

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>SAGAR M SHIVARAM</b> | Social security number<br><b>034-81-1443</b> |
| Spouse's name                              | Spouse's social security number              |

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

|  |          |                |
|--|----------|----------------|
| <b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .                                | <b>1</b> | <b>64,329.</b> |
| <b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .   | <b>2</b> | <b>6,645.</b>  |
| <b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . . | <b>3</b> | <b>10,803.</b> |
| <b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .          | <b>4</b> | <b>4,158.</b>  |
| <b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)  | <b>5</b> |                |

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

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

**Taxpayer's PIN: check one box only**

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

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 1 | 4 | 4 | 3 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

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

**Don't enter all zeros**

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and initial: **SAGAR M** Last name: **SHIVARAM** Your social security number: **034-81-1443**

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. **21549 NW KIAN LN** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **BEAVERTON OR 97006**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

**Filing Status**

1  Single

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

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

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

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

**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   | 64,329. |
| 8a  | Taxable interest. Attach Schedule B if required . . . . .   | 8a  |         |
| b   | Tax-exempt interest. Do not include on line 8a . . . . .  | 8b  |         |
| 9a  | Ordinary dividends. Attach Schedule B if required . . . . .   | 9a  |         |
| b   | Qualified dividends . . . . .   | 9b  |         |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                | 10  |         |
| 11  | Alimony received . . . . .  | 11  |         |
| 12  | Business income or (loss). Attach Schedule C or C-EZ . . . . .  | 12  |         |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13  |         |
| 14  | Other gains or (losses). Attach Form 4797 . . . . .   | 14  |         |
| 15a | IRA distributions . . . . .   | 15a |         |
| b   | Taxable amount . . . . .  | 15b |         |
| 16a | Pensions and annuities . . . . .  | 16a |         |
| b   | Taxable amount . . . . .  | 16b |         |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                   | 17  |         |
| 18  | Farm income or (loss). Attach Schedule F . . . . .  | 18  |         |
| 19  | Unemployment compensation . . . . .   | 19  |         |
| 20a | Social security benefits . . . . .  | 20a |         |
| b   | Taxable amount . . . . .  | 20b |         |
| 21  | Other income. List type and amount . . . . .  | 21  |         |
| 22  | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶               | 22  | 64,329. |

**Adjusted Gross Income**

|     |  |     |         |
|-----|--|-----|---------|
| 23  | Educator expenses . . . . .  | 23  |         |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . | 24  |         |
| 25  | Health savings account deduction. Attach Form 8889 . . . . .   | 25  |         |
| 26  | Moving expenses. Attach Form 3903 . . . . .  | 26  |         |
| 27  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | 27  |         |
| 28  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | 28  |         |
| 29  | Self-employed health insurance deduction . . . . .   | 29  |         |
| 30  | Penalty on early withdrawal of savings . . . . .   | 30  |         |
| 31a | Alimony paid b Recipient's SSN ▶   | 31a |         |
| 32  | IRA deduction . . . . .  | 32  |         |
| 33  | Student loan interest deduction . . . . .  | 33  |         |
| 34  | Tuition and fees. Attach Form 8917 . . . . .   | 34  |         |
| 35  | Domestic production activities deduction. Attach Form 8903 . . . . .   | 35  |         |
| 36  | Add lines 23 through 35 . . . . .  | 36  |         |
| 37  | Subtract line 36 from line 22. This is your adjusted gross income ▶  | 37  | 64,329. |

|   |  |            |         |
|---|--|------------|---------|
| <b>38</b>   | Amount from line 37 (adjusted gross income)  | <b>38</b>  | 64,329. |
| <b>Tax and Credits</b>  | <b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>     |            |         |
|   | if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> }   |            |         |
|   | <b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>  |            |         |
| <b>Standard Deduction for—</b>  | <b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)   | <b>40</b>  | 16,660. |
| • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. | <b>41</b> Subtract line 40 from line 38  | <b>41</b>  | 47,669. |
| • All others: Single or Married filing separately, \$6,350  | <b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions   | <b>42</b>  | 4,050.  |
| Married filing jointly or Qualifying widow(er), \$12,700  | <b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | <b>43</b>  | 43,619. |
| Head of household, \$9,350  | <b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>           | <b>44</b>  | 6,645.  |
|   | <b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251  | <b>45</b>  |         |
|   | <b>46</b> Excess advance premium tax credit repayment. Attach Form 8962  | <b>46</b>  |         |
|   | <b>47</b> Add lines 44, 45, and 46   | <b>47</b>  | 6,645.  |
|   | <b>48</b> Foreign tax credit. Attach Form 1116 if required   | <b>48</b>  |         |
|   | <b>49</b> Credit for child and dependent care expenses. Attach Form 2441   | <b>49</b>  |         |
|   | <b>50</b> Education credits from Form 8863, line 19  | <b>50</b>  |         |
|   | <b>51</b> Retirement savings contributions credit. Attach Form 8880  | <b>51</b>  |         |
|   | <b>52</b> Child tax credit. Attach Schedule 8812, if required  | <b>52</b>  |         |
|   | <b>53</b> Residential energy credits. Attach Form 5695   | <b>53</b>  |         |
|   | <b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>   | <b>54</b>  |         |
|   | <b>55</b> Add lines 48 through 54. These are your <b>total credits</b>   | <b>55</b>  |         |
|   | <b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-  | <b>56</b>  | 6,645.  |
| <b>Other Taxes</b>  | <b>57</b> Self-employment tax. Attach Schedule SE  | <b>57</b>  |         |
|   | <b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919   | <b>58</b>  |         |
|   | <b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | <b>59</b>  |         |
|   | <b>60a</b> Household employment taxes from Schedule H  | <b>60a</b> |         |
|   | <b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required   | <b>60b</b> |         |
|   | <b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>   | <b>61</b>  |         |
|   | <b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)                        | <b>62</b>  |         |
|   | <b>63</b> Add lines 56 through 62. This is your <b>total tax</b>   | <b>63</b>  | 6,645.  |
| <b>Payments</b>   | <b>64</b> Federal income tax withheld from Forms W-2 and 1099  | <b>64</b>  | 10,803. |
|   | <b>65</b> 2017 estimated tax payments and amount applied from 2016 return  | <b>65</b>  |         |
|   | <b>66a</b> <b>Earned income credit (EIC)</b> <input type="checkbox"/> <b>NO</b>  | <b>66a</b> |         |
|   | <b>b</b> Nontaxable combat pay election <b>66b</b>   | <b>66b</b> |         |
|   | <b>67</b> Additional child tax credit. Attach Schedule 8812  | <b>67</b>  |         |
|   | <b>68</b> American opportunity credit from Form 8863, line 8   | <b>68</b>  |         |
|   | <b>69</b> Net premium tax credit. Attach Form 8962   | <b>69</b>  |         |
|   | <b>70</b> Amount paid with request for extension to file   | <b>70</b>  |         |
|   | <b>71</b> Excess social security and tier 1 RRTA tax withheld  | <b>71</b>  |         |
|   | <b>72</b> Credit for federal tax on fuels. Attach Form 4136  | <b>72</b>  |         |
|   | <b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> | <b>73</b>  |         |
|   | <b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>   | <b>74</b>  | 10,803. |
| <b>Refund</b>   | <b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>   | <b>75</b>  | 4,158.  |
|   | <b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>76a</b> | 4,158.  |
| Direct deposit? See instructions.   | <b>b</b> Routing number 1 1 1 0 0 0 0 2 5 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|   | <b>d</b> Account number 5 8 6 0 3 4 0 3 7 4 4 0  |            |         |
|   | <b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b>   | <b>77</b>  |         |
| <b>Amount You Owe</b>   | <b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions  | <b>78</b>  |         |
|   | <b>79</b> Estimated tax penalty (see instructions)   | <b>79</b>  |         |

