

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name SHAHUL HAMEED MOHAMED YUSUFF	Social security number 741-98-6802
Spouse's name MUHAMAD FARSITHA BEG SHAHUL HAMEED	Spouse's social security number 934-91-9096

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	110,828.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	9,086.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	13,035.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,949.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

8	6	8	0	2
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

1	9	0	9	6
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8					
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 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and initial SHAHUL HAMEED	Last name MOHAMED YUSUFF	Your social security number 741-98-6802
If a joint return, spouse's first name and initial MUHAMAD FARSITHA BEG	Last name SHAHUL HAMEED	Spouse's social security number 934-91-9096
Home address (number and street). If you have a P.O. box, see instructions. 8605 DIGITAL DRIVE		Apt. no. 301
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHARLOTTE NC 28262		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

Check only one box.

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)

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
MOHAMED AASHIK	SHAHUL HAMEED	934-91-9150	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 1
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above 3

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	111,928.
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	111,928.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	1,100.
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,100.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	110,828.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 110,828.

39a Check You were born before January 2, 1953, Blind. Spouse was born before January 2, 1953, Blind. Total boxes checked 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 25,568.

41 Subtract line 40 from line 38 41 85,260.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 12,150.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 73,110.

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 10,036.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 10,036.

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required. 52 950.

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 950.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 9,086.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 9,086.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 13,035.

65 2017 estimated tax payments and amount applied from 2016 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 13,035.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 3,949.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 3,949.

Direct deposit? See instructions. ▶ b Routing number 1 2 2 1 0 0 0 2 4 ▶ c Type: Checking Savings

d Account number 7 8 7 5 1 6 1 1 6

77 Amount of line 75 you want applied to your 2018 estimated tax ▶ 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

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

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

Sign Here

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

Joint return? See instructions. Keep a copy for your records. ▶

Your signature Date Your occupation Daytime phone number

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

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check 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 ▶ GLOBAL TAXES LLC Firm's EIN ▶ 30-1017196

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Phone no. (678)965-9729

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

S MOHAMED YUSUFF & M SHAHUL HAMEED

741-98-6802

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		7,450.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	7,450.

Interest You Paid

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

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

Gifts to Charity

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

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	350.
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	350.

Casualty and Theft Losses

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

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	19,985.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	19,985.
25	Enter amount from Form 1040, line 38 25 110,828.		
26	Multiply line 25 by 2% (0.02)	26	2,217.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	17,768.

Other Miscellaneous Deductions

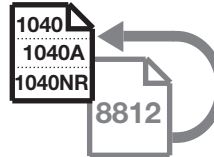
28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		25,568.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

S MOHAMED YUSUFF & M SHAHUL HAMEED

Your social security number

741-98-6802

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



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

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

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

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

Part II Additional Child Tax Credit Filers

<p>1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.</p> <p>If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:</p> <p>1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).</p>			
	1	950.	
2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	950.	
3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	0.	
4a Earned income (see separate instructions)	4a		
b Nontaxable combat pay (see separate instructions)	4b		
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5		
6 Multiply the amount on line 5 by 15% (0.15) and enter the result	6		
Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.			

Part III Certain Filers Who Have Three or More Qualifying Children

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

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	
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1040
1040A
1040NR

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

Paid Preparer's Due Diligence Checklist

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

2017

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return S MOHAMED YUSUFF & M SHAHUL HAMEED	Taxpayer identification number 741-98-6802
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR P02090332	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

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

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

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

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

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

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

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

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

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017

Attachment
Sequence No. **129A**

▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name SHAHUL HAMEED MOHAMED YUSUFF	Occupation in which you incurred expenses	Social security number 741-98-6802
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You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	2,825.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	13,560.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,200.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	19,985.

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

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017

8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 5,280 b Commuting (see instructions) _____ c Other 1,720

9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**

11a Do you have evidence to support your deduction? **Yes** **No**

 b If "Yes," is the evidence written? **Yes** **No**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form3903 for the latest information.
► Attach to Form 1040 or Form 1040NR.

2017
Attachment
Sequence No. **170**

Name(s) shown on return

S MOHAMED YUSUFF & M SHAHUL HAMEED

Your social security number

741-98-6802

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	650.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	450.
3 Add lines 1 and 2	3	1,100.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,100.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

S MOHAMED YUSUFF & M SHAHUL HAMEED

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					111,928.
Adjustments to income					1,100.
Adjusted gross income					110,828.
Tax expense					7,450.
Interest expense . . .					
Contributions					350.
Miscellaneous deductions					17,768.
Other Itemized Deductions					
Total itemized/standard deduction . .					25,568.
Exemption amount . .					12,150.
Taxable income					73,110.
Tax					10,036.
Alternative min tax . .					
Total credits					950.
Other taxes					
Payments					13,035.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,949.
Effective tax rate % . .					8.20
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: S MOHAMED YUSUFF & M SHAHUL HAMEED, 741-98-6802

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, Input field. Rows: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)

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.

Table with 2 columns: Description, Input field. Rows: Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date

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 MOHAMED YUSUFF
 First name SHAHUL HAMEED
 Middle initial Suffix
 Social security no. 741-98-6802
 Occupation SOFTWARE ENGINEER
 Date of birth 03/13/1984 (mm/dd/yyyy)
 Age as of 1-1-2018 33
 Date of death
 Legally blind
 E-mail address Shahul1384@gmail.com
 Work phone Ext _____
 Cell phone (612) 205-5053
 Home phone (612) 666-5915
 Fax number

Spouse:

Last name (if different) SHAHUL HAMEED
 First name MUHAMAD FARSIHA BEG
 Middle initial Suffix
 Social security no. 934-91-9096
 Occupation HOMEMAKER
 Date of birth 10/01/1989 (mm/dd/yyyy)
 Age as of 1-1-2018 28
 Date of death
 Legally blind
 E-mail address Shahul1384@gmail.com
 Work phone Ext _____
 Cell phone (612) 205-5053
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (612) 205-5053
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 8605 DIGITAL DRIVE Apt no. 301
 City CHARLOTTE State NC ZIP code 28262

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
MOHAMED AASHIK SHAHUL HAMEED		934-91-9150 Son	05/15/2011	6	12		L	

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

► Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
---	---------------------------------------

INCOME	Federal Amount	NY Amount
1 Wages, salaries, tips, etc. T	111,928.	78,551.
2 Taxable interest T		
3 Dividends T		
4 State/local tax refunds T		
5 Alimony received T		
6 Business income or loss T		
7 Capital gain or loss T		
8 Other gains and losses T		
9 Taxable IRA distribution T		
10 Taxable pension and annuities T		
11 Rentals, royalties, partnerships, S corporations, trusts T		
12 Farm income or loss T		
13 Unemployment compensation T		
14 a Taxable social security benefits T		
b Taxable railroad retirement benefits T		
15 Other income T		
16 Total income T	111,928.	78,551.

Nonresident State Allocation Worksheet

S MOHAMED YUSUFF & M SHAHUL HAMEED

741-98-6802

	ADJUSTMENTS		Federal Amount	NY Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T	1,100.	
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T		
		S		
28	Tuition/fees deduction	T		
		S		
29	Domestic production activities deduction	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T	1,100.	
		S		
32	Adjusted gross income	T	110,828.	78,551.
		S		

Part-Year Resident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
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INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	111,928.	<u>MD</u>	<u>MD</u>	<u>33,377.</u>
		<u>NJ</u>	<u>NY</u>	<u>78,551.</u>
		<u>NJ</u>	<u>NJ</u>	<u>79,977.</u>
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	111,928.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses	1,100.	01/01	08/21	NJ	0.
		08/22	12/30	MD	0.
		12/31	12/31	NC	0.
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
31 Total adjustments T						1,100.
32 Adjusted gross income T						110,828.

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
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Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail

Taxpayer:

Issuing state MD
 License number M532765001192
 Issue date 10/13/2017
 Expiration date 07/27/2018
 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:

- 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: S MOHAMED YUSUFF & M SHAHUL HAMEED
Social Security Number: 741-98-6802

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.

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser).	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes	<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"/>
Form 8885, Health Coverage Tax Credit	<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"/>
Form 3115, Change in Accounting Method.	<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	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities.	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
HARMONIA HOLDINGS GROUP LLC		33,377.	4,111.	33,377.	2,607.
Capgemini America Inc		78,551.	8,924.	158,528.	4,813.
Totals		111,928.	13,035.	191,905.	7,420.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	111,928.		111,928.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	13,035.		13,035.
3 & 7	Total social security wages/tips	111,928.		111,928.
4	Total social security tax withheld	6,939.		6,939.
5	Total Medicare wages and tips	111,928.		111,928.
6	Total Medicare tax withheld	1,623.		1,623.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	6,756.		6,756.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	6,756.		6,756.
14 a	Total deductible mandatory state tax	30.		30.
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	191,905.		191,905.
17	Total state tax withheld	7,420.		7,420.
19	Total local tax withheld.			

Name as shown on return SHAHUL HAMEED MOHAMED YUSUFF	Social Security Number 741-98-6802
---	---------------------------------------

Employer EIN 43-2103421
Employer Name HARMONIA HOLDINGS GROUP LLC
 Name (cont.) _____
Street Address or P. O. Box 2020 KRAFT DRIVE SUITE 2400
City BLACKSBURG **State** VA **ZIP** 24060
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	33,377.	2 Federal tax withheld	4,111.
3 Social security wages	33,377.	4 Social sec tax withheld	2,069.
5 Medicare wages and tips	33,377.	6 Medicare tax withheld	484.
7 Social security tips		8 Allocated tips	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
MD	1436302 1	33,377.	2,607.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

Keep for your records

SHAHUL HAMEED MOHAMED YUSUFF 741-98-6802 Page 2

Employer Name HARMONIA HOLDINGS GROUP LLC

Part I Statutory employees

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

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

- Clergy only:
D Designated housing or parsonage allowance
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
F If no FICA was withheld, check the applicable box below
Non-Clergy only:
G If no FICA was withheld, check the applicable box below

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 741-98-6802
First name SHAHUL HAMEED M.I. Last name MOHAMED YUSUFF Suff.
Address 8605 DIGITAL DRIVE, Apt. 301 City CHARLOTTE St NC ZIP code 28262
Foreign Province/County Foreign Postal Code
Foreign Country

Name as shown on return SHAHUL HAMEED MOHAMED YUSUFF	Social Security Number 741-98-6802
---	---------------------------------------

Employer EIN 22-2575929
Employer Name Capgemini America Inc
 Name (cont.) _____
Street Address or P. O. Box PO Box 17004
City AUGUSTA **State** GA **ZIP** 30903
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	<u>78,551.</u>	2 Federal tax withheld	<u>8,924.</u>
3 Social security wages	<u>78,551.</u>	4 Social sec tax withheld	<u>4,870.</u>
5 Medicare wages and tips	<u>78,551.</u>	6 Medicare tax withheld	<u>1,139.</u>
7 Social security tips	_____	8 Allocated tips	_____

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	<u>70.</u>	A: Enter amount attributable to RRTA Tier 2 tax
DD	<u>6,686.</u>	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NY	<u>22-2575929</u>	<u>78,551.</u>	<u>4,813.</u>
NJ	<u>222575929/000</u>	<u>79,977.</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

9 Verification Code	_____	9 <u>f768-6b8e-a6fc-1736</u>
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>	_____	10 _____
Dependent care benefits - Amount forfeited from flexible spending account	_____	11 _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)	_____	11 _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	<u>20.</u>	<u>New Jersey SDI tax</u>
NYPFL	<u>10.</u>	<u>NY Nonoccupational Disability Fund tax</u>
_____	_____	_____
_____	_____	_____

Keep for your records

SHAHUL HAMEED MOHAMED YUSUFF	741-98-6802 Page 2
Employer Name Capgemini America Inc	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 741-98-6802

First name M.I. Last name Suff.

