

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

# 2017 California e-file Return Authorization for Individuals

# 8453

Your first name and initial <b>DAMARIS</b>		Last name <b>YELLAMELLI</b>		Suffix	Your SSN or ITIN <b>291-51-8799</b>
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box <b>39709 COSTA WAY</b>			Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
City <b>FREMONT</b>				State <b>CA</b>	ZIP code <b>94538</b>
Foreign country name		Foreign province/state/county			Foreign postal code

### Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. ....	<b>1</b>	<b>10,390.</b>
2 Refund or no amount due. See instructions. ....	<b>2</b>	<b>304.</b>
3 Amount you owe. See instructions. ....	<b>3</b>	

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

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

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

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

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

8 Amount of refund to be directly deposited to account below <b>304.</b>	12 The remaining amount of my refund for direct deposit _____
9 Routing number <b>121000358</b>	13 Routing number _____
10 Account number <b>325061330711</b>	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

### Part V Declaration of Taxpayer(s)

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

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

<b>Sign Here</b>		Date		Date
	Your signature			Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>

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

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

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
		<b>06/16/2018</b>			
	Firm's name (or yours if self-employed) and address	<b>GLOBAL TAXES LLC</b> <b>2530 PEBBLE CREEK LN CUMMING GA</b>			FEIN <b>30-1017196</b> ZIP code <b>30041</b>

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

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
		<b>06/16/2018</b>		<b>P02090332</b>
	Firm's name (or yours if self-employed) and address	<b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b> <b>2530 PEBBLE CREEK LN CUMMING GA</b>		



Your name:

Your SSN or ITIN:

<b>Taxable Income</b>	12	State wages from your Form(s) W-2, box 16. . . . .	● 12	<input type="text" value="12140"/>	<input type="text" value="00"/>
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. . . . .	● 13	<input type="text" value="10390"/>	<input type="text" value="00"/>
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B . . . . .	● 14	<input type="text"/>	<input type="text" value="00"/>
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . .	● 15	<input type="text" value="10390"/>	<input type="text" value="00"/>
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. . . . .	● 16	<input type="text"/>	<input type="text" value="00"/>
	17	California adjusted gross income. Combine line 15 and line 16. . . . .	● 17	<input type="text" value="10390"/>	<input type="text" value="00"/>
	18	Enter the <b>larger of</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b></li> <li>Your California <b>standard deduction</b> shown below for your filing status: <ul style="list-style-type: none"> <li>• Single or Married/RDP filing separately. . . . . \$4,236</li> <li>• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,472</li> </ul> </li> </ul>	● 18	<input type="text" value="4236"/>	<input type="text" value="00"/>
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- . . . . .	● 19	<input type="text" value="6154"/>	<input type="text" value="00"/>

<b>Tax</b>	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . .	● 31	<input type="text" value="62"/>	<input type="text" value="00"/>
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions . . . . .	● 32	<input type="text" value="114"/>	<input type="text" value="00"/>
	33	Subtract line 32 from line 31. If less than zero, enter -0- . . . . .	● 33	<input type="text" value="0"/>	<input type="text" value="00"/>
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A. . . . .	● 34	<input type="text"/>	<input type="text" value="00"/>
	35	Add line 33 and line 34 . . . . .	● 35	<input type="text" value="0"/>	<input type="text" value="00"/>

<b>Special Credits</b>	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . .	● 40	<input type="text"/>	<input type="text" value="00"/>
	43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount . . . . .	● 43	<input type="text"/>	<input type="text" value="00"/>
	44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount . . . . .	● 44	<input type="text"/>	<input type="text" value="00"/>
	45	To claim more than two credits, see instructions. Attach Schedule P (540). . . . .	● 45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable renter's credit. See instructions . . . . .	● 46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits. . . . .	● 47	<input type="text"/>	<input type="text" value="00"/>
48	Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	● 48	<input type="text" value="0"/>	<input type="text" value="00"/>	