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

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

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

|   |      |                          |   |
|---|------|--------------------------|---|
| Your signature  | Date | Your occupation          | Daytime phone number  |
| <i>[Signature]</i>  |      | Computer Systems Analyst |   |
| Spouse's signature. If a joint return, <b>both</b> 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               | Preparer's signature                     | Date       | Check <input type="checkbox"/> if self-employed | PTIN      |
| APPANA RUPA VENKATA SATYA SAI MANI KUMAR | APPANA RUPA VENKATA SATYA SAI MANI KUMAR | 05/26/2018 |   | P02090332 |
| Firm's name                              | Firm's EIN                               |            | Phone no.                                       |           |
| GLOBAL TAXES LLC                         | 30-1017196                               |            | (678)965-9729                                   |           |
| Firm's address                           | 2530 Pebble Creek Ln Cumming GA 30041    |            |   |           |

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

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

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

SAGAR M SHIVARAM

034-81-1443

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

|          |  |          |        |
|----------|--|----------|--------|
| <b>5</b> | State and local ( <b>check only one box</b> ):       | <b>5</b> |        |
| <b>a</b> | <input checked="" type="checkbox"/> Income taxes, or |          | 4,567. |
| <b>b</b> | <input type="checkbox"/> General sales taxes         |          |        |
| <b>6</b> | Real estate taxes (see instructions) . . . . .       | <b>6</b> |        |
| <b>7</b> | Personal property taxes . . . . .                    | <b>7</b> |        |
| <b>8</b> | Other taxes. List type and amount ▶                  | <b>8</b> |        |
| <b>9</b> | Add lines 5 through 8 . . . . .                      | <b>9</b> | 4,567. |

**Interest You Paid**

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

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

**Gifts to Charity**

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

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

**Casualty and Theft Losses**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>20</b> | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . | <b>20</b> |  |
|-----------|--|-----------|--|

**Job Expenses and Certain Miscellaneous Deductions**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>21</b> | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u> . . . . . | <b>21</b> | 13,380. |
| <b>22</b> | Tax preparation fees . . . . .  | <b>22</b> |         |
| <b>23</b> | Other expenses—investment, safe deposit box, etc. List type and amount ▶  | <b>23</b> |         |
| <b>24</b> | Add lines 21 through 23 . . . . .   | <b>24</b> | 13,380. |
| <b>25</b> | Enter amount from Form 1040, line 38 <b>25</b> 64,329.  |           |         |
| <b>26</b> | Multiply line 25 by 2% (0.02) . . . . .   | <b>26</b> | 1,287.  |
| <b>27</b> | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .   | <b>27</b> | 12,093. |

**Other Miscellaneous Deductions**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>28</b> | Other—from list in instructions. List type and amount ▶ | <b>28</b> |  |
|-----------|---|-----------|--|

**Total Itemized Deductions**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>29</b> | Is Form 1040, line 38, over \$156,900?   | <b>29</b> |         |
|           | <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. |           | 16,660. |
|           | <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.                                 |           |         |
| <b>30</b> | If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .  |           |         |

**Unreimbursed Employee Business Expenses**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form2106EZ](http://www.irs.gov/Form2106EZ) for the latest information.**

|                                      |  |  |
|--------------------------------------|--|--|
| Your name<br><b>SAGAR M SHIVARAM</b> | Occupation in which you incurred expenses<br><b>Computer Systems Analyst</b> | Social security number<br><b>034-81-1443</b> |
|--------------------------------------|--|--|

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

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

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

**Part I Figure Your Expenses**

|   |          |         |
|---|----------|---------|
| <b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .   | <b>1</b> |         |
| <b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .   | <b>2</b> |         |
| <b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .  | <b>3</b> | 9,600.  |
| <b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .  | <b>4</b> | 1,380.  |
| <b>5</b> Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)  | <b>5</b> | 2,400.  |
| <b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . . | <b>6</b> | 13,380. |

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ .....
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....
- 9** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**  **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? . . . . .  **Yes**  **No**
- 11a** Do you have evidence to support your deduction? . . . . .  **Yes**  **No**
- b** If "Yes," is the evidence written? . . . . .  **Yes**  **No**

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return  
SAGAR M SHIVARAM

| Five Year Tax History:                 |      |      |      |      |         |
|--|------|------|------|------|---------|
|  | 2013 | 2014 | 2015 | 2016 | 2017    |
| Filing status . . . . .                |      |      |      |      | Single  |
| Total income . . . . .                 |      |      |      |      | 64,329. |
| Adjustments to income                  |      |      |      |      |         |
| Adjusted gross income                  |      |      |      |      | 64,329. |
| Tax expense . . . . .                  |      |      |      |      | 4,567.  |
| Interest expense . . .                 |      |      |      |      |         |
| Contributions . . . . .                |      |      |      |      |         |
| Miscellaneous deductions . . . . .     |      |      |      |      | 12,093. |
| Other Itemized Deductions . . . . .    |      |      |      |      |         |
| Total itemized/standard deduction . .  |      |      |      |      | 16,660. |
| Exemption amount . .                   |      |      |      |      | 4,050.  |
| Taxable income . . . .                 |      |      |      |      | 43,619. |
| Tax . . . . .                          |      |      |      |      | 6,645.  |
| Alternative min tax . .                |      |      |      |      |         |
| Total credits . . . . .                |      |      |      |      |         |
| Other taxes . . . . .                  |      |      |      |      |         |
| Payments . . . . .                     |      |      |      |      | 10,803. |
| Form 2210 penalty . .                  |      |      |      |      |         |
| Amount owed . . . . .                  |      |      |      |      |         |
| Applied to next year's estimated tax . |      |      |      |      |         |
| Refund . . . . .                       |      |      |      |      | 4,158.  |
| Effective tax rate % . .               |      |      |      |      | 10.33   |
| **Tax bracket % . . . .                |      |      |      |      | 25.0    |

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SAGAR M SHIVARAM) and Social Security Number (034-81-1443)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN \_\_\_\_\_

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. . . . . Taxpayer's PIN (5 numbers) . . . . . 11443 Spouse's PIN (5 numbers) . . . . . Date . . . . . 03/03/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . SHIVARAM  
 First name . . . . . SAGAR  
 Middle initial . . . . . M Suffix . . . . .  
 Social security no. . . . . 034-81-1443  
 Occupation . . . . . Computer Systems Analyst  
 Date of birth . . . . . 01/27/1992 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 25  
 Date of death . . . . .  
 Legally blind . . . . .   
 E-mail address . . . . . Sagar.ms27@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (307) 761-1658  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . . . . .  
 First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . .  
 Date of death . . . . .  
 Legally blind . . . . .   
 E-mail address . . . . .  
 Work phone . . . . . Ext  
 Cell phone . . . . .