SHAHUL HAMEED MOHAMED YUSUFF

Address City St ZIP code

8605 DIGITAL DRIVE, Apt. 301 CHARLOTTE NC 28262

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Name as Shown on Return
S MOHAMED YUSUFF & M SHAHUL HAMEED

Social Security No.
741-98-6802

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children: <u>1</u> X \$1,000. Enter the result	1	<u>1,000.</u>
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	<u>110,828.</u>
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	<u>0.</u>
4	Add lines 2 and 3. Enter the total	4	<u>110,828.</u>
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$110,000 Single, head of household, or qualifying widow(er) — \$75,000 Married filing separately — \$55,000 	5	<u>110,000.</u>
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	<u>1,000.</u>
7	Multiply the amount on line 6 by 5% (.05). Enter the result	7	<u>50.</u>
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	<u>950.</u>

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	<u>10,036.</u>
10	Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	10	<u>0.</u>
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	<u>0.</u>
12	Subtract line 11 from line 9. Enter the result	12	<u>10,036.</u>
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	<u>950.</u>

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

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
 - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

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

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above.	1	
2	Enter earned income from the Earned Income Worksheet that applies to you	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	8,562.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Enter the larger of line 4 or line 10	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 Then, go to line 13.		
13	Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet	14	
15	Add lines 13 and 14. Enter the total	15	

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

Note: Railroad Employees

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	13,035.	7,420.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d	13,035.	7,420.	
20 Total Tax Payments for 2017	13,035.	7,420.	

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	7,420.
2 2017 state estimated taxes paid in 2017	2	
3 2016 state estimated taxes paid in 2017	3	
4 Amount paid with 2016 state application for extension	4	
5 Amount paid with 2016 state income tax return	5	
6 Overpayment on 2016 state income tax return applied to 2017 tax	6	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2017 local estimated taxes paid in 2017	10	
11 2016 local estimated taxes paid in 2017	11	
12 Amount paid with 2016 local application for extension	12	
13 Amount paid with 2016 local income tax return	13	
14 Overpayment on 2016 local income tax return applied to 2017 tax	14	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	30.
18 Total Add lines 1 through 17	18	7,450.
19 State and local refund allocated to 2017	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	7,450.

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Contributions Summary

2017

▶ Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: From Sch A, line 17	350.	350.			

Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions . . .	350.		350.			
2 2017 contributions allowed	350.	0.	350.	0.	0.	0.
3 Carryovers from:						
a 2016 tax year						
b 2015 tax year						
c 2014 tax year						
d 2013 tax year						
e 2012 tax year						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 Carryovers to 2018:						
a From 2017	0.		0.	0.	0.	0.
b From 2016						
c From 2015						
d From 2014						
e From 2013						
f From 2012						

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
---	---------------------------------------

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	111,928.		111,928.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	111,928.		111,928.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	111,928.		111,928.
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	111,928.		111,928.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	111,928.		111,928.
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, ln 2.	111,928.		111,928.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	111,928.		111,928.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	111,928.		111,928.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
---	---------------------------------------

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		25,568.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		110,828.
6	Tax liability for Form 2210 or Form 2210-F		9,086.
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
S MOHAMED YUSUFF & M SHAHUL HAMEED

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	111,928.
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	_____
Total Gross Income	111,928.

Adjustments to Income 1,100.

Adjusted Gross Income (Last year's AGI) _____ 110,828.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	7,450.
Interest	_____
Contributions	350.
Casualty or theft loss(es)	_____
Miscellaneous	17,768.
Phaseout of itemized deductions	_____
Total Itemized Deductions	25,568.
Standard deduction	_____
Exemption amount	12,150.

Taxable Income 73,110.

Income tax	10,036.
Alternative minimum tax	_____
Total Taxes before Credits	10,036.
Nonbusiness credits	950.
Business credits	_____
Total Credits	950.
Self-employment tax	_____
Other taxes	_____

Total Tax 9,086.

Withholding	13,035.
Estimated tax payments	_____
Other payments	_____
Total Payments	13,035.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,949.

Refund 3,949.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	8.20 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>10,036.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>10,036.</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 38 110,828.
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 110,828.
F Sales tax table information:
 Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
 If AZ, CO, LA, MS, NY or SC column (a):
QuickZoom to Misc Global Options to enter default locality ► _____
or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
NJ	01/01/17	08/21/17	6.8750	6.8750	0.0000	1,102.	0.	703.
MD	08/22/17	12/30/17	6.0000	6.0000	0.0000	905.	0.	325.
NC	12/31/17	12/31/17	4.7500	4.7500	0.0000	933.	0.	3.

Total general sales taxes from table 1,031.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 1,031.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid 7,450.

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

Paid Preparer Smart Worksheet

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

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

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move . . . _____

B Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form _____

C Other allowance or reimbursements not on Form W-2 _____

D Enter the number of miles from your **old home** to your **new workplace** 800 miles

E Enter the number of miles from your **old home** to your **old workplace** 22 miles

F Subtract line E from line D. If zero or less, enter -0- 778 miles

Is line F at least 50 miles?

Yes ▶ You meet this test.

No ▶ You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.

G For **foreign** moves check here **only** if **all** the following apply ▶

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to foreign move _____
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

A Travel and lodging expenses for this move (excluding auto expenses) 450.

B Parking fees and tolls _____

C Gasoline and oil _____

D Miles driven traveling to new home _____

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	6,939.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,623.
C Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7)	0.
D Add line A, B, and C	8,562.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	8,562.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____	_____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N.	_____
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017)	_____
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017)	_____
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J	_____
O Add line L, M, and N	_____
Line 6 Amount	
P Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____	8,562.



171010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions on Page 2.

Print Using Blue or Black Ink Only.

SHAHUL HAMEED MOHAMED YUSUFF 741986802
First Name Initial Last Name SSN/Taxpayer Identification Number
MUHAMAD FARSITHA BEG SHAHUL HAMEED 934919096
Spouse's First Name Initial Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2018 estimated tax
2. Amount of overpayment to be refunded to you REFUND 870
3. Total amount due (Pay in full by April 15, 2018. See instructions.)

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2017 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 86802 as my signature on my tax year 2017 electronically filed income tax return.

[] 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.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 19096 as my signature on my tax year 2017 electronically filed income tax return.

[] 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.

Spouse's signature Date

Practitioner PIN Method Returns Only

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. 587278

I certify this numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 05262018

DO NOT MAIL



175020013

OR FISCAL YEAR BEGINNING _____ 2017, ENDING _____

741986802 Your Social Security Number
934919096 Spouse's Social Security Number

SHAHUL HAMEED Your First Name Initial

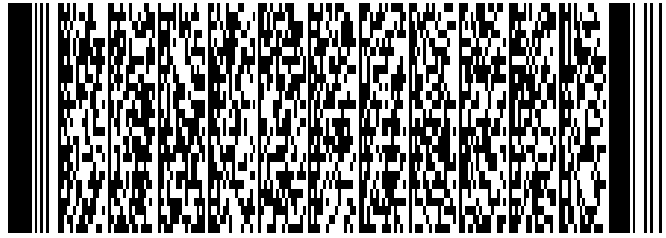
MOHAMED YUSUFF Your Last Name

MUHAMAD FARSITHA B Spouse's First Name Initial

SHAHUL HAMEED Spouse's Last Name

8605 DIGITAL DRIVE Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

301 CHARLOTTE NC 28262
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code



Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.

REQUIRED: Physical address as of December 31, 2017 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

2100 TALBOT
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

8605 DIGITAL DRIVE Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

CHARLOTTE MD 28262 TALBOT
City State ZIP Code Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [X] Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM 01012017 TO 08212017

Other state of residence: NJ

If you began or ended legal residence in Maryland in 2017 place a P in the box. P

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [X] Spouse Enter number checked [2] See Instruction 10 A. \$ 6400
B. 65 or over 65 or over
Blind Blind Enter number checked [] X \$1,000 B. \$
C. Enter number from line 3 of Dependent Form 502B [1] See Instruction 10 C. \$ 3200
D. Enter Total Exemptions (Add A, B and C.) [3] Total Amount D. \$ 9600



