

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 NITHIN REDDY NALLAVELLI	Social security number 851-61-4900
Spouse's name SOWMYA MEKALA	Spouse's social security number 897-12-0644

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	63,806.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	4,981.
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	10,402.
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	5,421.
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

1	4	9	0	0
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

2	0	6	4	4
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8						
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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 NITHIN REDDY	Last name NALLAVELLI	Your social security number 851-61-4900
If a joint return, spouse's first name and initial SOWMYA	Last name MEKALA	Spouse's social security number 897-12-0644
Home address (number and street). If you have a P.O. box, see instructions. 3480 GRENADA AVE		Apt. no. 299
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SANTA CLARA CA 95051		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	Foreign postal code

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

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			
				<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

Boxes checked on 6a and 6b 2

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	63,806.
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	63,806.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	63,806.

38	Amount from line 37 (adjusted gross income)	38	63,806.												
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>														
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>														
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,280.												
41	Subtract line 40 from line 38	41	47,526.												
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.												
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	39,426.												
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	4,981.												
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	4,981.												
48	Foreign tax credit. Attach Form 1116 if required	48													
49	Credit for child and dependent care expenses. Attach Form 2441	49													
50	Education credits from Form 8863, line 19	50													
51	Retirement savings contributions credit. Attach Form 8880	51													
52	Child tax credit. Attach Schedule 8812, if required	52													
53	Residential energy credits. Attach Form 5695	53													
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54													
55	Add lines 48 through 54. These are your total credits	55													
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	4,981.												
57	Self-employment tax. Attach Schedule SE	57													
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58													
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59													
60a	Household employment taxes from Schedule H	60a													
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b													
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61													
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62													
63	Add lines 56 through 62. This is your total tax	63	4,981.												
64	Federal income tax withheld from Forms W-2 and 1099	64	10,402.												
65	2017 estimated tax payments and amount applied from 2016 return	65													
66a	Earned income credit (EIC) NO	66a													
b	Nontaxable combat pay election 66b														
67	Additional child tax credit. Attach Schedule 8812	67													
68	American opportunity credit from Form 8863, line 8	68													
69	Net premium tax credit. Attach Form 8962	69													
70	Amount paid with request for extension to file	70													
71	Excess social security and tier 1 RRTA tax withheld	71													
72	Credit for federal tax on fuels. Attach Form 4136	72													
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73													
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	10,402.												
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,421.												
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	5,421.												
b	Routing number <table border="1"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8					
1	2	1	0	0	0	3	5	8							
d	Account number <table border="1"><tr><td>3</td><td>2</td><td>5</td><td>0</td><td>3</td><td>2</td><td>1</td><td>0</td><td>6</td><td>3</td><td>7</td><td>2</td></tr></table>	3	2	5	0	3	2	1	0	6	3	7	2		
3	2	5	0	3	2	1	0	6	3	7	2				
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77													
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) ▶
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Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
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.)
		SOFTWARE ENGINEER	
		SOFTWARE ENGINEER	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/31/2018		P02090332
Firm's name ▶	Firm's EIN ▶		Phone no.	
GLOBAL TAXES LLC	30-1017196		(678)965-9729	
Firm's address ▶	2530 Pebble Creek Ln Cumming GA 30041			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA 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

NITHIN REDDY NALLAVELLI & SOWMYA MEKALA

851-61-4900

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		3,096.
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	3,096.

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	
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	

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	14,460.
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	14,460.
25	Enter amount from Form 1040, line 38 25 63,806.		
26	Multiply line 25 by 2% (0.02)	26	1,276.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	13,184.

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.		16,280.
	<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"/>

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name NITHIN REDDY NALLAVELLI	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 851-61-4900
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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 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	10,800.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,260.
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	14,460.