**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (307) 761-1658  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 21549 NW KIAN LN Apt no. . . . .  
 City . . . . . BEAVERTON State . . . . . OR ZIP code . . . . . 97006

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

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

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

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

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

| First name<br>Last name | MI<br>Suff | Social security<br>number<br>*Relationship | Date of birth<br>(mm/dd/yyyy)<br><br>Date of death<br>(mm/dd/yyyy)** | A<br>G<br>E<br><br>E<br>I<br>C | Dependent<br>Identity<br>Protection PIN<br>(see tax help) |                                | Qualified<br>child and<br>dependent<br>care expenses<br>incurred and<br>paid in 2017 |  |
|-------------------------|------------|--|--|--------------------------------|---|--------------------------------|--|--|
|                         |            |  |  |                                | Lived<br>with<br>taxpyr<br>in<br>U.S.                     | Educ<br>Tuition<br>and<br>Fees | Code   | Not qual<br>for child<br>tax credit<br>Or non<br>U.S.*** |
|                         |            |  |  |                                |   |                                |  |  |
|                         |            |  |  |                                |   |                                |  |  |
|                         |            |  |  |                                |   |                                |  |  |
|                         |            |  |  |                                |   |                                |  |  |
|                         |            |  |  |                                |   |                                |  |  |
|                         |            |  |  |                                |   |                                |  |  |
|                         |            |  |  |                                |   |                                |  |  |

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



Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SAGAR M SHIVARAM) and Social Security Number (034-81-1443)

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . . [ ]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state. . . . . OR
License number. . . . . A526558
Issue date . . . . . 02/26/2018
Expiration date . . . . . 03/28/2018
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

Spouse:

Issuing state . . . . .
License number . . . . .
Issue date . . . . .
Expiration date. . . . .
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

State Identification Card Detail

Taxpayer:

Issuing state. . . . .
Identification number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

Spouse:

Issuing state . . . . .
Identification number . . . . .
Issue date . . . . .
Expiration date. . . . .
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

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

Additional Verification Information

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

Client Status:

- Input boxes for New client, Returning client to same preparer and firm, Returning client to same firm

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: SAGAR M SHIVARAM; Social Security Number: 034-81-1443

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: 30-1017196; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City selection and list of states: New York, Vermont

**Miscellaneous Electronic Filing Items**

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

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name(s) Shown on Return<br>SAGAR M SHIVARAM | Social Security Number<br>034-81-1443 |
|---|---------------------------------------|

| Form W-2 Employer       | SP | Wages   | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| INFOSYS LIMITED         |    | 64,329. | 10,803.     | 64,329.     | 4,567.    |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
|                         |    |         |             |             |           |
| <b>Totals</b> . . . . . |    | 64,329. | 10,803.     | 64,329.     | 4,567.    |

**Form W-2 Summary**

| Box No.          | Description   | Taxpayer | Spouse | Total   |
|------------------|---|----------|--------|---------|
| <b>1</b>         | Total wages, tips and compensation:                 |          |        |         |
|                  | Non-statutory & statutory wages not on Sch C . . .  | 64,329.  |        | 64,329. |
|                  | Statutory wages reported on Schedule C . . . . .    |          |        |         |
|                  | Foreign wages included in total wages. . . . .      |          |        |         |
|                  | Unreported tips. . . . .                            | 0.       |        | 0.      |
| <b>2</b>         | Total federal tax withheld . . . . .                | 10,803.  |        | 10,803. |
| <b>3 &amp; 7</b> | Total social security wages/tips . . . . .          | 64,329.  |        | 64,329. |
| <b>4</b>         | Total social security tax withheld . . . . .        | 3,988.   |        | 3,988.  |
| <b>5</b>         | Total Medicare wages and tips . . . . .             | 64,329.  |        | 64,329. |
| <b>6</b>         | Total Medicare tax withheld . . . . .               | 933.     |        | 933.    |
| <b>8</b>         | Total allocated tips . . . . .                      |          |        |         |
| <b>9</b>         | Not used . . . . .                                  |          |        |         |
| <b>10 a</b>      | Total dependent care benefits . . . . .             |          |        |         |
| <b>b</b>         | Offsite dependent care benefits                     |          |        |         |
| <b>c</b>         | Onsite dependent care benefits                      |          |        |         |
| <b>11</b>        | Total distributions from nonqualified plans . . .   |          |        |         |
| <b>12 a</b>      | Total from Box 12 . . . . .                         | 2,467.   |        | 2,467.  |
| <b>b</b>         | Elective deferrals to qualified plans . . . . .     |          |        |         |
| <b>c</b>         | Roth contrib. to 401(k), 403(b), 457(b) plans. .    |          |        |         |
| <b>d</b>         | Deferrals to government 457 plans . . . . .         |          |        |         |
| <b>e</b>         | Deferrals to non-government 457 plans . . . . .     |          |        |         |
| <b>f</b>         | Deferrals 409A nonqual deferred comp plan. .        |          |        |         |
| <b>g</b>         | Income 409A nonqual deferred comp plan. . .         |          |        |         |
| <b>h</b>         | Uncollected Medicare tax . . . . .                  |          |        |         |
| <b>i</b>         | Uncollected social security and RRTA tier 1 . .     |          |        |         |
| <b>j</b>         | Uncollected RRTA tier 2 . . . . .                   |          |        |         |
| <b>k</b>         | Income from nonstatutory stock options . . . .      |          |        |         |
| <b>l</b>         | Non-taxable combat pay . . . . .                    |          |        |         |
| <b>m</b>         | QSEHRA benefits . . . . .                           |          |        |         |
| <b>n</b>         | Total other items from box 12 . . . . .             | 2,467.   |        | 2,467.  |
| <b>14 a</b>      | Total deductible mandatory state tax . . . . .      |          |        |         |
| <b>b</b>         | Total deductible charitable contributions . . . . . |          |        |         |
| <b>c</b>         | Total deductible employee expenses . . . . .        |          |        |         |
| <b>d</b>         | Total RR Compensation . . . . .                     |          |        |         |
| <b>e</b>         | Total RR Tier 1 tax . . . . .                       |          |        |         |
| <b>f</b>         | Total RR Tier 2 tax . . . . .                       |          |        |         |
| <b>g</b>         | Total RR Medicare tax . . . . .                     |          |        |         |
| <b>h</b>         | Total RR Additional Medicare tax . . . . .          |          |        |         |
| <b>i</b>         | Total RRTA tips. . . . .                            |          |        |         |
| <b>j</b>         | Total other items from box 14 . . . . .             |          |        |         |
| <b>16</b>        | Total state wages and tips . . . . .                | 64,329.  |        | 64,329. |
| <b>17</b>        | Total state tax withheld . . . . .                  | 4,567.   |        | 4,567.  |
| <b>19</b>        | Total local tax withheld. . . . .                   |          |        |         |

|   |                                       |
|---|---------------------------------------|
| Name as shown on return<br>SAGAR M SHIVARAM | Social Security Number<br>034-81-1443 |
|---|---------------------------------------|