175020113

NAME S MOHAMED YUSUFF & M SHAHUL HAMEED SSN 741986802

INCOME See Instruction 11.	1. Adjusted gross income from your federal return	▶ 1.	<u>110828</u>
	1a. Wages, salaries and/or tips	▶ 1a.	<u>111928</u>
	1b. Earned income	▶ 1b.	_____
	1c. Capital Gain or (loss)	▶ 1c.	_____
	1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)	▶ 1d.	_____
1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450 ▶ <input type="checkbox"/>			
ADDITIONS TO INCOME See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	▶ 2.	_____
	3. State retirement pickup	▶ 3.	_____
	4. Lump sum distributions (from worksheet in Instruction 12.)	▶ 4.	_____
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ <u>A</u> _____	▶ 5.	<u>1100</u>
	6. Total additions to Maryland income (Add lines 2 through 5.)	▶ 6.	<u>1100</u>
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	▶ 7.	<u>111928</u>
	SUBTRACTIONS FROM INCOME See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1	▶ 8.
9. Child and dependent care expenses		▶ 9.	_____
10. Pension exclusion from worksheet in Instruction 13		▶ 10.	_____
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1		▶ 11.	_____
12. Income received during period of nonresidence (See Instruction 26.)		▶ 12.	<u>78551</u>
13. Subtractions from attached Form 502SU		▶ 13.	_____
14. Two-income subtraction from worksheet in Instruction 13		▶ 14.	_____
15. Total subtractions from Maryland income (Add lines 8 through 14.)		▶ 15.	<u>78551</u>
16. Maryland adjusted gross income (Subtract line 15 from line 7.)		▶ 16.	<u>33377</u>
DEDUCTION METHOD See Instruction 16.		All taxpayers must select one method and check the appropriate box.	
	▶ <input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
	▶ <input checked="" type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A)	▶ 17a.	<u>25568</u>
	17b. State and local income taxes (See Instruction 14.)	▶ 17b.	<u>7450</u>
Subtract line 17b from line 17a and enter amount on line 17.			
17. Deduction amount (Part-year residents see Instruction 26 (l and m).)	▶ 17.	<u>5456</u>	
MARYLAND TAX COMPUTATION	18. Net income (Subtract line 17 from line 16.)	▶ 18.	<u>27921</u>
	19. Exemption amount from Exemptions area (See Instruction 10.)	▶ 19.	<u>2891</u>
	20. Taxable net income (Subtract line 19 from line 18.)	▶ 20.	<u>25030</u>
	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	▶ 21.	<u>1136</u>
LOCAL TAX COMPUTATION	22. Earned income credit (½ of federal earned income credit. See Instruction 18.)	▶ 22.	_____
	23. Poverty level credit (See Instruction 18.)	▶ 23.	_____
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.)	▶ 24.	_____
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	▶ 25.	_____
	26. Total credits (Add lines 22 through 25.)	▶ 26.	_____
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	▶ 27.	<u>1136</u>
	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0240 or use the Local Tax Worksheet	▶ 28.	<u>601</u>
29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	▶ 29.	_____	
30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	▶ 30.	_____	
31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.)	▶ 31.	_____	
32. Total credits (Add lines 29 through 31.)	▶ 32.	_____	
33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.	▶ 33.	<u>601</u>	
34. Total Maryland and local tax (Add lines 27 and 33.)	▶ 34.	<u>1737</u>	
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	▶ 35.	_____	
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	▶ 36.	_____	
37. Contribution to Maryland Cancer Fund (See Instruction 20.)	▶ 37.	_____	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)	▶ 38.	_____	
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	▶ 39.	<u>1737</u>	



175020213

NAME S MOHAMED YUSUFF & M SHAHUL HAMEED SSN 741986802

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2017 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Amount of overpayment TO BE APPLIED TO 2018 ESTIMATED TAX, Amount of overpayment TO BE REFUNDED TO YOU, Interest charges), and 50 (TOTAL AMOUNT DUE).

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [X] Checking [] Savings

51b. Routing Number (9-digits) 122100024 51c. Account Number 787516116

Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you authorize your paid preparer not to file electronically. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

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

Signatures and information for APPANA RUPA VENKATA S, including address (2530 PEBBLE CREEK LN, CUMMING GA 30041) and phone numbers (6467277157, 02090332).

For returns filed without payments, mail your completed return to: Comptroller of Maryland, Revenue Administration Division, 110 Carroll Street, Annapolis, MD 21411-0001. For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on TOP of Form 502 and mail to: Comptroller of Maryland, Payment Processing, PO Box 8888, Annapolis, MD 21401-8888.



17502B013

741986802 Your Social Security Number

934919096 Spouse's Social Security Number

Print Using Blue or Black Ink Only

SHAHUL HAMEED Your First Name Initial



MOHAMED YUSUFF Your Last Name

MUHAMAD FARSITHA BEG Spouse's First Name Initial

SHAHUL HAMEED Spouse's Last Name

Summary

- 1. Enter the total number checked below for Regular dependents (4) ... 1
2. Enter the total number checked below for dependents 65 or over (5) ... 2
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ... 3. 1

Dependents (If a dependent listed below is age 65 or over, please check both 4 and 5.)

Form for Dependent 1: MOHAMED AASHIK, Social Security Number 934919150, Relationship SON, Regular checked, 65 or over unchecked.

Form for Dependent 2: Blank fields.

Form for Dependent 3: Blank fields.

Form for Dependent 4: Blank fields.

Form for Dependent 5: Blank fields.

Form for Dependent 6: Blank fields.

Maryland Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SHAHUL HAMEED
Middle Initial Suffix
Last Name MOHAMED YUSUFF
Social Security No. 741-98-6802

65/Over . . [] Blind . . [] Disabled . . []

Daytime Phone * []
Home Phone (612)666-5915 * []

* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name MUHAMAD FARSIHA BEG
Middle Initial Suffix
Last Name SHAHUL HAMEED
Social Security No. 934-91-9096

65/Over . . [] Blind . . [] Disabled . . []

Daytime Phone * []

Street Address 8605 DIGITAL DRIVE Apt Number 301
City or Town CHARLOTTE
State NC ZIP Code 28262
Foreign Code Foreign Country . Foreign Zip Code .

Locality Information:

Maryland county (Baltimore City residents leave blank.) TALBOT
City, town or taxing area (If not listed, leave blank.)
Local tax rate 0.0240

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[] 2 tax areas
Taxpayer
Spouse

Physical address as of December 31, 2017 (Maryland residents and part-year residents only)

4 Digit Political Subdivision Code
2100
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
8605 DIGITAL DRIVE
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
City or Town CHARLOTTE State MD ZIP Code 28262

Check to confirm address information is correct [X]

Part II - Main Form

[] Form 502: Resident Tax Return (Long form)
[] Form 505: Nonresident Tax Return

1 a State of legal residence
Yes No
b [] [] Were you a resident of that state the entire year of 2017?
c [] [] Did you file a Maryland income tax return for 2016?
Resident Nonresident
d If Yes, was it [] []
e Dates of Maryland residence in 2017:
from to Check if 'none' . . []
Yes No
f [] [] Are you or your spouse a member of the military?
g If Pennsylvania resident, enter Pennsylvania city
h If Pennsylvania resident, enter Pennsylvania county
[X] Form 502: Part-Year Resident Tax Return
2 a Other state of residence NJ
b Dates of Maryland residence from 01/01/17 to 08/21/17
c Number of months in residence Taxpayer. 8 Spouse . 8 Average 8

d If you received pension income, number of months . . . Taxpayer. ____ Spouse . ____

Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)
- 2 Married filing joint return or spouse had no income
- 3 Married filing separately. Spouse's social security number . . . _____
- 4 Head of household
- 5 Qualifying widow(er) with dependent child
- 6 Dependent taxpayer

Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing
- 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**
- 3 Do you want to itemize even if itemized deductions are less than the standard deduction? *
- 4 Do you want to take the standard deduction even if less than itemized deductions? *
- * Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2016 Form 502, line 34,
or Form 505, line 37. (Enter '0' if no tax was owed) 0.
- 6 Enter nonresident tax paid by pass-through entities from 2016
Form 505, line 45 _____
- 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

Part V – Decedent Information

Taxpayer date of death _____

Spouse date of death _____

Taxpayer Spouse

If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . _____

Name/title of spouse's personal representative . . . _____

Part VI – Military Information – Form 502

Taxpayer:

- Yes No**
- 1 a Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income _____
- 2 Total military pay received during the tax year _____
- Yes No**
- c In combat zone?
- d Killed in action?

Spouse:

- Yes No**
- 2 a Active duty military?
- b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:
- 1 Amount of military pay attributable to service outside the United States included in federal gross income _____
- 2 Total military pay received during the tax year _____
- Yes No**
- c In combat zone?
- d Killed in action?

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

1 The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

1 Date return was E-Filed _____

Yes No

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . _____

4 Date Form IND PV was given to client. . . _____

QuickZoom to the Maryland e-file Authentication Statement. ► _____

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal

Yes No

1 Do you want Direct Deposit of state tax refund?

2 Do you want Electronic Funds Withdrawal of state tax payment (EF Only)?

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

3 Name of Financial Institution (optional) Chase BANK

4 Checking account

5 Savings account

6 Routing number 122100024

7 Account number 787516116

8 Payment date to withdraw from the account above. . . . _____

9 Balance due from return _____

10 Amount to withdraw from the account above _____

11 If partial payment is made, remaining balance due _____

International ACH Transactions:

Yes No

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

Part IX – Maryland Contributions

1 Contribution to Chesapeake Bay and Endangered Species Fund. _____

2 Contribution to Developmental Disabilities Services and Support Fund _____

3 Contribution to Maryland Cancer Fund _____

4 Contribution to Fair Campaign Financing Fund _____

Part X – Paid Preparer Information

Enter the preparer's assigned code from preparer's information menu 1

Yes No

Is your preparer authorized to discuss this return with us?

Part XI – Extension Status

Yes **No**

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

Extended due date . . . _____

QuickZoom to Form 502E: Automatic Extension Payment for Personal Income Tax ▶ _____

QuickZoom to Form 502 ▶

QuickZoom to Form 505 ▶

► Keep for your records

Name as Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
---	---------------------------------------

a Part-year residents: Losses or adjustments to federal income that were realized or paid when you were a nonresident of Maryland	a	1,100.
b Net additions to income from pass-through entities not attributable to decoupling: _____ _____ _____	b	_____ _____ _____
c Net additions to income from a trust as reported by the fiduciary: _____ _____ _____	c	_____ _____ _____
d S corporation taxes included on line 8 of Maryland Form 502CR, Part A, Tax Credits for Income Taxes Paid to Other States: _____ _____ _____	d	_____ _____ _____
e Total amount of credit(s) claimed in the current tax year to the extent allowed on Form 500CR for the following Business Tax Credits: Enterprise Zone Tax Credit, Maryland Disability Employment Tax Credit, Small Business Research & Dev. Tax Credit, Maryland Employer Security Clearance Costs Tax Credit (do not include Small Business First-Year Leasing Costs Tax Credit), and Cellulosic Ethanol Technology Research and Development Tax Credit. ► _____ In addition, include any amount deducted as a donation to the extent that the amount of the donation is included in an application for the Endow Maryland Tax Credit on Forms 500CR or 502CR ► _____	e	_____ _____
f Oil percentage depletion allowance claimed under Section 613 of the Internal Revenue Code	f	_____
g Income exempt from federal tax by federal law or treaty that is not exempt from Maryland tax	g	_____
h Net operating loss deduction to the extent of a double benefit. See Administrative Release Number 18 at www.marylandtaxes.com	h	_____
i Taxable tax preference items from line 5 of Maryland Form 502TP. The items of tax preference are defined in Internal Revenue Code Section 57. If the total of your tax preference items is more than \$10,000 (\$20,000 for married taxpayers filing joint returns) you must complete and attach Maryland Form 502TP, whether or not you are required to file federal Form 6251 (Alternative Minimum Tax) with your federal Form 1040	i	_____
j The amount deducted for federal income tax purposes for expenses attributable to operating a family day care home or a child care center in Maryland without having the registration or license required by the Family Law Article	j	_____
k Any refunds of advanced tuition payments made under the Maryland Prepaid College Trust to the extent the payments were subtracted from federal adjusted gross income and were not used for qualified higher education expenses, and any refunds of contributions made under the Maryland College Investment Plan or the Maryland Broker-Dealer College Investment Plan, to the extent the contributions were subtracted from federal adjusted gross income and were not used for qualified higher education expenses. See Administrative Release 32.	k	_____
n The amount deducted on your Federal income tax return for domestic production activities (line 35 of Form 1040)	n	_____

<p>o The amount deducted on your Federal income tax return for tuition and related expenses. Do not include adjustments to income for Educator Expenses or Student Loan Interest deduction.</p>	o	_____
<p>p Any refunds received by an ABLÉ account contributor under the Maryland ABLÉ Program or any distribution received by an ABLÉ account holder, to the extent the distribution was not used for the benefit of the designated beneficiary for qualified disability expense, that were subtracted from federal adjusted gross income. Amount already in federal income - do not duplicate</p>	p	_____
<p>q If you sold or exchanged a property for which you claimed a subtraction modification under Senate Bill 367 (Chapter 231, Acts of 2017) or Senate Bill 580/House Bill 600 (Chapter 544 and Chapter 545, Acts of 2012), enter the amount of the difference between your federal adjusted gross income as reportable under the federal Mortgage Forgiveness Debt Relief Act of 2007 and your federal adjusted gross income as claimed in the taxable year.</p>	q	_____
<p>Total</p>		1,100.