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

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

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

NITHIN REDDY NALLAVELLI & SOWMYA MEKALA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					63,806.
Adjustments to income					
Adjusted gross income					63,806.
Tax expense					3,096.
Interest expense . . .					
Contributions					
Miscellaneous deductions					13,184.
Other Itemized Deductions					
Total itemized/standard deduction . .					16,280.
Exemption amount . .					8,100.
Taxable income					39,426.
Tax					4,981.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					10,402.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					5,421.
Effective tax rate % . .					7.81
**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 (NITHIN REDDY NALLAVELLI & SOWMYA MEKALA) and Social Security Number (851-61-4900)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

Table with 2 columns: Description (Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date) and value (14900, 20644, 02/14/2018)

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:

Last name NALLAVELLI
 First name NITHIN REDDY
 Middle initial _____ Suffix _____
 Social security no. 851-61-4900
 Occupation SOFTWARE ENGINEER
 Date of birth 08/06/1989 (mm/dd/yyyy)
 Age as of 1-1-2018 28
 Date of death _____
 Legally blind
 E-mail address nithiinreddy7227@gmail.com
 Work phone _____ Ext _____
 Cell phone (408)816-0379
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) MEKALA
 First name SOWMYA
 Middle initial _____ Suffix _____
 Social security no. 897-12-0644
 Occupation SOFTWARE ENGINEER
 Date of birth 05/20/1989 (mm/dd/yyyy)
 Age as of 1-1-2018 28
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (408)816-0379
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 3480 GRENADA AVE Apt no. 299
 City SANTA CLARA State CA ZIP code 95051

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.***	

* **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

Part-Year Resident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Social Security Number 851-61-4900
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INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	18,500.	CA	CA	18,500.
		—	—	
		—	—	
S Wages, salaries, tips	45,306.	WI	WI	45,306.
		—	—	
		—	—	

* 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	18,500.				
S	45,306.				

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					
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						
32 Adjusted gross income T						18,500.
						45,306.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: NITHIN REDDY NALLAVELLI & SOWMYA MEKALA, 851-61-4900

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse. Note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse. Note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state: CA, License number: F7311765, Issue date: 12/23/2016, Expiration date: 05/19/2018, Does not expire: [], NY Document number: _____

Spouse:

Issuing state: CA, License number: F7734462, Issue date: 03/02/2017, Expiration date: 10/22/2018, Does not expire: [], NY Document number: _____

State Identification Card Detail

Taxpayer:

Issuing state: _____, Identification number: _____, Issue date: _____, Expiration date: _____, Does not expire: [], NY Document number: _____

Spouse:

Issuing state: _____, Identification number: _____, Issue date: _____, Expiration date: _____, Does not expire: [], NY Document number: _____

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

Additional Verification Information

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

Client Status:

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

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return

NITHIN REDDY NALLAVELLI & SOWMYA MEKALA

Social Security Number

851-61-4900

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
For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Table with 2 columns: checkbox, State/City *. Rows include New York, Vermont, and blank rows.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Social Security Number 851-61-4900
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
NITYA SOFTWARE SOLUTIONS INC		18,500.	2,362.	18,500.	478.
MAGNUS SYSTEMS LLC	X	45,306.	8,040.	45,306.	2,618.
Totals		63,806.	10,402.	63,806.	3,096.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	18,500.	45,306.	63,806.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	2,362.	8,040.	10,402.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
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			
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			
14 a	Total deductible mandatory state tax			
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	18,500.	45,306.	63,806.
17	Total state tax withheld	478.	2,618.	3,096.
19	Total local tax withheld.			

Name as shown on return NITHIN REDDY NALLAVELLI	Social Security Number 851-61-4900
--	---------------------------------------

Employer EIN 26-0823517
Employer Name NITYA SOFTWARE SOLUTIONS INC
 Name (cont.) _____
Street Address or P. O. Box 9690 S 300 W SUITE 319
City SANDY **State** UT **ZIP** 84070
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>18,500.</u>	2 Federal tax withheld <u>2,362.</u>
3 Social security wages _____	4 Social sec tax withheld _____
5 Medicare wages and tips _____	6 Medicare tax withheld _____
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
CA	258-1716-4	18,500.	478.
_____	_____	_____	_____
_____	_____	_____	_____

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>f89a-bb51-f22d-c891</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 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

NITHIN REDDY NALLAVELLI

851-61-4900 Page 2

Employer Name NITYA SOFTWARE SOLUTIONS INC

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

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
 - 1 Pay self-employment tax on housing or parsonage allowance only
 - 2 Pay self-employment tax on W-2 income only
 - 3 Pay self-employment tax on W-2 income and housing allowance
 - 4 Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 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
- 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 Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

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. 851-61-4900

First name M.I. Last name Suff.