**Employer EIN** . . . . . 58-1760235  
**Employer Name** . . . . . INFOSYS LIMITED  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6100 TENNYSON PKWY 200  
**City** PLANO **State** TX **ZIP** 75024  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

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

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

|  |         |  |         |
|--|---------|--|---------|
| <b>1</b> Wages, tips, other comp . . . . . | 64,329. | <b>2</b> Federal tax withheld . . . . .    | 10,803. |
| <b>3</b> Social security wages . . . . .   | 64,329. | <b>4</b> Social sec tax withheld . . . . . | 3,988.  |
| <b>5</b> Medicare wages and tips . . . . . | 64,329. | <b>6</b> Medicare tax withheld . . . . .   | 933.    |
| <b>7</b> Social security tips . . . . .    | _____   | <b>8</b> Allocated tips . . . . .          | _____   |

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

| Box 12 Code | Box 12 Amount | If Box 12 code is:   |
|-------------|---------------|--|
| C           | 19.           | A: Enter amount attributable to RRTA Tier 2 tax . . . . .                      |
| DD          | 2,448.        | M: Enter amount attributable to RRTA Tier 2 tax . . . . .                      |
| _____       | _____         | P: Double click to link to Form 3903, line 4 . . . . .                         |
| _____       | _____         | R: Enter MSA contribution for Taxpayer . . . . .                               |
| _____       | _____         | Spouse . . . . .   |
| _____       | _____         | W: Enter HSA contribution for Taxpayer . . . . .                               |
| _____       | _____         | Spouse . . . . .   |
| _____       | _____         | G: <input type="checkbox"/> Employer is <b>not</b> a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| OR           | 036000044148703           | 64,329.                        | 4,567.                  |
| _____        | _____                     | _____                          | _____                   |
| _____        | _____                     | _____                          | _____                   |

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

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

|  |                          |                              |
|--|--------------------------|------------------------------|
| <b>9</b> Verification Code . . . . .   | _____                    | <b>9</b> 015b-f865-3092-b32f |
| <b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . .   | <input type="checkbox"/> | _____                        |
| Dependent care benefits - Amount forfeited from flexible spending account . . . . .  | _____                    | _____                        |
| <b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) | _____                    | <b>11</b> _____              |

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

Keep for your records

|  |                    |
|--|--------------------|
| SAGAR M SHIVARAM                             | 034-81-1443 Page 2 |
| <b>Employer Name . . . .</b> INFOSYS LIMITED |                    |

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

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

**Part IV Substitute Form W-2**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**Part V Inmate In a Penal Institution**

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

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

**13 c**  Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

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

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

Employee's SSN. . . . . 034-81-1443

First name M.I. Last name Suff.

SAGAR M SHIVARAM

Address City St ZIP code

21549 NW KIAN LN BEAVERTON OR 97006

Foreign Province/County Foreign Postal Code

Foreign Country

# Healthcare Entry Sheet

**2017**

▶ Keep for your records

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

**Yes No/Partial**

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap  
Eligible\*  
Yes No*

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

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

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



# Tax Payments Worksheet

**2017**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name(s) Shown on Return<br>SAGAR M SHIVARAM | Social Security Number<br>034-81-1443 |
|---|---------------------------------------|

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

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

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

|  | Federal | State  | Local |
|--|---------|--------|-------|
| <b>Taxes Withheld From:</b>                                |         |        |       |
| 10 Forms W-2 . . . . .                                     | 10,803. | 4,567. |       |
| 11 Forms W-2G . . . . .                                    |         |        |       |
| 12 Forms 1099-R . . . . .                                  |         |        |       |
| 13 Forms 1099-MISC, 1099-K and 1099-G . . . . .            |         |        |       |
| 14 Schedules K-1 . . . . .                                 |         |        |       |
| 15 Forms 1099-INT, DIV and OID . . . . .                   |         |        |       |
| 16 Social Security and Railroad Benefits . . . . .         |         |        |       |
| 17 Form 1099-B . . . . .                                   |         |        |       |
| 18 a Other withholding . . . . .                           |         |        |       |
| b Other withholding . . . . .                              |         |        |       |
| c Other withholding . . . . .                              |         |        |       |
| d Additional Medicare Tax . . . . .                        |         |        |       |
| 19 <b>Total Withholding</b> Lines 10 through 18d . . . . . |         |        |       |
|  | 10,803. | 4,567. |       |
| 20 <b>Total Tax Payments for 2017</b> . . . . .            | 10,803. | 4,567. |       |

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

## Earned Income Worksheet

**2017**

▶ Keep for your records

|  |  |
|--|--|
| Name(s) Shown on Return<br><u>SAGAR M SHIVARAM</u> | Social Security Number<br><u>034-81-1443</u> |
|--|--|

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

### Part II – Form 2441 and Standard Deduction Worksheet Computations

|  |          |       |          |
|--|----------|-------|----------|
| 5 Net self-employment earnings (line 4 above) . . . . .  | _____    | _____ | _____    |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . . | 64,329 . | _____ | 64,329 . |
| 7 <b>a</b> Taxable employer-provided adoption benefits . . . . .                                     | _____    | _____ | _____    |
| <b>b</b> Foreign earned income exclusion . . . . .   | _____    | _____ | _____    |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .                                    | 64,329 . | _____ | 64,329 . |
| 9 <b>a</b> Taxable dependent care benefits . . . . .   | _____    | _____ | _____    |
| <b>b</b> Nontaxable combat pay . . . . .   | _____    | _____ | _____    |
| 10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 . . . . .                                      | 64,329 . | _____ | 64,329 . |
| 11 Scholarship or fellowship income not on W-2 . . . . .   | _____    | _____ | _____    |
| 12 SE exempt earnings less nontaxable income . . . . .   | _____    | _____ | _____    |
| 13 Distributions from nonqualified/Sec. 457 plans . . . . .  | _____    | _____ | _____    |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .               | 64,329 . | _____ | 64,329 . |

### Part III – IRA Deduction Worksheet Computation

|   |          |       |          |
|---|----------|-------|----------|
| 15 Net self-employment income or (loss) . . . . .         | _____    | _____ | _____    |
| 16 Wages, salaries, tips, etc . . . . .                   | 64,329 . | _____ | 64,329 . |
| 17 Net self-employment loss . . . . .                     | _____    | _____ | _____    |
| 18 Alimony received . . . . .                             | _____    | _____ | _____    |
| 19 Nontaxable combat pay . . . . .                        | _____    | _____ | _____    |
| 20 Foreign earned income exclusion . . . . .              | _____    | _____ | _____    |
| 21 Keogh, SEP or SIMPLE deduction . . . . .               | _____    | _____ | _____    |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. . . . . | 64,329 . | _____ | 64,329 . |