Don't Forget to Attach These to Your Return!

If box is checked, attach the following based on your input on the lines above.

A Letter 'i' — attach Maryland Form 502TP

Local Tax Worksheet

2017

▶ Keep for your records

Name as Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
---	---------------------------------------

Taxpayer County TALBOT

Enter Taxpayer County on Maryland Information Worksheet

1 Enter the Maryland taxable net income from line 20	1	<u>25,030.</u>
2 Enter Maryland adjusted gross income (Form 502, line 16)	2	<u>33,377.</u>
3 Enter taxpayer portion (or total if tax areas are the same) of line 2	3	<u>33,377.</u>
4 Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2).	4	<u>100.00 %</u>
5 Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4).	5	<u>25,030.</u>
6 Local income tax rate	6	<u>0.0240</u>
7 Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502	7	<u>601.</u>

Spouse County _____

Enter Spouse County on Maryland Information Worksheet

8 Enter the Maryland taxable net income from line 20 of Form 502	8	_____
9 Enter Maryland adjusted gross income (Form 502, line 16)	9	_____
10 Enter spouse portion of line 9.	10	_____
11 Percentage of spouse income to total income (line 10 divided by line 9)	11	_____ %
12 Maryland taxable net income attributed to spouse (line 8 times line 11)	12	_____
13 Local income tax rate	13	_____
14 Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502	14	_____

Tax Payments Worksheet

2017

▶ Keep for your records

Name S MOHAMED YUSUFF & M SHAHUL HAMEED	Social Security Number 741-98-6802
--	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	2,607.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	2,607.
15	Date return will be filed and balance paid	15	

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return S MOHAMED YUSUFF & M SHAHUL HAMEED	Your Social Security No. 741-98-6802
--	---

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from MD sources
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	111,928.	33,377.	78,551.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	111,928.	33,377.	78,551.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from MD sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T	1,100.	0.	1,100.	0.
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	1,100.	0.	1,100.	0.
	S				
37	Adjusted gross income T	110,828.	33,377.	77,451.	0.
	S				

Maryland e-file Authentication Statement

2017

► Keep for your records

Name(s) Shown on Return

S MOHAMED YUSUFF & M SHAHUL HAMEED

Social Security Number

741-98-6802

Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

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.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (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.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) 86802
 Spouse's PIN (5 numbers) 19096
 Date 01/01/2018

Smart Worksheets from your 2017 Maryland Tax Return

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

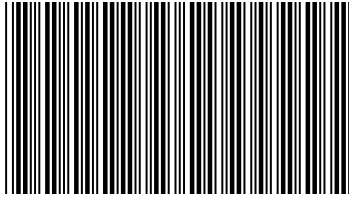
Maryland Income Factor Smart Worksheet Supporting information provided by program. No Entries Are Needed.	
For part-year residents	
A	Enter amount from line 16 of Form 502 <u>33,377.</u>
B	Enter amount from line 1 of Form 502 <u>110,828.</u>
C	Divide line A by line B. The factor cannot exceed 1 and cannot be less than zero. If line A is zero or less, the factor is zero. If line A is greater than zero and line B is zero or less, the factor is 1 <u>0.301160</u>

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

Itemized Deduction Decoupling Smart Worksheet	
A	State and local income taxes from Schedule A, line 5 <u>7450</u>
B	Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F <u>0</u>
C	Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act (to Form 500DM, line 5a) _____

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2017
Page 1



040MP01170

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

MOHAMED YUSUFF SHAHUL HAMEED & SHAHUL HAMEED

8605 DIGITAL DRIVE APT 301

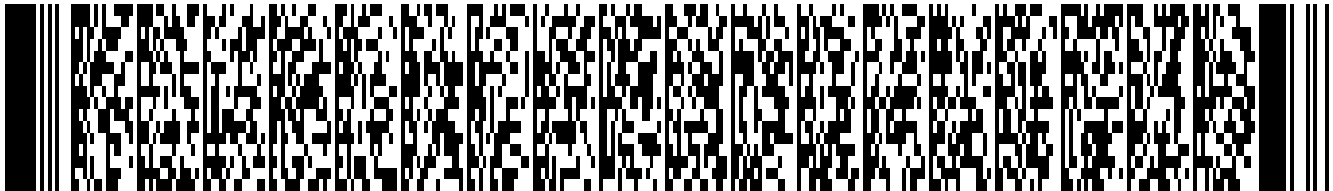
CHARLOTTE NC 28262 0101

1555

741986802 934919096

P02090332 301017196

M532765001192



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

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

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

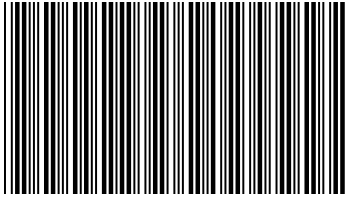
Firm's Name GLOBAL TAXES LLC Federal Employer Identification Number 30-1017196

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.



040MP02170

MOHAMED YUSUFF SHAHUL HAMEED & SHAHUL HAMEED

741986802

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM 010117 TO 082117

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1
12C. VETERAN EXEMPTION

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER
VETERAN EXEMPTION YOURSELF SPOUSE/CU PARTNER

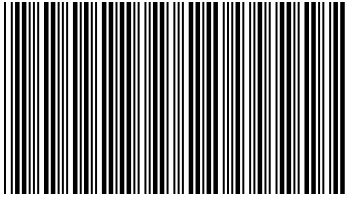
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Row A: SHAHUL HAMEED, MOHAMED AA, 934-91-9150, 2011.

GUBERNATORIAL ELECTIONS FUND

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

Main tax schedule table with 36 rows. Includes items like WAGES, SALARIES, TAXABLE INTEREST INCOME, DIVIDENDS, NET PROFITS FROM BUSINESS, etc. Total taxable income shown as 77644.



040MP03170

MOHAMED YUSUFF SHAHUL HAMEED & SHAHUL HAMEED

741986802

1555

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	2160 .
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	77644 .
40. TAX (FROM TAX TABLES, PAGE 52)	40.	1562 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	1534 .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32 .
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	28 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	28 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	28 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	33 .
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	.
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	.
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	33 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	.
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	5 .
58. YOUR 2018 TAX	58.	.
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60. NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C. DESIGNATION CODE	64C.	.
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	5 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	122100024
dd5. ACCOUNT NUMBER	dd5.	787516116
dnm. DO NOT MAIL INDICATOR	dnm.	
pa. POWER OF ATTORNEY INDICATOR	pa.	
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2017

Name(s) as shown on Form NJ-1040 MOHAMED YUSUFF, S & SHAHUL HAMEED, M	Your Social Security Number 741-98-6802
---	---

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 40. (Indicate jurisdiction name <u>New York</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	78,551.		
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	79,977.		
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1)	3.	98.217%		
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT, ONLY COMPLETE COLUMN B.		COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	77,644.	4.	77,644.
5. Property Tax Enter in Box 5a the amount from Worksheet G and Deduction line 1. See instructions page 34. Property Tax Deduction. Enter the amount from Worksheet G, line 2. See instructions page 35.	5.	2,160.	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	75,484.	6.	77,644.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	1,487.	7.	1,562.
8. Allowable Credit (Line 3 times Line 7)	8.	1,460.	8.	1,534.
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).	9.	1,460.	9.	1,534.

- If you are not eligible for a Property Tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a Property Tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)	
2.	Capital Gains Distributions					2.	
3.	Other Net Gains					3.	
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.	

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.

▶ See instructions.

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name MOHAMED YUSUFF, SHAHUL HAMEED	Social security number 741-98-6802
Spouse's name or Civil Union Prtnr's SHAHUL HAMEED, MUHAMAD FARSITHA BEG	Spouse's social security number or Civil Union Prtnr's 934-91-9096

Part I Tax Return Information—Tax Year Ending December 31, 2017 (Whole Dollars Only)

1 New Jersey Taxable income	1	77,644.
2 Total tax	2	28.
3 New Jersey income tax withheld	3	
4 Refund	4	5.
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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 complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN

8	6	8	0	2
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.

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 ▶ 05/26/2018

Spouse's PIN: check one box only

(or Civil Union Prtnr's PIN)

I authorize GLOBAL TAXES LLC to enter my PIN

1	9	0	9	6
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
on my tax year 2017 electronically filed income tax return.

