form 500X for the credit(s) to be allowed on the return.**

Note: The other state(s) tax credit and low income credit are claimed directly on Form 500. Series 100 Georgia tax credits are claimed on Form 500 Schedule 2.

The total credit amount used from the low income credit, the other state(s) tax credit, all IND-CR schedules, and all Schedules 2s cannot exceed the tax liability listed on Line 16 of Form 500 or 500X.

**IND-CR SUMMARY SCHEDULE WORKSHEET**

1. Disabled Person Home Purchase or Retrofit Credit (IND-CR 201, Line 3) .....	▶	1.	
2. Child and Dependent Care Expense Credit (IND-CR 202, Line 4) .....	▶	2.	126
3. Georgia National Guard /Air National Guard Credit (IND-CR 203, Line 3) .....	▶	3.	
4. Qualified Caregiving Expense Credit (IND-CR 204, Line 6) .....	▶	4.	
5. Driver Education Credit (IND-CR 205, Line 4) .....	▶	5.	
6. Disaster Assistance Credit (IND-CR 206, Line 6) .....	▶	6.	
7. Rural Physicians Credit (IND-CR 207, Line 7) .....	▶	7.	
8. Adoption of a Foster Child Credit (IND-CR 208, Line 3) .....	▶	8.	
9. Eligible Single-Family Residence Credit (IND-CR 209, Line 6) .....	▶	9.	
10. Total of Lines 1 through 9 (Enter here and on Form 500/500X, Page 3 Line 19) .....	▶	10.	126

**All applicable IND-CR (201-209) Schedules must be attached to Form 500 or Form 500X**

**Keep IND-CR Summary Worksheet for your records.**

GAI1210L 09/08/17