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

|  |          |       |          |
|--|----------|-------|----------|
| 23 Self-employed, church and statutory employees . . . . .                               | _____    | _____ | _____    |
| 24 Wages, salaries, tips, etc . . . . .  | 64,329 . | _____ | 64,329 . |
| 25 Nontaxable combat pay . . . . .   | _____    | _____ | _____    |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . . | 64,329 . | _____ | 64,329 . |

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name(s) Shown on Return<br>SAGAR M SHIVARAM | Social Security Number<br>034-81-1443 |
|---|---------------------------------------|

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

| (a)<br>State | (b)<br>Paid With Extension |
|--------------|----------------------------|
|              |                            |
|              |                            |
|              |                            |

**2016 Locality Extension Information**

| (a)<br>Locality | (b)<br>Paid With Extension |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |

**2016 State Estimates Information**

| (a)<br>State | (c)<br>Estimates Paid After 12/31 |
|--------------|-----------------------------------|
|              |                                   |
|              |                                   |
|              |                                   |

**2016 Locality Estimates Information**

| (a)<br>Locality | (c)<br>Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
|                 |                                   |
|                 |                                   |
|                 |                                   |

**2016 State Taxes Due Information**

| (a)<br>State | (e)<br>Paid With Return |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |

**2016 Locality Taxes Due Information**

| (a)<br>Locality | (e)<br>Paid With Return |
|-----------------|-------------------------|
|                 |                         |
|                 |                         |
|                 |                         |

**2016 State Refund Applied Information**

| (a)<br>State | (g)<br>Applied Amount |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |

**2016 Locality Refund Applied Information**

| (a)<br>Locality | (g)<br>Applied Amount |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |

**2016 State Tax Refund Information**

| (a)<br>State | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|--------------|-------------------------------|-----------------------------|
|              |                               |                             |
|              |                               |                             |
|              |                               |                             |

**2016 Locality Tax Refund Information**

| (a)<br>Locality | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|-----------------|-------------------------------|-----------------------------|
|                 |                               |                             |
|                 |                               |                             |
|                 |                               |                             |

| Other Tax and Income Information |  | 2016                     | 2017                     |
|----------------------------------|--|--------------------------|--------------------------|
| 1                                | Filing status . . . . .  |                          | 1 Single                 |
| 2                                | Number of exemptions for blind or over 65 (0 - 4) . . . . .      |                          |                          |
| 3                                | Itemized deductions . . . . .                                    |                          | 16,660.                  |
| 4                                | Check box if required to itemize deductions . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                | Adjusted gross income . . . . .                                  |                          | 64,329.                  |
| 6                                | Tax liability for Form 2210 or Form 2210-F . . . . .             |                          | 6,645.                   |
| 7                                | Alternative minimum tax . . . . .                                |                          |                          |
| 8                                | Federal overpayment applied to next year estimated tax . . . . . |                          |                          |

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

| Excess Contributions |   | 2016 | 2017 |
|----------------------|---|------|------|
| 9 a                  | Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .    |      |      |
| b                    | Spouse's excess Archer MSA contributions as of 12/31 . . . . .      |      |      |
| 10 a                 | Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . . |      |      |
| b                    | Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .   |      |      |
| 11 a                 | Taxpayer's excess HSA contributions as of 12/31 . . . . .           |      |      |
| b                    | Spouse's excess HSA contributions as of 12/31 . . . . .             |      |      |

| Loss and Expense Carryovers                  |   | 2016 | 2017           |
|--|---|------|----------------|
| Note: Enter all entries as a positive amount |   |      |                |
| 12 a   | Short-term capital loss . . . . .                           |      |                |
| b  | AMT Short-term capital loss . . . . .                       |      |                |
| 13 a   | Long-term capital loss . . . . .                            |      |                |
| b  | AMT Long-term capital loss . . . . .                        |      |                |
| 14 a   | Net operating loss available to carry forward . . . . .     |      |                |
| b  | AMT Net operating loss available to carry forward . . . . . |      |                |
| 15 a   | Investment interest expense disallowed . . . . .            |      |                |
| b  | AMT Investment interest expense disallowed . . . . .        |      |                |
| 16   | Nonrecaptured net Section 1231 losses from:                 | a    | 2017 . . . . . |
|  |   | b    | 2016 . . . . . |
|  |   | c    | 2015 . . . . . |
|  |   | d    | 2014 . . . . . |
|  |   | e    | 2013 . . . . . |
|  |   | f    | 2012 . . . . . |
| 17   | AMT Nonrecap'd net Sec 1231 losses from:                    | a    | 2017 . . . . . |
|  |   | b    | 2016 . . . . . |
|  |   | c    | 2015 . . . . . |
|  |   | d    | 2014 . . . . . |
|  |   | e    | 2013 . . . . . |
|  |   | f    | 2012 . . . . . |

# Tax Summary Report

2017

Name(s) Shown on Return  
SAGAR M SHIVARAM

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

|   |         |
|---|---------|
| Wages and salaries . . . . .                  | 64,329. |
| Interest and dividend income . . . . .        | _____   |
| Business income (loss) . . . . .              | _____   |
| Capital gains (losses) . . . . .              | _____   |
| Pensions and annuities . . . . .              | _____   |
| Rents, royalties, partnerships, etc . . . . . | _____   |
| Farm income (loss) . . . . .                  | _____   |
| Social security benefits . . . . .            | _____   |
| Other income . . . . .                        | _____   |
| <b>Total Gross Income</b> . . . . .           | 64,329. |

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 64,329.

**Itemized/Standard Deductions**

|  |         |
|--|---------|
| Medical and dental . . . . .               | _____   |
| Taxes . . . . .                            | 4,567.  |
| Interest . . . . .                         | _____   |
| Contributions . . . . .                    | _____   |
| Casualty or theft loss(es) . . . . .       | _____   |
| Miscellaneous . . . . .                    | 12,093. |
| Phaseout of itemized deductions . . . . .  | _____   |
| <b>Total Itemized Deductions</b> . . . . . | 16,660. |
| Standard deduction . . . . .               | _____   |
| Exemption amount . . . . .                 | 4,050.  |

**Taxable Income** . . . . . 43,619.

|   |        |
|---|--------|
| Income tax . . . . .                        | 6,645. |
| Alternative minimum tax . . . . .           | _____  |
| <b>Total Taxes before Credits</b> . . . . . | 6,645. |
| Nonbusiness credits . . . . .               | _____  |
| Business credits . . . . .                  | _____  |
| <b>Total Credits</b> . . . . .              | _____  |
| Self-employment tax . . . . .               | _____  |
| Other taxes . . . . .                       | _____  |

**Total Tax** . . . . . 6,645.

|   |         |
|---|---------|
| Withholding . . . . .                                 | 10,803. |
| Estimated tax payments . . . . .                      | _____   |
| Other payments . . . . .                              | _____   |
| <b>Total Payments</b> . . . . .                       | 10,803. |
| Estimated tax penalty . . . . .                       | _____   |
| Refund applied to next year's estimated tax . . . . . | _____   |