NITHIN REDDY NALLAVELLI

Address City St ZIP code

3480 GRENADA AVE, Apt. 299 SANTA CLARA CA 95051

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return SOWMYA MEKALA	Social Security Number 897-12-0644
--	---------------------------------------

Employer EIN 81-3744493
Employer Name MAGNUS SYSTEMS LLC
 Name (cont.) _____
Street Address or P. O. Box 2337 NORTH 3RD ST
City HARRISBURG **State** PA **ZIP** 17110
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 45,306. 2 Federal tax withheld 8,040.
 3 Social security wages _____ 4 Social sec tax withheld _____
 5 Medicare wages and tips _____ 6 Medicare tax withheld _____
 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
WI	036102971901002	45,306.	2,618.
_____	_____	_____	_____
_____	_____	_____	_____

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) **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

SOWMYA MEKALA

897-12-0644 Page 2

Employer Name MAGNUS SYSTEMS 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 C

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

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] 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 [] Pay self-employment tax on this W-2 income
2 [] 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
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
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. 897-12-0644
First name M.I. Last name Suff.
SOWMYA MEKALA
Address City St ZIP code
3480 GRENADA AVE, Apt. 299 SANTA CLARA CA 95051
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):

			<i>Short Gap Eligible*</i>												
			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. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Social Security Number 851-61-4900
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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 . . .								

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	10,402.	3,096.	
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	10,402.	3,096.	
20 Total Tax Payments for 2017	10,402.	3,096.	

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

Earned Income Worksheet

2017

► Keep for your records

Name(s) Shown on Return NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Social Security Number 851-61-4900
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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	18,500.	45,306.	63,806.
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	18,500.	45,306.	63,806.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	18,500.	45,306.	63,806.
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	18,500.	45,306.	63,806.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	18,500.	45,306.	63,806.
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.	18,500.	45,306.	63,806.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	18,500.	45,306.	63,806.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	18,500.	45,306.	63,806.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Social Security Number 851-61-4900
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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		16,280.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		63,806.
6	Tax liability for Form 2210 or Form 2210-F		4,981.
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
 NITHIN REDDY NALLAVELLI & SOWMYA MEKALA

Filing status Married Filing Jointly Number of exemptions 2

Gross Income

Wages and salaries	63,806.
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	63,806.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 63,806.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,096.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	13,184.
Phaseout of itemized deductions	_____
Total Itemized Deductions	16,280.
Standard deduction	_____
Exemption amount	8,100.

Taxable Income 39,426.

Income tax	4,981.
Alternative minimum tax	_____
Total Taxes before Credits	4,981.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 4,981.

Withholding	10,402.
Estimated tax payments	_____
Other payments	_____
Total Payments	10,402.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 5,421.

Refund 5,421.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	7.81 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>4,981.</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>4,981.</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 63,806.
- 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 63,806.
- 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
WI	01/01/17	06/30/17	5.0000	5.0000	0.0000	686.	0.	340.
CA	07/01/17	12/31/17	7.2500	7.2500	0.0000	890.	0.	449.

- Total general sales taxes from table 789.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 789.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 3,096.

TAXABLE YEAR

FORM

2017

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include NITHIN REDDY NALLAVELLI, SOWMYA MEKALA, 851-61-4900, and 897-12-0644.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description (California Adjusted Gross Income, Amount You Owe, Refund or No Amount Due) and Amount (63,806, 231).

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

Under penalties of perjury, I declare that I have examined a copy of my 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.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 14900 as my signature on my 2017 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2017 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 20644 as my signature on my 2017 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2017 e-filed California individual income tax return.

Spouse's/RDP'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. 587278 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 05/31/2018

2017 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

A
R
RP

851-61-4900 NALL 897-12-0644
NITHINREDDY NALLAVELLI
SOWMYA MEKALA

17

3480 GRENADA AVE
SANTA CLARA CA 95051

APT 299

08-06-1989 05-20-1989

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

If your California filing status is different from your federal filing status, check the box here

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

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

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

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

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

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$353 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. 11 \$

Your name:

Your SSN or ITIN:

Taxable Income	12	State wages from your Form(s) W-2, box 16.....	● 12	<input type="text" value="63806"/>	<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="63806"/>	<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="63806"/>	<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="63806"/>	<input type="text" value="00"/>
	18	Enter the larger of { <ul style="list-style-type: none"> Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: <ul style="list-style-type: none"> • Single or Married/RDP filing separately..... \$4,236 • Married/RDP filing jointly, Head of household, or Qualifying widow(er)..... \$8,472 	● 18	<input type="text" value="13184"/>	<input type="text" value="00"/>
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-.....	● 19	<input type="text" value="50622"/>	<input type="text" value="00"/>