<b>Other Taxes</b>	61	Alternative minimum tax. Attach Schedule P (540) . . . . .	● 61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions. . . . .	● 62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions. . . . .	● 63	<input type="text"/>	<input type="text" value="00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax . . . . .	● 64	<input type="text" value="0"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions . . . . .	● 71	<input type="text" value="304"/>	<input type="text" value="00"/>
	72	2017 CA estimated tax and other payments. See instructions . . . . .	● 72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions . . . . .	● 74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC) . . . . .	● 75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions . . . . .	⊙ 76	<input type="text" value="304"/>	<input type="text" value="00"/>

Use Tax	91	<b>Use Tax.</b> Do not leave blank. See instructions. . . . .	● 91	<input type="text" value="0"/>	<input type="text" value="00"/>
		If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . .	⊙ 92	<input type="text" value="304"/>	<input type="text" value="00"/>
	93	<b>Use Tax balance.</b> If line 91 is more than line 76, subtract line 76 from line 91 . . . . .	⊙ 93	<input type="text"/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .	⊙ 94	<input type="text" value="304"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your <b>2018</b> estimated tax . . . . .	● 95	<input type="text"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96	<input type="text" value="304"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97	<input type="text"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

	<b>Code</b>	<b>Amount</b>
California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text" value=""/> .00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	<input type="text" value=""/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text" value=""/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text" value=""/> .00
California Firefighters' Memorial Fund . . . . .	● 406	<input type="text" value=""/> .00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text" value=""/> .00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text" value=""/> .00
California Sea Otter Fund . . . . .	● 410	<input type="text" value=""/> .00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text" value=""/> .00
School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text" value=""/> .00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text" value=""/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text" value=""/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text" value=""/> .00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text" value=""/> .00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text" value=""/> .00
Revive the Salton Sea Fund . . . . .	● 432	<input type="text" value=""/> .00
California Domestic Violence Victims Fund . . . . .	● 433	<input type="text" value=""/> .00
Special Olympics Fund . . . . .	● 434	<input type="text" value=""/> .00
Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text" value=""/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text" value=""/> .00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text" value=""/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text" value=""/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text" value=""/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text" value=""/> .00
<b>110</b> Add code 400 through code 440. This is your total contribution . . . . .	● 110	<input type="text" value=""/> .00

Contributions



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

Your first name and initial: **DAMARIS** Last name: **YELLAMELLI** See separate instructions.

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Your social security number: **291-51-8799**

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **39709 COSTA WAY** **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FREMONT CA 94538** Presidential Election Campaign

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single 4  Head of household (with qualifying person). (See instructions.)  
 2  Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶ 5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b **1**  
 b  Spouse . . . . . } No. of children on 6c who:  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions)

				<input 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 . . . . . Add numbers on lines above **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 12,140.  
 8a Taxable interest. Attach Schedule B if required . . . . . 8a  
 b Tax-exempt interest. Do not include on line 8a . . . . . 8b  
 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a  
 b Qualified dividends . . . . . 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10  
 11 Alimony received . . . . . 11  
 12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13  
 14 Other gains or (losses). Attach Form 4797 . . . . . 14  
 15a IRA distributions . . . . . 15a 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 12,140.

**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 1,750.  
 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 1,750.  
 37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . ▶ 37 10,390.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	10,390.
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> }		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b>	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	6,350.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>41</b> Subtract line 40 from line 38	<b>41</b>	4,040.
• All others: Single or Married filing separately, \$6,350	<b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	0.
Head of household, \$9,350	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	0.
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	0.
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0.
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	0.
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	1,525.
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	1,525.
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	1,525.
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	1,525.
Direct deposit? See instructions.	<b>b</b> Routing number 1 2 1 0 0 0 3 5 8 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 3 2 5 0 6 1 3 3 0 7 1 1		
	<b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

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

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

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

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

**Paid Preparer Use Only**

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/16/2018	Check <input type="checkbox"/> if self-employed	PTIN 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	



# Moving Expenses

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/Form3903](http://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

DAMARIS YELLAMELLI

Your social security number

291-51-8799

**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.

<b>1</b> Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	1,200.
<b>2</b> Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	550.
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	1,750.
<b>4</b> Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> 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 <b>P</b> . . . . .	<b>4</b>	
<b>5</b> Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> 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"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	1,750.