**Amount Overpaid** . . . . . 4,158.

**Refund** . . . . . 4,158.

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

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

|                              |         |
|------------------------------|---------|
| Tax bracket . . . . .        | 25.0 %  |
| Effective tax rate . . . . . | 10.33 % |

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| <b>Tax Smart Worksheet</b> |  |
|----------------------------|--|
| <b>A</b>                   | Tax . . . . . <u>6,645.</u>  |
| Check if from:             |  |
| <b>1</b>                   | Tax table . . . . . <input checked="" type="checkbox"/>  |
| <b>2</b>                   | Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>                        |
| <b>3</b>                   | Schedule D Tax Worksheet . . . . . <input type="checkbox"/>  |
| <b>4</b>                   | Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>                  |
| <b>5</b>                   | Schedule J . . . . . <input type="checkbox"/>  |
| <b>6</b>                   | Form 8615 . . . . . <input type="checkbox"/>   |
| <b>7</b>                   | Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>                                 |
| <b>B</b>                   | Additional tax from Form 8814 . . . . . _____  |
| <b>C</b>                   | Additional tax from Form 4972 . . . . . _____  |
| <b>D</b>                   | Tax from additional Form(s) 4972 . . . . . _____   |
| <b>E</b>                   | Recapture tax from Form 8863 . . . . . _____   |
| <b>F</b>                   | IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____                            |
| <b>G</b>                   | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____                    |
| <b>H</b>                   | <b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>6,645.</u> |

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**State and Local Taxes Smart Worksheet**

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38 . . . . . 64,329.
- B Nontaxable income entered elsewhere on return . . . . .
- C Available income: 2016 refundable credits in excess of tax . . . . . 0.
- D **Enter** any additional nontaxable income . . . . .
- E Total available income for sales taxes . . . . . 64,329.
- F Sales tax table information:

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

**QuickZoom** to Misc Global Options to enter default locality . . . . . ►           

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

| (a)<br>ST | (b)<br>Lived in<br>State<br>From | (c)<br>Lived in<br>State<br>To | (d)<br><b>Enter</b><br>Total<br>Tax Rate | (e)<br>State<br>Tax<br>Rate (%) | (f)<br>Local<br>Tax<br>Rate (%) | (g)<br>State<br>Table<br>Amount | (h)<br>Local<br>Sales<br>Taxes | (i)<br>Prorated<br>or Total<br>Amount |
|-----------|----------------------------------|--------------------------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| OR        | 01/01/17                         | 12/31/17                       | 0.0000                                   | 0.0000                          | 0.0000                          |                                 | 0.                             | 0.                                    |
|           |                                  |                                |  |                                 |                                 |                                 |                                |                                       |
|           |                                  |                                |  |                                 |                                 |                                 |                                |                                       |
|           |                                  |                                |  |                                 |                                 |                                 |                                |                                       |

- Total general sales taxes from table . . . . . 0.
- H **Enter** additions to table amount (motor vehicle, boat) . . . . .
- I Total sales taxes from table plus additions to table amount . . . . . 0.
- J **Enter** actual sales taxes paid (in lieu of table amount) . . . . .
- K Total income taxes paid . . . . . 4,567.

**2017 Form OR-40**

Page 1 of 4, 150-101-040 (Rev. 12-17) Oregon Department of Revenue



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|                 |  |
|-----------------|--|
| Office use only |  |
|                 |  |
|                 |  |

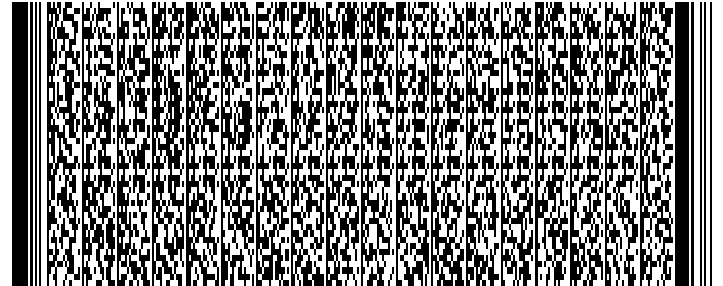
**Oregon Individual Income Tax Return for Full-year Residents**

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short year tax election.
- Extension filed.
- Form OR-24.



|  |                              |                                   |   |   |   |
|--|------------------------------|-----------------------------------|---|---|---|
| First name and initial<br><b>SAGAR</b> M | Last name<br><b>SHIVARAM</b> | <input type="checkbox"/> Deceased | Social Security no. (SSN)<br><b>034-81-1443</b> | <input type="checkbox"/> First time using this SSN (see instructions) | <input type="checkbox"/> Applied for ITIN |
|--|------------------------------|-----------------------------------|---|---|---|

|                                 |                    |                                   |              |   |   |
|---------------------------------|--------------------|-----------------------------------|--------------|---|---|
| Spouse's first name and initial | Spouse's last name | <input type="checkbox"/> Deceased | Spouse's SSN | <input type="checkbox"/> First time using this SSN (see instructions) | <input type="checkbox"/> Applied for ITIN |
|---------------------------------|--------------------|-----------------------------------|--------------|---|---|

|  |                    |                          |   |                        |  |
|--|--------------------|--------------------------|---|------------------------|--|
| Current mailing address<br><b>21549 NW KIAN LN</b> |                    |                          | Date of birth (mm/dd/yyyy)<br><b>01/27/1992</b> | Spouse's date of birth |  |
| City<br><b>BEAVERTON</b>                           | State<br><b>OR</b> | ZIP code<br><b>97006</b> | Country<br><b>USA</b>                           | Phone                  |  |

**Filing status** (check only **one** box)

1.  Single.
2.  Married filing jointly.
3.  Married filing separately (enter spouse's information **above**).
4.  Head of household (with qualifying dependent).
5.  Qualifying widow(er) with dependent child.

**Exemptions**

- 6a. Credits for yourself:  Regular  Severely disabled ..... 6a. **Total 1**
- Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse:  Regular  Severely disabled ..... 6b.
- Check box if someone else can claim your spouse as a dependent.

**Dependents.** List your dependents in order from youngest to oldest. If more than four, check this box  and include Schedule OR-ADD-DEP with your return.

| First name | Last name | Code* | Dependent's SSN | Dependent's date of birth (mm/dd/yyyy) | Check if child with qualifying disability |
|------------|-----------|-------|-----------------|--|---|
|            |           |       |                 |  | <input type="checkbox"/>                  |
|            |           |       |                 |  | <input type="checkbox"/>                  |
|            |           |       |                 |  | <input type="checkbox"/>                  |
|            |           |       |                 |  | <input type="checkbox"/>                  |

\*Dependent relationship code—Please see instructions to determine the appropriate code.

6c. Total number of dependents ..... 6c.  
 6d. Total number of dependent children with a qualifying disability (see instructions) ..... 6d.  
 6e. Total exemptions. Add 6a through 6d ..... Total 6e.