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 ▶ 05/26/2018
or Civil Union Prtnr's

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method

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

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ 05/26/2018

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So**

New Jersey Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

Last Name MOHAMED YUSUFF
First Name SHAHUL HAMEED
Middle Initial Suffix
Social Security No. 741-98-6802
Date of Birth 03/13/84
Age as of 12/31/2017 33
Date of Death
Daytime Phone *
Home Phone (612) 666-5915 *

Spouse:

Last Name SHAHUL HAMEED
First Name MUHAMAD FARSITHA BEG
Middle Initial Suffix
Social Security No. 934-91-9096
Date of Birth 10/01/89
Age as of 12/31/2017 28
Date of Death
Daytime Phone *

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

c/o (care of)
Street Address 8605 DIGITAL DRIVE Apt. No 301
City CHARLOTTE State NC ZIP Code 28262
County/Municipality Code (residents only) 0101

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

Part II – Main Form

- Form NJ-1040: Resident Tax Return
Form NJ-1040NR: Nonresident Tax Return
Enter state of residency
[X] Form NJ-1040: Part-Year Resident Tax Return
Enter dates of New Jersey residency. From 01/01/17 To 08/21/17
Yes No
[X] Did you receive any income from New Jersey sources during your period of nonresidence?
If Yes, both NJ-1040 and NJ-1040NR will be prepared.
QuickZoom to Allocation Worksheet for Part-Year and Nonresidents

Part III – Filing Status

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

Part IV – Exemptions

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

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

Part V – Other Information

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

Part VI – Preparer Code

1 Paid preparer code . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

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

Electronic PDF Attachments

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

Description	Filename

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Direct Deposit:

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

Electronic Funds Withdrawal:

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

Bank Information:

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

Name of Financial Institution (optional) . . . Chase BANK _____

Checking account

Savings account

Routing number 122100024 _____

Account number. 787516116 _____

Payment date to withdraw from the account above . . . _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

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

_____ Bank name for International ACH Transaction

Part IX - Extension Status

Yes No

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

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

Extended due date . . . _____

QuickZoom to Form NJ-630: Application for Extension of Time to File ▶ _____

QuickZoom to Form NJ-1040 ▶

QuickZoom to Form NJ-1040NR ▶

Allocation Worksheet for Part-Year and Nonresidents

2017

▶ Keep for your records

Name as Shown on Return MOHAMED YUSUFF, S & SHAHUL HAMEED, M	Social Security No. 741-98-6802
---	------------------------------------

Part I - Income	Federal Income Modified	New Jersey Resident Period	New Jersey Nonresident Period	
Part-year residents: Complete column B (also complete column D if applicable). Full year nonresidents: Complete column D only.	Column A Income from all sources	Column B Income from column A for this period	Column C Income for nonresident period	Column D Income from New Jersey sources
1 Wages, salaries, tips, etc	191,905.	79,977.		
2 a Taxable interest income				
b Less penalty for early withdrawal of savings				
3 Dividend income				
4 Business income				
5 a Gain or loss from disposition of property				
b Capital gain distribution				
c Other gains or losses				
6 Gain or loss from rents, royalties, patents				
7 Net gambling winnings				
8 Pension and IRA distributions . . .	<i>See IRA/Pension Worksheet</i>			
9 Distributive share of partnership income				
10 Net pro rata share of S corporation income				
11 Alimony and separate maintenance				
12 Other income				
Part II - Deductions (Part-year residents and nonresidents)			Column A Total Amount	Column B Resident Period
13 a Nonreimbursed medical expenses				
b Qualified medical savings account contribution				
c Self-employed health insurance deduction				
14 Alimony paid				
15 a Partner's HEZ deduction from Schedule NJK-1, Form NJ-1065				
b Shareholder's HEZ deduction from Schedule NJ-K-1, Form CBT-100S				
c HEZ deduction for sole proprietors				
15 Health Enterprise Zone deduction				

Part III - Payments and Withholdings

(Part-year residents and nonresidents)

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

Total Wages Worksheet

2017

▶ Keep for your records

Name as Shown on Return MOHAMED YUSUFF, S & SHAHUL HAMEED, M	Social Security No. 741-98-6802
---	------------------------------------

Important Information

Note: Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

Note: Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

Note: Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

Note: If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
HARMONIA HOLDINGS GROUP LLC	_____	33,377.		<input type="checkbox"/>
- State Wages	MD		33,377.	<input type="checkbox"/>
Capgemini America Inc	_____	78,551.		<input type="checkbox"/>
- State Wages	NY		78,551.	<input type="checkbox"/>
- State Wages	NJ		79,977.	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
_____	_____			<input type="checkbox"/>
Total federal wages from column C		111,928.		
Total state wages from column D			191,905.	
Less wages excluded from New Jersey return (by checking box in column E).				
Wages from all sources			191,905.	

Worksheet G Property Tax Deduction/Credit Worksheet

2017

▶ Keep for your records

Name(s) MOHAMED YUSUFF, S & SHAHUL HAMEED, M	Social Security No. 741-98-6802
---	------------------------------------

Worksheet G - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the property tax deduction or the property tax credit is better for you. **If you claim a credit for taxes paid to other jurisdictions, complete only Lines 1 and 2 of this schedule. Complete Schedule A and Worksheet J.**

1 Property tax. Enter the property tax you paid in 2017 from line 37a of Form NJ-1040. Senior Freeze (Property tax reimbursement) applicants do not enter the amount from Line 37a. See instructions.	1	2,160.
2 Property tax deduction. Is the amount on line 1 of this worksheet \$10,000 or more (\$5,000 or more if you and your spouse file separate returns but maintained the same principal residence)? <input type="checkbox"/> Yes. Enter \$10,000 (\$5,000 if you and your spouse file separate returns but maintained the same principal residence). <input checked="" type="checkbox"/> No. Enter the amount from line 1. Also enter this amount on line 4, Column A below. See instructions.	2	2,160.

STOP if you are claiming a credit for taxes paid to other jurisdictions. Complete only lines 1 and 2. Then complete Schedule A and Worksheet J. See instructions.

	Column A	Column B
3 Taxable income (copy from line 36 of your NJ-1040)		
4 Property tax deduction (copy from line 2 of this worksheet)		-0-
5 Taxable income after property tax deduction (subtract line 4 from line 3)		
6 Tax you would pay on line 5 amount (From Tax Tables or Tax Rate Schedules)		
7 Now, subtract line 6, column A, from line 6, column B and enter the result here		7

8 Is the line 7 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 4, Column A
Line 39	Line 5, Column A
Line 40	Line 6, Column A
Line 49	Make no entry

No. You receive a greater tax benefit from the Property Tax Credit. (**Part-year residents**, see instructions before answering "No.") Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 5, Column B
Line 40	Line 6, Column B
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents , see instructions.

Worksheet J Which Property Tax Benefit to Use

2017

▶ Keep for your records

Name MOHAMED YUSUFF, S & SHAHUL HAMEED, M	Social Security No. 741-98-6802
--	------------------------------------

	Column A	Column B
1 Tax. Enter amounts from line 7, Schedule A, columns A and B here	1,487.	1,562.
2 Credit for Taxes Paid to Other Jurisdictions. Enter amounts from line 9, Schedule A, Columns A and B. If you completed more than one Schedule A, enter the total of all line 9 amounts (Columns A and B) in the corresponding column.	1,460.	1,534.
3 Balance of tax due. Subtract line 2 from line 1	27.	28.
4 Subtract line 3, Column A from line 3, Column B and enter the result here		1.

5 Is the line 4 amount \$50 or more (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence)?

Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Line 5, Column A, Schedule A
Line 39	Line 6, Column A, Schedule A
Line 40	Line 7, Column A, Schedule A
Line 41	Line 2, Column A, Worksheet J
Line 49	Make no entry

No. You receive a greater benefit from the Property Tax Credit. Make the following entries on Form NJ-1040.

<i>Form NJ-1040</i>	<i>Enter amount from:</i>
Line 38	Make no entry
Line 39	Line 6, Column B, Schedule A
Line 40	Line 7, Column B, Schedule A
Line 41	Line 2, Column B, Worksheet J
Line 49	\$50 (\$25 if you and your spouse/civil union partner file separate returns but maintain the same principal residence). Part-year residents, see instructions.

Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

Property Tax Information Smart Worksheet F

1 Did you live in more than one qualifying New Jersey residence during 2017? Yes No

2 Did you share ownership of a principal residence during 2017 with anyone other than your spouse? Yes No

3 Did a principal residence you owned during 2017 consist of multiple units? Yes No

4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? Yes No

5 Were you both a homeowner and a tenant during 2017? Yes No

If the answer to any of the above questions is Yes, complete Schedule G-1.
QuickZoom to Schedule G-1 _____

A Total property tax paid in 2017 _____
Part-year residents: Enter the amount while a resident of New Jersey 2,160

B Total rent paid in 2017 _____
Part-year residents: Enter the amount while a resident of New Jersey _____

C If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?
 Answer this question on NJ Information Wks (if Yes, reduce by 50%). Yes No

D You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit Yes No

SMART WORKSHEET FOR: Schedule AB: Oth St Tax Crd/Prop Disp Inc

Other State Income and Tax Smart Worksheet

Use column B only if there is an amount in column A.

Carefully review nonresident state amounts and verify that the amounts are what New Jersey requires to calculate the credit.

	Column A Amount	Column B* Amount if Different
A Income taxed by New Jersey and the other jurisdiction . . .	78,551.	78,551.
B Tax paid to other jurisdiction	4,813.	

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



New York State E-File Signature Authorization for Tax Year 2017
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: SHAHUL HAMEED MOHAMED YUSUFF

Spouse's name: MUHAMAD FARSITHA BEG SHAHUL HA (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Go to our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105.

Part A - Tax return information

- 1 Federal adjusted gross income (from applicable line) 1. 110828.
2 Refund 2. 1072.
3 Amount you owe 3.
4 Financial institution routing number 4. 122100024
5 Financial institution account number 5. 787516116
6 Account type: [X] Personal checking [] Personal savings [] Business checking [] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning and ending **17**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SHAHUL HAMEED		Your last name (for a joint return, enter spouse's name on line below) MOHAMED YUSUFF		Your date of birth (mmddyyyy) 03131984	Your social security number 741986802
Spouse's first name and middle initial MUHAMAD FARSITHA B		Spouse's last name SHAHUL HAMEED		Spouse's date of birth (mmddyyyy) 10011989	Spouse's social security number 934919096
Mailing address (see instructions, page 13) (number and street or PO box) 8605 DIGITAL DRIVE				Apartment number 301	New York State county of residence NR
City, village, or post office CHARLOTTE		State NC	ZIP code 28262	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 14) Yes No

(2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes No

E New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2017

(2) Number of months your spouse lived in NY City in 2017

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

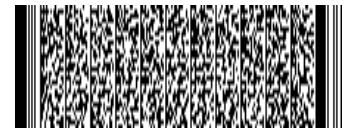
2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2017? Yes No

(if Yes, complete Form IT-203-B)



I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
MOHAMED AASHIK	SHAHUL HAMEED	SON	934919150	05152011

If more than 6 dependents, mark an X in the box.



203001173555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
741986802

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc. (1), Taxable interest income (2), Ordinary dividends (3), Taxable refunds, credits, or offsets of state and local income taxes (4), Alimony received (5), Business income or loss (6), Capital gain or loss (7), Other gains or losses (8), Taxable amount of IRA distributions (9), Taxable amount of pensions/annuities (10), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (11), Rental real estate included in line 11 (12), Farm income or loss (13), Unemployment compensation (14), Taxable amount of social security benefits (15), Other income (16), Add lines 1 through 11 and 13 through 16 (17), Total federal adjustments to income (18), Federal adjusted gross income (19).