Tax	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="1080"/>	<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="228"/>	<input type="text" value="00"/>
	33	Subtract line 32 from line 31. If less than zero, enter -0-.....	● 33	<input type="text" value="852"/>	<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="852"/>	<input type="text" value="00"/>

Special Credits	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" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount.....	● 43	<input type="text" value="605"/>	<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" value="605"/>	<input type="text" value="00"/>
48	Subtract line 47 from line 35. If less than zero, enter -0-.....	● 48	<input type="text" value="247"/>	<input type="text" value="00"/>	

Other Taxes	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="247"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="478"/>	<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="478"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. 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="478"/>	<input type="text" value="00"/>
	93	Use Tax balance. 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="231"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2018 estimated tax	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94.	● 96	<input type="text" value="231"/>	<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: N A L L A V E L L I

Your SSN or ITIN: 851-61-4900

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

Contributions

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867

SACRAMENTO CA 94267-0001 ● **111** .00

Pay online – Go to ftb.ca.gov/pay for more information.

Amount You Owe

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

Interest and Penalties

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840

SACRAMENTO CA 94240-0001 ● **115** 2 3 1 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number

Checking

● Account number

● **116** Direct deposit amount

Savings

2 3 1 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number

Checking

● Account number

● **117** Direct deposit amount

Savings

.00

Refund and Direct Deposit

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

Sign Here

● Your email address. Enter only one email address.

● Preferred phone number

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

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

● PTIN

Firm's address

● FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ● Yes ● No

Print Third Party Designee's Name

Telephone Number

2017 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

N N A L L A V E L L I & S M E K A L A

8 5 1 6 1 4 9 0 0

Part I Income Adjustment Schedule

Section A – Income

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows include wages, interest, dividends, and total income.

Section B – Adjustments to Income

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows include educator expenses, health savings account, and total adjustments.

Part II Adjustments to Federal Itemized Deductions

38 Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 38

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions 39

40 Subtract line 39 from line 38 40

41 Other adjustments including California lottery losses. See instructions. Specify 41

42 Combine line 40 and line 41 42

43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
 Single or married/RDP filing separately **\$187,203**
 Head of household **\$280,808**
 Married/RDP filing jointly or qualifying widow(er) **\$374,411**

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 43

44 Enter the larger of the amount on line 43 or your standard deduction listed below
 Single or married/RDP filing separately. See instructions. **\$4,236**
 Married/RDP filing jointly, head of household, or qualifying widow(er) **\$8,472**

Transfer the amount on line 44 to Form 540, line 18 44

2017 Other State Tax Credit

S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
N N A L L A V E L L I & S M E K A L A	8 5 1 6 1 4 9 0 0

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	45,306.	45,306.
<input type="radio"/>		
<input type="radio"/>		
1 Total double-taxed income	45,306.	45,306.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/>	2	852.	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/>	3	45,306.	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/>	4	63,806.	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/>	5	0.7101	
6 Multiply line 2 by line 5.	<input checked="" type="radio"/>	6	605.	00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> WI See instructions	<input checked="" type="radio"/>	7	2,008.	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/>	8	45,306	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/>	9	45,306.	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/>	10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/>	11	2,008.	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187 . See instructions	<input checked="" type="radio"/>	12	605.	00

California Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer:

Last Name NALLAVELLI
 First Name NITHIN REDDY
 Middle Initial Suffix _____
 Social Security No. 851-61-4900
 Date of Birth 08/06/1989 (mm/dd/yyyy)
 or age as of 1-1-2018 28
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____
 Home phone _____

Spouse/RDP:

Last name (if different) . MEKALA
 First Name SOWMYA
 Middle Initial Suffix _____
 Social Security No. 897-12-0644
 Date of Birth 05/20/1989 (mm/dd/yyyy)
 or age as of 1-1-2018 28
 Date of Death _____ (mm/dd/yyyy)
 Legally blind
 Work Phone _____ Ext _____