**2017 Form OR-40**



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|                                 |                           |
|---------------------------------|---------------------------|
| Name<br><b>SAGAR M SHIVARAM</b> | SSN<br><b>034-81-1443</b> |
|---------------------------------|---------------------------|

**Taxable income**

|  |    |           |
|--|----|-----------|
| 7. Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; 1040NR-EZ, line 10; or 1040X, line 1C. See instructions ..... | 7. | 64,329.00 |
| 8. Total additions from Schedule OR-ASC, section 1 .....   | 8. |           |
| 9. Income after additions. Add lines 7 and 8.....  | 9. | 64,329.00 |

**Subtractions**

|   |     |           |
|---|-----|-----------|
| 10. 2017 federal tax liability. <b>See instructions for the correct amount: \$0-\$6,550</b> ..... | 10. | 6,550.00  |
| 11. Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b .....        | 11. |           |
| 12. Oregon income tax refund included in federal income .....                                     | 12. |           |
| 13. Total subtractions from Schedule OR-ASC, section 2.....                                       | 13. |           |
| 14. Total subtractions. Add lines 10 through 13 .....   | 14. | 6,550.00  |
| 15. Income after subtractions. Line 9 minus line 14.....  | 15. | 57,779.00 |

**Deductions**

|   |           |
|---|-----------|
| 16. Itemized deductions from federal Schedule A, line 29. If you are not itemizing your deductions, skip lines 16 through 18... 16. | 16,660.00 |
| 17. State income tax claimed as an itemized deduction..... 17.  | 4,567.00  |
| 18. Net Oregon itemized deductions. Line 16 minus line 17..... 18.  | 12,093.00 |
| 19. <b>Standard deduction.</b> See instructions..... 19.  |           |

**You were:** 19a.  65 or older    19b.  Blind    **Your spouse was:** 19c.  65 or older    19d.  Blind

|  |           |
|--|-----------|
| 20. Enter the larger of line 18 or line 19. If you skipped line 18, enter the amount from line 19..... 20. | 12,093.00 |
| 21. Oregon taxable income. Line 15 minus line 20. If line 20 is more than line 15, enter -0- .....         | 45,686.00 |

**Oregon tax**

|  |     |          |
|--|-----|----------|
| 22. Tax. See instructions. Enter tax on line 22. Check box if tax is calculated using an alternative method .....                                  | 22. | 3,871.00 |
| 22a. <input type="checkbox"/> Form OR-FIA-40    22b. <input type="checkbox"/> Worksheet OR-FCG    22c. <input type="checkbox"/> Schedule OR-PTE-FY |     |          |
| 23. Interest on certain installment sales..... 23.   |     |          |
| 24. Total tax before credits. Add lines 22 and 23 .....  | 24. | 3,871.00 |

**Standard and carryforward credits**

|  |          |
|--|----------|
| 25. Exemption credit. If the amount on line 7 is less than \$100,000, multiply your total exemptions on line 6e by \$197. Otherwise, see instructions..... 25.   | 197.00   |
| 26. Political contribution credit. <b>See limits</b> ..... 26.   |          |
| 27. Total standard credits from Schedule OR-ASC, section 3..... 27.  |          |
| 28. Total standard credits. Add lines 25 through 27..... 28.   | 197.00   |
| 29. Tax minus standard credits. Line 24 minus line 28. If line 28 is more than line 24, enter -0-..... 29.   | 3,674.00 |
| 30. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 30 can't be more than line 29 (see Schedule OR-ASC instructions)..... 30. |          |
| 31. Tax after standard and carryforward credits. Line 29 minus line 30..... 31.  | 3,674.00 |

2017 Form OR-40



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|                          |                    |
|--------------------------|--------------------|
| Name<br>SAGAR M SHIVARAM | SSN<br>034-81-1443 |
|--------------------------|--------------------|

Payments and refundable credits

|  |     |          |
|--|-----|----------|
| 32. Oregon income tax withheld. <b>Include a copy of Form(s) W-2 and 1099</b> .....  | 32. | 4,567.00 |
| 33. Amount applied from your prior year's tax refund .....   | 33. |          |
| 34. Estimated tax payments for 2017. <b>Include all payments made</b> prior to the filing date of this return. Do not include the amount already reported on line 33.....              | 34. |          |
| 35. Earned income credit. See instructions .....   | 35. |          |
| 36. Oregon surplus credit (kicker). Enter your kicker amount. See instructions.<br><b>If you elect to donate your kicker to the State School Fund, enter -0- and see line 53</b> ..... | 36. | 0.00     |
| 37. Total refundable credits from Schedule OR-ASC, section 5.....  | 37. |          |
| 38. Total payments and refundable credits. Add lines 32 through 37 .....   | 38. | 4,567.00 |

Tax to pay or refund

|   |     |        |
|---|-----|--------|
| 39. <b>Overpayment of tax.</b> If line 31 is <b>less</b> than line 38, you overpaid. Line 38 minus line 31..... | 39. | 893.00 |
| 40. <b>Net tax.</b> If line 31 is <b>more</b> than line 38, you have tax to pay. Line 31 minus line 38 .....    | 40. |        |
| 41. Penalty and interest for filing or paying late. See instructions .....                                      | 41. |        |
| 42. Interest on underpayment of estimated tax. <b>Include Form OR-10</b> .....                                  | 42. |        |

Exception number from Form OR-10, line 1: 42a. Check box if you annualized: 42b.

|  |     |        |
|--|-----|--------|
| 43. Total penalty and interest due. Add lines 41 and 42.....   | 43. |        |
| 44. <b>Net tax including penalty and interest.</b> Line 40 plus line 43..... <b>This is the amount you owe</b> | 44. |        |
| 45. <b>Overpayment less penalty and interest.</b> Line 39 minus line 43..... <b>This is your refund</b>        | 45. | 893.00 |
| 46. <b>Estimated tax.</b> Fill in the part of line 45 you want applied to your estimated tax account. ....     | 46. |        |
| 47. Charitable checkoff donations from Schedule OR-DONATE, line 30.....  | 47. |        |

|   |     |        |
|---|-----|--------|
| 48. Political party \$3 checkoff. Party code: 48a. You. 48b. Spouse.....                        | 48. |        |
| 49. Total Oregon 529 College Savings Plan deposits from Schedule OR-529. See instructions ..... | 49. |        |
| 50. Total. Add lines 46 through 49; total can't be more than your refund on line 45.....        | 50. |        |
| 51. Line 45 minus line 50. This is your net refund ..... <b>Net refund</b>                      | 51. | 893.00 |

Direct deposit

52. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States:

Type of account:  Checking or  Savings

Routing number: 111000025

Account number: 586034037440

Surplus credit donation

53. Oregon surplus credit (kicker) donation. If you elect to donate your kicker to the State School Fund, check the box: 53a.

Write the amount from line 7 of the surplus credit worksheet here. **This election is irrevocable**.....53b.



► Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . SAGAR
Middle Initial . . . M Suffix . . .
Last Name . . . SHIVARAM
SSN . . . . . 034-81-1443
Date of Birth . . . 01/27/1992
Date of Death . . .
Daytime Phone . . .
Home Phone . . .

Spouse/RDP:

First Name . . .
Middle Initial . . . Suffix . . .
Last Name . . .
SSN . . . . .
Date of Birth . . .
Date of Death . . .
Daytime Phone . . .