New York additions (see page 25)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Interest income on state and local bonds and obligations (20), Public employee 414(h) retirement contributions (21), Other (22), Add lines 19 through 22 (23).

New York subtractions (see page 26)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Taxable refunds, credits, or offsets of state and local income taxes (24), Pensions of NYS and local governments and the federal government (25), Taxable amount of social security benefits (26), Interest income on U.S. government bonds (27), Pension and annuity income exclusion (28), Other (29), Add lines 24 through 29 (30), New York adjusted gross income (31).

32 Enter the amount from line 31, **Federal amount** column 32 110828.00

Standard deduction or itemized deduction (see page 28)

Table with 3 columns: Line number, Federal amount, New York State amount. Rows include Enter your standard deduction or your itemized deduction (33), Subtract line 33 from line 32 (34), Dependent exemptions (35), New York taxable income (36).

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37 91710 .00
38 New York State tax on line 37 amount (see page 29)	38 5278 .00
39 New York State household credit (page 29, table 1, 2, or 3).....	39 .00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40 5278 .00
41 New York State child and dependent care credit (see page 30)	41 .00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42 5278 .00
43 New York State earned income credit (see page 30)	43 .00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44 5278 .00
45 Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text"/> 78551 .00 ÷ Federal amount from line 31 <input type="text"/> 110828 .00 = Round result to 4 decimal places	45 0.7088
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46 3741 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47 .00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48 3741 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49 .00
50 Total New York State taxes (add lines 48 and 49)	50 3741 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51 .00	See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52 .00	
52a Subtract line 52 from line 51	52a .00	
52b MCTMT net earnings base 52b <input type="text"/> .00		
52c MCTMT	52c .00	
53 Yonkers nonresident earnings tax (Form Y-203)	53 .00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54 .00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55 .00	
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56 0 .00	

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a .00
57b Missing/Exploited Children Fund	57b .00
57c Breast Cancer Research Fund	57c .00
57d Alzheimer's Fund	57d .00
57e Olympic Fund (\$2 or \$4)	57e .00
57f Prostate and Testicular Cancer Research and Education Fund ..	57f .00
57g 9/11 Memorial	57g .00
57h Volunteer Firefighting & EMS Recruitment Fund	57h .00
57i Teen Health Education	57i .00
57j Veterans Remembrance	57j .00
57k Homeless Veterans.....	57k .00
57l Mental Illness Anti-Stigma Fund	57l .00
57m Women's Cancers Education and Prevention Fund	57m .00
57n Autism Fund	57n .00
57o Veterans' Homes	57o .00
57 Total voluntary contributions (add lines 57a through 57o)	57 .00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58 3741 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your social security number
741986802

59 Enter amount from line 58 59 3741 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include amount overpaid, refund choice (direct deposit or paper check), amount applied to tax, and estimated tax penalty.

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38)

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 122100024 73c Account number 787516116

74 Electronic funds withdrawal (see page 38) Date [] Amount [] .00

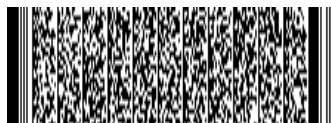
Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, E-mail.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203 S MOHAMED YUSUFF AND M SHAHUL HAMEED	Your social security number 741986802
--	--

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1	.00
2 Taxes you paid (federal Schedule A, line 9)	2	7450.00
3 Interest you paid (federal Schedule A, line 15)	3	.00
4 Gifts to charity (federal Schedule A, line 19)	4	350.00
5 Casualty and theft losses (federal Schedule A, line 20)	5	.00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	17768.00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7	.00
8 Enter amount from federal Schedule A, line 29	8	25568.00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	7450.00
10 Subtract line 9 from line 8	10	18118.00
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions)	11	.00
12 Addition adjustments (see instructions)	12	.00
13 Add lines 10, 11, and 12	13	18118.00
14 Itemized deduction adjustment (see instructions)	14	.00
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33)	15	18118.00

NO HANDWRITTEN ENTRIES ON THIS FORM

203005173555





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

741986802

Box b Employer identification number (EIN)

432103421

Box c Employer's information

Employer's name			
HARMONIA HOLDINGS GROUP LLC			
Employer's address (number and street)			
2020 KRAFT DRIVE SUITE 2400			
City	State	ZIP code	Country (if not United States)
BLACKSBURG	VA	24060	

Box 1 Wages, tips, other compensation

33377.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

M | D

Box 16b Other state wages, tips, etc.

33377.00

Box 17b Other state income tax withheld

2607.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

741986802

Box b Employer identification number (EIN)

222575929

Box c Employer's information

Employer's name			
CAPGEMINI AMERICA INC			
Employer's address (number and street)			
PO BOX 17004			
City	State	ZIP code	Country (if not United States)
AUGUSTA	GA	30903	

Box 1 Wages, tips, other compensation

78551.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

70.00

Code

C

Box 12b Amount

6686.00

Code

D | D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

20.00

Description

SDI

Box 14b Amount

10.00

Description

NYPFL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

78551.00

Box 17a NYS income tax withheld

4813.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

79977.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

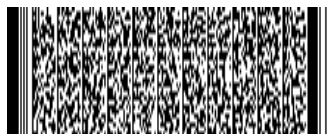
Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555



Part I – Personal Information

Taxpayer:

First Name SHAHUL HAMEED
 Middle Initial _____ Suffix _____
 Last Name MOHAMED YUSUFF
 Social Security No. 741-98-6802
 Occupation SOFTWARE ENGINEER
 Date of Birth 03-13-1984
 Age as of 1-1-2018 33
 Date of Death _____
 NY DL Doc ID _____
 Email Address Shahul1384@gmail.com
 Work phone _____
 Extension _____
 Home Phone (612)666-5915

Spouse:

First Name MUHAMAD FARSIHA BEG
 Middle Initial _____ Suffix _____
 Last Name SHAHUL HAMEED
 Social Security No. 934-91-9096
 Occupation HOMEMAKER
 Date of Birth 10-01-1989
 Age as of 1-1-2018 28
 Date of Death _____
 NY DL Doc ID _____
 Email Address Shahul1384@gmail.com
 Work phone _____
 Extension _____

Print phone number on main form Home Taxpayer work Spouse work

Mailing Address

Street Address 8605 DIGITAL DRIVE Apartment No. 301
 City CHARLOTTE State NC ZIP Code 28262
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

Permanent Home Address (if different from mailing address above)

Street Address _____ Apartment No. _____
 City _____ State _____ ZIP Code _____
 (Below should be used by New York nonresidents only)
 Foreign code _____ Foreign country _____ Foreign postal code _____
 Foreign province/county _____ Foreign province/county abbreviation _____

New York County and School District Information

County NR
 School District NR School District Code _____

Part II – Main Form

- Full-year resident: Form IT-201, Resident Income Tax Return ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return ►

Taxpayer Spouse

If **only one spouse** has New York source income, check the box related to that spouse

New York City and City of Yonkers Residency Information:

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-year residents dates of residency:				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>

New York City Residents:

Yes No

Did the taxpayer or spouse maintain living quarters in New York City during 2017?

If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

Part III – Filing Status

- Single
- Married, filing joint
- Married, filing separate
 - Taxpayer **did not** live with their spouse at any time during the year
 - If both taxpayer and spouse itemized deductions on their federal tax return:
 - The spouse is itemizing deductions on their New York state tax return
 - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

Part IV – Credits

New York City Accumulation Distribution Credit:

Taxpayer. . . _____ Spouse _____

New York State and New York City Household Credit for Married Filing Separate Taxpayers:

Number of exemptions claimed on spouse's return _____

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return _____

Total Build America Bond (BAB) interest included on spouse's federal income tax return _____

Refundable Credits Paid in Advance:

Yes No

Did you receive a check from the NY Tax Department for the property tax relief credit?
(do **not** include any STAR credit received here)

If Yes, enter the amount ▶ _____

Check received for STAR credit ▶ _____

New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? Yes No

Note: Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

Part V – New York City Unincorporated Business Tax Return

Go to separate New York City formset to file NYC-202 or NYC-202S.

Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
1 Complete MCTM Tax Worksheet	<input type="checkbox"/>	<input type="checkbox"/>

Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Client's Financial Institution (optional) Chase BANK
Account Type Checking [X] Savings []
Personal or business account Personal [X] Business []
Routing number 122100024 Confirm routing number 122100024
Account number 787516116 Confirm account number 787516116

Electronic funds withdrawal amount due with return information:

Enter settlement date to withdraw the return amount from the account above. . . .
State balance-due amount from this return

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.?

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Enter settlement date to withdraw the extension amount from the account above
State balance-due amount paid with this extension Form IT-370

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above
State balance-due amount paid with this amended return

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[] [X] Tax return due date extended?
Extended due date
[] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[] Extension accepted?
Extension filing date
Extension acceptance date

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[] Separately, considering only the income/adjustments of the New York City employee
[] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) ▶ 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name
Preparer PTIN or SSN NYTPRIN or NY exclusion code
Street Address Addr cont
City State ZIP Code
Signature Date
Firm Name Firm EIN (if applicable)

2-digit special condition code number:

[] Code A6 Build America Bond Interest – Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
* Enter total BAB interest included on Form 1040A or Form 1040, line 8a
* Enter BAB interest entered above from NY state or local governments

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
 - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
 - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

_____ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2017 tax return not listed above, enter your 2-digit special condition code number
 _____ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

Yes No
 May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:
 Preparer is the third party designee
 Designee's phone number _____
 Designee's name _____
 Designee's email address _____
 Personal identification number _____

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
 The taxpayer qualified for a 90 day extension of time to pay their first 2017 estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) _____

Long-term Residential Care Deduction (IT-201 and IT-203 Filers):

Yes No
 Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

 Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract
- 2 Long-term care insurance deduction age limitation

Taxpayer	Spouse
_____	_____
_____	_____

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation under P.L. 110-343:

Yes No
 Were you required to report, under P.L. 110-343, Div. C, Section 801(d)(2), any nonqualified deferred compensation on your 2017 federal return?

Tax Payments Worksheet

2017

▶ Keep for your records.

Name S MOHAMED YUSUFF AND M SHAHUL HAMEED	Social Security Number 741-98-6802
--	---------------------------------------

Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment				
2 Second Payment				
3 Third Payment				
4 Fourth Payment				
Additional Payments				
5 Payment				
Payment				
Payment				
Payment				
Payment				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer				5 a _____
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse				5 b _____
6 Overpayment from previous year applied to current year				6 _____
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer				6 a _____
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse				6 b _____
7 Amount paid with current year extension				7 _____
8 Total tax payments				8 _____

New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2	9	4,813.
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	
12 b State withholding on Forms 1099-G	12 b	
12 c State withholding on Forms 1099-K	12 c	
13 Other state tax withholding	13	
14 Total state income tax withheld	14	4,813.