Check to print phone number on Form 540. Home Taxpayer work Spouse/RDP work
 Check to print email address on Form 540, 540NR or 540X Taxpayer Spouse

c/o Address _____
 Street Address . . . 3480 GRENADA AVE
 Unit Description . . APT Unit Number 299 Private Mailbox (PMB) . _____
 City SANTA CLARA State CA ZIP Code 95051
 Foreign province/country _____ Foreign postal code _____
 Foreign country . . . _____

Military Filers:

APO FPO
 For Military Extension:
 Military indicator . . ▶ Taxpayer _____ Spouse/RDP _____

Part II — Main Form

Form 540: Resident Income Tax Return ▶
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return ▶
 Enter the state of residence as of December 31, 2017 _____
 Resident entire year
 Resident part of year
 Date taxpayer established residence in state above 07/01/2017
 In which state (or foreign country) did taxpayer reside before this change? CA
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶ _____

Part III — Filing Status

Single
 Married/RDP filing joint return
 Married/RDP filing separate return
 Taxpayer **did not** live with spouse at any time during the year
Yes No
 If filing electronically, is spouse a CA Nonresident?
 If filing electronically, is spouse Active Duty Military?
 Head of household (with qualifying person) **Stop.** See instructions.
 If the 'qualifying person' is child but **not** dependent:
 Child's name _____
 Child's social security number _____
 Qualifying widow(er)
 Year spouse/RDP died . . 2015 2016
 Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Direct deposit your client's state tax refund ?
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) BANK OF AMERICA

Account type Checking . Savings .

Routing number 121000358

Account number 325032106372

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available 231.

Amount to be deposited in first account _____

Amount to be deposited in second account _____

Name of Financial Institution (optional) _____

Account type Checking . Savings .

Routing number _____

Account number _____

Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125 _____

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to withdraw from the account above _____

If partial payment is made, the remaining balance due _____

International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Disorders Fund	3	
4	Rare and Endangered Species Preservation Program	4	
5	California Breast Cancer Research Fund	5	
6	California Firefighters' Memorial Fund	6	
7	Emergency Food For Families Fund	7	
8	California Peace Officer Memorial Foundation Fund	8	
9	California Sea Otter Fund	9	
10	California Cancer Research Fund	10	
11	School Supplies for Homeless Children Fund	11	
12	State Parks Protection Fund/Parks Pass Purchase	12	
13	Protect Our Coast and Oceans Fund	13	
14	Keep Arts in Schools Fund	14	
15	State Children's Trust Fund for the Prevention of Child Abuse	15	
16	Prevention of Animal Homelessness & Cruelty Fund	16	
17	Revive the Salton Sea Fund	17	
18	California Domestic Violence Victims Fund	18	
19	Special Olympics Fund	19	
20	Type 1 Diabetes Research Fund	20	
21	California YMCA Youth and Government Voluntary Tax Contribution Fund	21	
22	Habitat for Humanity Voluntary Tax Contribution Fund	22	
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	23	
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	24	
25	Rape Backlog Kit Voluntary Tax Contribution Fund	25	

Part X – Preparer Information

Enter preparer Code from Firm/Preparer Info . . . 1

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

Part XI – Extension Status

Yes **No**
 Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

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

Yes **No** *Note Payment is required for electronic filing
 Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____
 State balance-due amount paid with this extension (Form 3519) _____

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____	_____
Date returned from overseas or entered combat zone/QHDA	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____

Tax Payments Worksheet

2017

▶ Keep for your records

Name N NALLAVELLI & S MEKALA	Social Security Number 851-61-4900
---------------------------------	---------------------------------------

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	478 .
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	478 .
15	Date return will be filed and balance paid	15	

Credits Worksheet

2017

▶ Keep for your records

Name N NALLAVELLI & S MEKALA	Social Security Number 851-61-4900
---------------------------------	---------------------------------------

Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
223	Motion Picture and Television Production, FTB 3541		
197	Child Adoption		
232	Child and Dependent Care Expenses Credit, FTB 3506		
235	College Access, FTB 3592.		
173	Dependent Parent		
205	Disabled Access for Eligible Small Businesses, FTB 3548		
204	Donated Agricultural Products Transportation, FTB 3547		
203	Enhanced Oil Recovery, FTB 3546		
176	Enterprise Zone Hiring, FTB 3805Z		
218	Environmental Tax, FTB 3511		
170	Joint Custody Head of Household		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
172	Low-Income Housing, FTB 3521		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
213	Natural Heritage Preservation, FTB 3503		
237	New California Motion Picture and Television Production, FTB 3541		
238	New Donated Fresh Fruits or Vegetables, FTB 3814		
234	New Employment, FTB 3554		
None	Nonrefundable Renter's Credit		
187	Other State Tax, Schedule S		605.
188	Prior Year Alternative Minimum Tax, FTB 3510		
162	Prison Inmate Labor, FTB 3507		
183	Research, FTB 3523		
163	Senior Head of Household		
210	Targeted Tax Area Hiring, FTB 3809		
Repealed Credits with Carryover Provision – FTB 3540			
175	Agricultural Products		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
209	Community Development Financial Institutions Investment		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811		
194	Employee Ridesharing		
190	Employer Childcare Contribution		
189	Employer Childcare Program		
191	Employer Ridesharing (Large Employer)		
192	Employer Ridesharing (Small Employer)		
193	Employer Ridesharing (Public Transit Passes)		
182	Energy Conservation		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles.		
220	New Jobs		
185	Orphan Drug		
184	Political Contributions		
174	Recycling Equipment.		
186	Residential Rental and Farm Sales		
206	Rice Straw.		
171	Ridesharing		
200	Salmon and Steelhead Trout Habitat Restoration		
180	Solar Energy		
179	Solar Pump		
210	Targeted Tax Area Sales or Use Tax		
178	Water Conservation		
161	Young Infant		

California Electronic Filing Information Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>N NALLAVELLI & S MEKALA</u>	Social Security Number <u>851-61-4900</u>
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Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number	
Name <u>GLOBAL TAXES LLC</u>	Phone Number <u>(678)965-9729</u>	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Employer Identification Number <u>30-1017196</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	E-mail Address <u>kumar@gtaxfile.com</u>	

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u>	Employer Identification Number <u>30-1017196</u>	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Phone Number <u>(678)965-9729</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	E-mail Address <u>kumar@gtaxfile.com</u>	

Electronic Filing Review Check

		Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	▶ <input type="checkbox"/>		<input type="checkbox"/>

**California FTB e-file
Tax Return Signature / Consent to Disclosure**

Name
N NALLAVELLI & S MEKALA

SSN or FEIN
851-61-4900

A – Practitioner PIN Authorization

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN)
By checking this box you are electing to file Form 8453 for this return.

Please indicate how the taxpayer(s) PIN(s) are entered into the program.
Automatically generate a PIN equal to last 5 digits of client's SSN
Taxpayer(s) entered own PIN(s)
Preparer 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. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. 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.

I have provided the taxpayer(s) 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 am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN _____

C – Signature of Taxpayer/Spouse/RDP

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2017 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the 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.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.

Taxpayer's PIN: 14900 Date: 02/16/18
Spouse's/RDP's PIN: 20644

D – Decedent 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 am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>478.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>478.</u>

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

Double-Taxed Income Smart Worksheet				
(a) Income item(s) description	(b) Double-taxed income taxable by California	(c)* Column (b) amount if different	(d) Double-taxed income taxable by other state	(e)* Column (d) amount if different
Wages, Salaries, Tips	<u>45,306.</u>		<u>45,306.</u>	

* Use this column **only** if you need to modify an amount calculated by the program in column (b) or (d).

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

Other State Tax Computation Smart Worksheet							
Carefully review transferred nonresident state amounts and verify that the amounts are what California requires to calculate the credit.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">A Amount</th> <th style="width: 50%;">B* Amount if Different</th> </tr> <tr> <td style="text-align: center;"><u>2,008.</u></td> <td> </td> </tr> <tr> <td style="text-align: center;"><u>45,306.</u></td> <td> </td> </tr> </table>	A Amount	B* Amount if Different	<u>2,008.</u>		<u>45,306.</u>	
A Amount	B* Amount if Different						
<u>2,008.</u>							
<u>45,306.</u>							
A Income tax liability paid to <u>WI</u>							
B Adjusted gross income taxable by other state							

* Use column B only if you need to modify any amount calculated by the program in column A.

Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

Form fields for names and social security numbers: Your legal last name (NALLAVELLI), Legal first name (NITHIN REDDY), M.I., Your social security number (851614900), Spouse's legal last name (MEKALA), Spouse's legal first name (SOWMYA), M.I., Spouse's social security number (897120644).