Print phone number on the forms . . . [ ] Home [ ] Taxpayer work [ ] Spouse/RDP work

E-mail address . Sagar.ms27@gmail.com

c/o Name . . .

Street Address . 21549 NW KIAN LN

City . . . . . BEAVERTON State . . OR ZIP Code . . . . . 97006

APO/FPO address . . . [ ] APO [ ] FPO

Foreign country . . . . . Foreign Zip Code . . . . .

Part II – Main Form

- [X] Form 40: Resident Tax Return
[ ] Form 40N: Nonresident Tax Return
Allocation Worksheet for Nonresident Return for Form 40N
[ ] Form 40P: Part-Year Resident Tax Return
Allocation Worksheet for Part-Year Resident Return for Form 40P
Dates of residency in Oregon (Part-Year and Nonresident filers only). . . . . From To

Part III – Filing Status

- [X] Single
[ ] Married, filing joint
[ ] Married, filing separate
[ ] Eligible to claim your spouse's exemption (see Help)
Do all of the following apply for 2017? - for Working Family Household and Dependent Care Credit
-You lived apart from your spouse during the last 6 months of 2017.
-The person's whose care you paid for lived with you for more than half of 2017.
-You paid more than half of the cost of keeping up that home for 2017.
[ ] Yes [ ] No
different residency status from spouse?
[ ] Yes [ ] No
[ ] Head of household
[ ] Qualifying widow(er)

Part IV – Taxpayer/Spouse Information

- Taxpayer Spouse/RDP
Yes [ ] No [ ] Severely disabled
Yes [ ] Legally blind
Yes [ ] Can be claimed as a dependent on someone else's return



Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

[X] File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Yes No

[X] Use Federal PIN(s) in place of Form EF (See Help)

Select if special situation applies . . . . .
Enter any Oregon identified disaster tax relief situations...

Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Date Form 40-V (payment voucher) was given to client . . . . .

QuickZoom to Form EF: Additional Information SmartWorksheet . . . . .

Part VIII – Direct Deposit Information

Yes No

[X] Elect direct deposit of state tax refund
Do you want electronic funds withdrawal of state tax payment (EF Only)?

Bank Information:

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

Name of Financial Institution (optional) . . . . . BANK OF AMERICA
Account type . . . . . Checking [X] Savings
Routing number . . . . . 111000025
Account number . . . . . 586034037440
Enter the payment date to withdraw from the account above . . . . .
State balance-due amount from this return . . . . .
Enter an amount to withdraw from the account above . . . . .
If partial payment is made, the remaining balance due . . . . .

International ACH Transactions

Yes No

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

Part IX – Paid Preparer Information

Enter the preparer's assigned number from Preparer's Information Worksheet . . . . . 1

Yes No

[ ] Taxpayer authorizes Oregon Department of Revenue to discuss tax matters with the preparer

Part X – Extension Status

Yes No

[X] Tax return due date extended?
Extended due date

QuickZoom to Form 40-V: Application for Automatic Extension of Time to File . . . . .

QuickZoom to Amended Schedule . . . . .

QuickZoom to Form 40 . . . . .

QuickZoom to Form 40N . . . . .

# Tax Payments Worksheet

**2017**

▶ Keep for your records

|                          |                                       |
|--------------------------|---------------------------------------|
| Name<br>SAGAR M SHIVARAM | Social Security Number<br>034-81-1443 |
|--------------------------|---------------------------------------|

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

|      |  |      |        |
|------|--|------|--------|
| 9    | State withholding on Forms W-2 . . . . .             | 9    | 4,567. |
| 10   | State withholding on Forms W-2G . . . . .            | 10   |        |
| 11   | State withholding on Forms 1099-R . . . . .          | 11   |        |
| 12 a | State withholding on Forms 1099-MISC . . . . .       | 12 a |        |
| b    | State withholding on Forms 1099-G . . . . .          | b    |        |
| c    | State withholding on Forms 1099-K . . . . .          | c    |        |
| 13   | Other state tax withholding . . . . .                | 13   |        |
| 14   | <b>Total income tax withheld</b> . . . . .           | 14   | 4,567. |
| 15   | Date return will be filed and balance paid . . . . . | 15   |        |

# Oregon Standard or Itemized Deduction Worksheet

**2017**

▶ Keep for your records — Do not file

|                                 |  |
|---------------------------------|--|
| Name<br><u>SAGAR M SHIVARAM</u> | Social Security Number<br><u>034-81-1443</u> |
|---------------------------------|--|

|  |            |         |  |
|--|------------|---------|--|
| 1 Check here if you can be claimed as a dependent on another person's return . . . . . ▶ <input type="checkbox"/>  |            |         |  |
| 2 Minimum amount . . . . .   | <b>2</b>   | 1,050.  |  |
| 3 If the box on line 1 is checked, what was your earned income for the year? . . . . .   | <b>3</b>   |         |  |
| 4 Enter the larger of line 2 or line 3 . . . . .   | <b>4</b>   | 1,050.  |  |
| 5 Standard deduction based on filing status  |            |         |  |
| <b>a</b> Single . . . . . \$ 2,175.  |            |         |  |
| <b>b</b> Married Filing Jointly . . . . . \$ 4,350.  |            |         |  |
| <b>c</b> Married Filing Separately . . . . . \$ 2,175.   |            |         |  |
| <b>d</b> Head of Household . . . . . \$ 3,500.   |            |         |  |
| <b>e</b> Qualifying Widow(er) . . . . . \$ 4,350.  | <b>5</b>   | 2,175.  |  |
| 6 If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5 . . . . .  | <b>6</b>   | 2,175.  |  |
| 7 Additional deductions:   |            |         |  |
| <b>a</b> You are age 65 or older . . . . .   | <b>7 a</b> |         |  |
| <b>b</b> You are blind . . . . .   | <b>b</b>   |         |  |
| <b>c</b> Spouse/RDP is age 65 or older . . . . .   | <b>c</b>   |         |  |
| <b>d</b> Spouse/RDP is blind . . . . .   | <b>d</b>   |         |  |
| 8 Total available standard deduction (add lines 6 through 7d) . . . . .  | <b>8</b>   | 2,175.  |  |
| 9 Itemized deductions from Schedule A, line 29. . . . .  | <b>9</b>   | 16,660. |  |
| 10 <b>a</b> State income tax claimed as an itemized deduction . . . . .  | <b>10a</b> | 4,567.  |  |
| <b>b</b> - If your federal itemized deductions were reduced (limited) due to having high income (AGI), then your add back of Oregon state income taxes must be reduced as well. If this applies to you, your federal itemized deduction limitation percentage is calculated on line 10b. . . . . ▶ | <b>10b</b> |         |  |
| <b>c</b> - Your add back of Oregon state income taxes is (Line 10a times your federal itemized deduction limitation percentage on 10b). . . . . ▶  | <b>10c</b> |         |  |
| 11 Net Oregon itemized deductions (line 9 minus line 10) . . . . .   | <b>11</b>  | 12,093. |  |
| 12 Larger of line 11 or line 8 . . . . .   | <b>12</b>  | 12,093. |  |