City Income Tax Withheld for the Current Year

15 Total City of New York withholding	15	
16 Total Yonkers withholding	16	
17 Section 1127 withholding	17	

Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax	18	
19 Public employee 414(h) retirement contributions - not subject to New York Tax	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax	20	
21 Total City of New York withholding (IRC 125) - not subject to New York Tax	21	
22 Date return will be filed and balance paid	22	

Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return S MOHAMED YUSUFF AND M SHAHUL HAMEED	Your Social Security No. 741-98-6802
--	---

Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
Income				
1 Wages, salaries, tips, etc.	111,928.	0.	111,928.	78,551.
2 Federally taxable interest income . .				
3 Dividends				
4 State/local tax refunds				
5 Alimony received				
6 Business income or loss				
7 Capital gain or loss				
8 Other gains and losses				
9 Taxable IRA distribution				
10 Taxable pension and annuities				
11 Rentals, royalties, p'ship, etc.				
12 Rental real estate included in ln 11 (federal amount)				
13 Farm income or loss				
14 Unemployment compensation				
15 Taxable social security benefits				
16 Other income				
17 Total income. Add lines 1-11, 13-16	111,928.	0.	111,928.	78,551.
Adjustments to Income				
a Educator expenses				
b Certain business expenses				
c Health savings account				
d Moving expenses	1,100.	0.	1,100.	0.
e Self-employment tax deduction				
f Self-employed SEP, SIMPLE				
g Self-employed health insurance				
h Early withdrawal penalty				
i Alimony paid				
j IRA deduction				
k Student loan interest deduction				
l Tuition and fees deduction				
m Domestic production activities				
n Total other adjustments				
18 Total adjustments	1,100.	0.	1,100.	0.
19 Adjusted gross income	110,828.	0.*	110,828.	78,551.

* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information

**New York State
Wages/Self-Employment Income Allocation**

2017

► Keep for your records

Name as Shown on Return S MOHAMED YUSUFF AND M SHAHUL HAMEED	Social Security No. 741-98-6802
---	------------------------------------

**Part I – New York Wage Allocation
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		CAPGEMINI AMERICA INC	78,551.

Spouse

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

Spouse

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

Tax Computation Worksheet

2017

▶ Keep for your records

Name as Shown on Return S MOHAMED YUSUFF AND M SHAHUL HAMEED	Social Security No. 741-98-6802
---	------------------------------------

Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$107,650, but not more than \$2,155,350, and taxable income is \$161,550 or less, then you must compute your tax using worksheet 1

Tax Computation Worksheet 1

1 Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	110,828.
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	91,710.
3 Multiply line 2 by 6.45% (.0645). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	5,915.
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	5,235.
5 Subtract line 4 from line 3	5	680.
6 Enter the excess of line 1 over \$107,650	6	3,178.
7 Divide line 6 by \$50,000 and round to the fourth decimal place	7	0.0636
8 Multiply line 5 by line 7	8	43.
9 Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	5,278.

- If your New York adjusted gross income is more than \$161,550, but not more than \$2,155,350 and your taxable income is more than \$161,550 but not more than \$323,200, compute your tax using worksheet 2

Tax Computation Worksheet 2

1 Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2 Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3 Multiply line 2 by 6.65% (.0665). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4 Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5 Subtract line 4 from line 3	5	_____
6 Enter \$681 on line 6	6	_____
7 Subtract line 6 from line 5	7	_____
8 Enter the excess of line 1 over \$161,550	8	_____
9 Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10 Multiply line 7 by line 9	10	_____
11 Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$323,200, but not more than \$2,155,350 and your taxable income is more than \$323,200, compute your tax using worksheet 3 on page 2.

Tax Computation Worksheet 3

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$373,200 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$1,004 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$323,200	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$2,155,350, compute tax using worksheet 4 below.

Tax Computation Worksheet 4

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$2,205,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$160,500 or less, enter \$681 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,004 on line 6. If line 2 is more than \$323,200, enter \$1,650 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$2,155,350	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Single and married filing separately Worksheets 5 through 7

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,077,550, and taxable income is \$215,400 or less, then you must compute your tax using worksheet 5 on page 3.

Tax Computation Worksheet 5

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.65% (.0665). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3.	5	_____
6	Enter the excess of line 1 over \$107,650	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$215,400, but not more than \$1,077,550, and taxable income is more than \$215,400, then you must compute your tax using worksheet 6 below.

Tax Computation Worksheet 6

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$265,400 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3.	5	_____
6	Enter \$500 on line 6	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the excess of line 1 over \$215,400	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,077,550, compute your tax using worksheet 7 on page 4.

Tax Computation Worksheet 7

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,127,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$215,400 or less, enter \$500 on line 6. If line 2 is more than \$215,400, enter \$930 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,077,550	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Head of household Worksheets 8 through 10

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,616,450, and taxable income is \$269,300 or less, then you must compute your tax using worksheet 8 below.

Tax Computation Worksheet 8

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.65% (.0665). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter the excess of line 1 over \$107,650	6	_____
7	Divide line 6 by \$50,000 and round to the fourth decimal place	7	_____
8	Multiply line 5 by line 7	8	_____
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	9	_____

- If your New York adjusted gross income is more than \$269,300, but not more than \$1,616,450, and taxable income is more than \$269,300, then you must compute your tax using worksheet 9 on page 5.

Tax Computation Worksheet 9

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$319,300 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	Enter \$725 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$269,300	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

- If your New York adjusted gross income is more than \$1,616,450, compute your tax using worksheet 10 below.

Tax Computation Worksheet 10

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32	1	_____
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37	2	_____
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,666,450 or more, enter line 3 amount on line 11 below, skip lines 4 through 10	3	_____
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i>	4	_____
5	Subtract line 4 from line 3	5	_____
6	If line 2 is \$269,300 or less, enter \$725 on line 6. If line 2 is more than \$269,300, enter \$1263 on line 6	6	_____
7	Subtract line 6 from line 5	7	_____
8	Enter the excess of line 1 over \$1,616,450	8	_____
9	Divide line 8 by \$50,000 and round to the fourth decimal place	9	_____
10	Multiply line 7 by line 9	10	_____
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38.	11	_____

Smart Worksheets from your 2017 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201, IT-203, IT-214, NYC-208 and NYC-210

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2017 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree

SMART WORKSHEET FOR: IT-203-D: Nonresident and Part-Year Resident Itemized Deduction Schedule

Federal Itemized Deductions Smart Worksheet	
A Federal Schedule A, line 5, state and local income tax (or general sales tax, if applicable)	<u>7,450</u>
B Federal Schedule A, line 8, foreign income taxes	<u> </u>
C Total non-deductible taxes	<u>7,450</u>

SMART WORKSHEET FOR: IT-203-D: Nonresident and Part-Year Resident Itemized Deduction Schedule

Form IT-203-D Line 9 Smart Worksheet	
A If IT-203, line 19, <i>Federal amount</i> column, is less than or equal to \$261,500 if single, \$313,800 if married filing jointly or qualifying widow(er), \$287,650 if head of household or \$156,900 if married filing separately:	
1 Non-deductible taxes	<u>7,450</u>
2 Itemized deduction subtraction adjustments	<u> </u>
B If IT-203, line 19, <i>Federal amount</i> column, is more than the applicable amount listed above at line A:	
1 Amount from subtraction adjustment limitation worksheet	<u> </u>
C Total itemized deduction subtraction adjustment	<u>7,450</u>

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

For calendar year 2017, or fiscal year beginning <u>17</u> and ending _____		<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.
SHAHUL HAMEED 8605 DIGITAL DRIVE CHARLOT NC 28262	MOHAMED YUSUF CASW	MUHAMAD FARSI 301
		SHAHUL HAMEE Your SSN: 741986802 Spouse's SSN: 934919096
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year of 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Year spouse died: _____
Was your spouse a resident for the entire year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of death: _____
<input type="checkbox"/> Return for deceased taxpayer. <input type="checkbox"/> Return for deceased spouse.		
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ _____. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund.		
Did you claim the standard deduction on your 2017 federal return?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your spouse a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FS 2 PP Y DT N OC N TPRES N SPRES N STDD N VT N SVT N

MOHA 8605 28262 DS N EA N TD SD

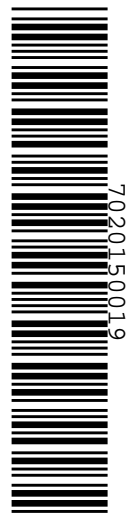
SHAHUL HAMEED MOHAMED YUSUF 741986802

MUHAMAD FARSI SHAHUL HAMEED 934919096 NC 28262

8605 DIGITAL DRIVE 301 CHARLOTTE

06	110828	18	Y	0	26C	0
07	0	20A		0	26E	0
09	0	20B		0	EU	
11	S Y I N	21A		0	27	0
11	17500	21B		0	29	0
13	00000	21C		0	30	0
14	0	21D		0	31	0
15	0	26A		0	32	0
16	0	26B		0	34	0

TN PN 6789659729 PP P02090332



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u>	<input type="checkbox"/> Payment Due <u>0</u>
<i>I certify that, to the best of my knowledge, this return is accurate and complete.</i>	<i>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</i>
_____ Your Signature Date	<u>APPANA RUPA VENKATA SATYA</u> <u>05 26 18</u>
_____ Spouse's Signature (If filing joint return, both must sign.) Date	Paid Preparer's Signature Date
_____ Home Telephone Number (Include area code)	<u>P02090332</u> <u>6789659729</u>
	Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number

For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.

Last Name (First 10 Characters) MOHAMED YU

Your Social Security Number 741986802

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	110828
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	110828
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	110828
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	17500
12.	Subtract Line 11 from Line 10	12.	93328
13.	Part-year residents and nonresidents taxable percentage	13.	0.0000
14.	N.C. Taxable Income	14.	0
15.	N.C. Income Tax	15.	0
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	0
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	0

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	0
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2017 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	0
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	0
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to underpayment of estimated tax	EU	
26e.	Interest on the underpayment of estimated income tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2018 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400TC (50)

8-24-17

Individual Tax Credits 2017
North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) MOHAMED YU Your Social Security Number 741986802

Table with 8 columns: Line number, Federal AGI, State AGI, Federal Tax, State Tax, Federal Tax, State Tax, Federal Tax. Rows 01-07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount of Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

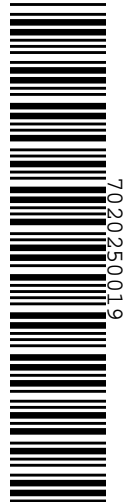
Part 2. Credit for Rehabilitating Historic Structures

Enter expenditures and expenses on Lines 8a, 9a, 10a, and 11a only in the first year the credit is taken. For Lines 8a and 9a the expenditures and expenses must have been incurred prior to January 1, 2015. Enter the installment amount of the tax credit on Lines 8b, 9b, and 11b, and the total amount of the tax credit on 10b.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Other Tax Credits and Computation of Total Tax Credits to be Taken for Tax Year 2017

Table with 4 columns: Description, Line number, Amount, Total. Rows 14a-20.



D-400 Sch PN (50)

10-16-17

2017 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) MOHAMED YU	Your Social Security Number 741986802
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

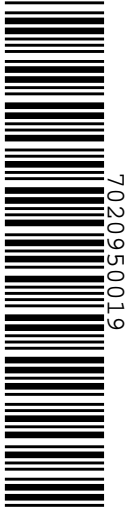
Important: Refer to the Instructions before completing this form.

22 0 23 111928 NRT Y PYT N NRS Y PYS N

Part A. Residency Status			
Taxpayer is: (Select applicable box)	Spouse is: (Select applicable box)		
<input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-Year Resident		
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	111928	0
2. Taxable interest	2.	0	0
3. Taxable dividends	3.	0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4.	0	0
5. Alimony received	5.	0	0
6. Business income or (loss)	6.	0	0
7. Capital gain or (loss)	7.	0	0
8. Other gains or (losses)	8.	0	0
9. Taxable amount of IRA distributions	9.	0	0
10. Taxable amount of pensions and annuities	10.	0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11.	0	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	111928	0
North Carolina Adjustments		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions			
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Adjustment for bonus depreciation	17b.	0	0
c. Adjustment for section 179 expense deduction	17c.	0	0
d. Other additions to federal adjusted gross income that relate to gross income	17c.	0	0
18. Total additions	18.	0	0



Last Name (First 10 Characters) MOHAMED YU	Your Social Security Number	741986802
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 111928	0

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 0
23. Enter the amount from Column A, Line 21		23. 111928
24. Part-year residents and nonresident taxable percentage		24. 0.0000

North Carolina Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name SHAHUL HAMEED
Middle Initial Suffix
Last Name MOHAMED YUSUF
Social Security No. 741-98-6802
Date of Birth 03/13/1984
or age as of 1-1- 2018 33
Date of Death
Daytime phone

Spouse:

First Name MUHAMAD FARSI
Middle Initial Suffix
Last Name SHAHUL HAMEED
Social Security No. 934-91-9096
Date of Birth 10/01/1989
or age as of 1-1- 2018 28
Date of Death
Daytime phone

Home phone (612) 666-5915

Check to print phone number on your return [] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 8605 DIGITAL DRIVE Apt No. 301
City CHARLOTTE State . NC ZIP Code . 28262
County CASWELL Foreign Country

Part II - Resident Status

Taxpayer Spouse

[]
[X]
[]

[]
[X]
[]

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From To

Spouse residency dates From To

Part III - Filing Status

[]
[X]
[]

- 1 Single
2 Married filing jointly
3 Married filing separately

Spouse's name
Spouse's Social Security Number

[]
[]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal AGI:

Federal adjusted gross income (from federal Form 1040, line 37; Form 1040A, line 21; or Form 1040EZ, line 4) 110,828.

Federal Return Attachment:

Yes No
 Federal return attachment required

Dependent Information:

Yes No
 Can your parents (or someone else) claim **you** as a dependent?
 Can your parents (or someone else) claim **your spouse** as a dependent?

Veteran Information:

Yes No
 Are you a veteran?
 Is your spouse a veteran?

NC Itemized Deductions or NC Standard Deduction:

- Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
- Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Administrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name . . _____
Phone Number _____

Part V – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1
QuickZoom to Firm/Preparer Info ▶ _____

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

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

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled _____ Preparer First name . . _____
Date return was accepted by state . . . _____ Preparer Middle initial . . _____
Date Form D400V was given to client . . . _____ Preparer Last name . . _____

Part VII - Direct Deposit Information or Electronic Funds Withdrawal (Electronic Filing Only)

See Tax Help for Refund Expectation

<input type="checkbox"/>	<input type="checkbox"/>	Use direct deposit for state tax refund ? (Electronic Filing Only)
<input type="checkbox"/>	<input type="checkbox"/>	Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if you want to directly deposit the state tax refund:

Name of Financial Institution (optional) . . . _____

Check the appropriate box:

Checking	<input type="checkbox"/>	Routing number	_____
Savings	<input type="checkbox"/>	Account number	_____

Enter the following information only if you are requesting direct debit of balance due:

Type of account Personal Business

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

<input type="checkbox"/>	<input type="checkbox"/>	Is this refund (or payment) going to or through (or coming from or through) an account located outside of the United States?
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Part VIII – Extension Status

If the North Carolina tax return can't be filed by April 15th, a 6-month automatic extension of time to file is allowed. **Note:** An extension of time to file is **not** an extension of time to pay.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax return due date extended? Extended due date _____
<input type="checkbox"/>	<input type="checkbox"/>	Out of the country on the date that this application was due?

QuickZoom to Form D-410, Application for Extension of Time to File ► _____

**Computation of North Carolina Taxable Income
for Part-Year Residents and Nonresidents**

2017

► Keep for your records

Name as Shown on Return S MOHAMED YUSUF & M SHAHUL HAMEED	Social Security Number 741986802
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Part 1 - Wages

T/S	W-2 Compensation	St	NC Withholding	Wages	RES/NR PY/NNC
T	W-2: HARMONIA HOLDINGS GROUP LLC	MD		33377	NNC
T	W-2: Capgemini America Inc	NY		78551	NNC
T	W-2: Capgemini America Inc	NJ		79977	NNC
Total Withholding and Wages			0	191905	

Part 2 - Income Allocation

	Federal Amount		NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
1 Wages, etc.	111928			
2 a Taxable interest income				
b Tax exempt interest income.				
3 a Dividends				
b Qualified dividends				
4 Refunds — State/Local tax				
5 Alimony received.				
6 Bus inc or loss				
7 Capital gain or loss				
8 Other gains and losses				
9 a Total IRA distribution				
b Taxable IRA distribution				
10 a Total pensions, etc.				
b Taxable pensions, etc.				
11 Rents and Royalties				
K-1P				
K-1S				
K-1E				
Farm Rentals.				
REMICs.				
Total Rents, etc.				
12 Farm inc or loss				
13 Unemployment compensation				
14 a SS/RRB benefits				
Taxable SS				
Taxable RRB.				
b Total taxable SS/RRB				
15 Other income.				
16 Total Income	111928			

Adjustments

	Federal Amount	NC Source Income during NC Residence (PY Residents)	Nonresidents with Income from NC Sources
NC Additions To Gross Income			
17 Interest inc from other states			
18 Adj for bonus depr			
19 Adj for Sec 179 expense			
20 Other additions			
21 Total additions			
NC Deductions From Gross Income			
22 State tax refund			
23 Interest income from US			
24 SSB and RRB benefits			
25 Bailey retirement benefits			
26 Adj for bonus depr.			
27 Adj for 179 expense			
28 Other deductions			
29 Total deductions			
30 Total Income after Adjustments (Line 16 + Line 21 - Line 29)	111928	0	

Part 3 – N.C. Taxable Income : Part-Year and Nonresidents

1 Income During N.C. Residency: Enter your N.C. Sourced taxable income while you were a resident of North Carolina (line 30, column 2) Important: Do not include income that is not taxable on the federal return such as interest from tax exempt state or municipal bonds.	1	0
2 N.C. Source Income during Nonresidency : Enter your total income that, during the period of Nonresidency, is sourced and taxable to North Carolina (line 30, column 3)	2	0
3 Add lines 1 and 2	3	0

Part 4 – Total Income From All Sources

1 Total Income After Adjustments: Enter your total income that you received From all Sources Less Deductions and Adjustments (Line 30, column 1)	1	111928
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Part-Year Resident/Nonresident Allocation Worksheet

2017

▶ Keep for your records

Name(s) as Shown on Return
S MOHAMED YUSUF & M SHAHUL HAMEED

Your Social Security No.
741-98-6802

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from NC sources
T - Taxpayer; S - Spouse ↘				
7 Wages, salaries, tips, etc. T	111,928.	0.	111,928.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	111,928.	0.	111,928.	0.
S				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from NC sources
23	Educator expenses T				
	S				
24	Certain business expenses T				
	S				
25	Health savings account T				
	S				
26	Moving expenses T	1,100.	0.	1,100.	0.
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty T				
	S				
31	Alimony paid T				
	S				
32	IRA deduction T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments T				
	S				
36	Total adjustments T	1,100.	0.	1,100.	0.
	S				
37	Adjusted gross income T	110,828.	0.	110,828.	0.
	S				

▶ Keep for your records — Do not file

Name(s) Shown on Return

S MOHAMED YUSUF & M SHAHUL HAMEED

Social Security Number

741-98-6802

Standard Deduction or Itemized Deduction for this return

Standard deduction from below*	17,500.
Total allowable itemized deductions from D-400 Sch S	350.

*Married Filing Separately and spouse claimed NC Itemized Deductions;
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

*Married Filing Separately and spouse claimed NC Standard Deduction;
 or claimed NC Standard Deduction even if less than NC Itemized Deductions

Standard Deduction for your Filing Status

Single	\$8,750	<div style="border-bottom: 1px solid black; margin-top: 10px; text-align: right;">17,500.</div>
Married Filing Jointly	\$17,500	
Married Filing Separately	\$8,750	
Head of Household	\$14,000	
Qualifying Widow(er) / Surviving Spouse	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA
taken as a NC Itemized Deduction Worksheet**

- | | | | |
|---|--|---|--|
| 1 | Qualified charitable distribution from an individual retirement plan excluded from federal adjusted gross income | 1 | |
| 2 | Enter the amount that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion | 2 | |

Repayment of Claim of Right Worksheet

Repayment of amounts under a claim of right if \$3,000 or less:

- | | | | |
|---|--|---|--|
| 1 | Enter the repayment of claim of right income included in Line 23 of federal Schedule A | 1 | |
| 2 | Enter amount from Line 26 of federal Schedule A (2% of federal AGI) | 2 | |
| 3 | Enter amount from Line 24 of federal Schedule A | 3 | |
| 4 | Subtract Line 1 from Line 3 | 4 | |
| 5 | Subtract Line 4 from Line 2 (If negative, enter a zero) | 5 | |
| 6 | Subtract Line 5 from Line 1 (If negative, enter a zero). Enter amount on Form D-400 Schedule S, Part C, Line 22. | 6 | |

Repayment of amounts under a claim of right if over \$3,000:

Enter the repayment of claim of right income included on Line 28 of federal Schedule A
 Enter amount on Form D-400 Schedule S, Part C, Line 22 ▶