Form fields for address: Home address (3480 GRENADA AVE), Apt. no. (299), City or post office (SANTA CLARA), State (CA), Zip code (95051).

Filing status section with checkboxes for Single, Married filing joint return (checked), Married filing separate return, Head of household, and Special conditions.

Tax district and County of fields with instructions to check below then fill in either the name of Wisconsin city, village, or town, and the county in which you lived at the end of 2017 or before leaving Wisconsin.

Resident status section with checkboxes for Full-year resident of Wisconsin (checked), Nonresident of Wisconsin; state of residence (checked), and Part-year resident of Wisconsin from _____ to _____.

Barcode and Note: Complete residence questionnaire, page 63.

PAPER CLIP withholding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (63806.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), and Combine lines 1 through 15 (63806.00).

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 32) . . . . .	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 32) . . . . .	.00	.00
19	Health savings account deduction (see page 32) . . . . .	.00	.00
20	Moving expenses (see page 32) . . . . .	.00	.00
21	Deductible part of self-employment tax (see page 32) . . . . .	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 32) . . . . .	.00	.00
23	Self-employed health insurance deduction (see page 33) . . . . .	.00	.00
24	Penalty on early withdrawal of savings (see page 33) . . . . .	.00	0.00
25	Alimony paid (see page 33) . . . . .	.00	.00
26	IRA deduction (see page 33) . . . . .	.00	.00
27	Student loan interest deduction (see page 33) . . . . .	.00	.00
28	Reserved for future use	Not deductible for Wisconsin	
29	Domestic production activities deduction (see page 33)	Not deductible for Wisconsin	
30	Other adjustments included in Form 1040, line 36 (see page 34) (list type and amount) . . . . .	.00	.00
31	Total adjustments to income. Add lines 17 through 30 . . . . .	.00	0.00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		45306.00
33	Federal income. Subtract line 31, column A from line 16, column A	63806.00	
34	Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 34) . . . . .	.7101	

Tax Computation			
35	Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	63806.00
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 35	36a	<input type="checkbox"/>
36b	Aliens (see page 34 to determine if you must check line 36b)	36b	<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 52	36c	10872.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	52934.00
38	Exemptions (Caution: see page 35)		
a	Fill in exemptions from your federal return <u>2</u> x \$700	38a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	38b	.00
c	Add lines 38a and 38b	38c	1400.00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)	39	51534.00
40	Tax (see table on page 55)	40	2828.00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	.00
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2017—heat included <u>.00</u> } Find credit from table page 38	42a	.00
	Rent paid in 2017—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2017 <u>.00</u> } Find credit from table page 39	42b	.00
43	Add credits on lines 41, 42a, and 42b	43	.00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	2828.00
45	Fill in ratio from line 34	45	.7101
46	Multiply line 44 by ratio on line 45	46	2008.00



Name(s) shown on Form 1NPR NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Your social security number 851614900
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47	Fill in amount from line 46	47	2008.00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48	.00
49	Working families tax credit. (Full-year Wisconsin residents only)	49	.00
50	Certain nonrefundable credits from line 11 of Schedule CR	50	.00
51	Add lines 48 through 50	51	.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	2008.00
53	Alternative minimum tax. Enclose Schedule MT	53	.00
54	Add lines 52 and 53	54	2008.00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	55	0.00
56	Other credits from Schedule CR, line 35. Enclose Schedule CR	56	.00
57	Net income tax paid to another state. Enclose Schedule OS	57	.00
58	Add lines 55, 56, and 57	58	0.00
59	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net tax	59	2008.00
60	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 43) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	60	.00
61	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00	e Military family relief .00	
	b Cancer research .00	f Second Harvest/Feeding Amer. .00	
	c Veterans trust fund .00	g Red Cross WI Disaster Relief .00	
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00	
	Total (add lines a through h) . . . →		61i .00
62	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 44)	62	.00
63	Other penalties (see page 44)	63	.00
64	Add lines 59 through 63	64	2008.00

Payments and Credits

65	Wisconsin income tax withheld. Enclose readable withholding statements	65	2618.00
66	2017 Wisconsin estimated tax paid and amount applied from 2016 return	66	.00
67	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children ▶ _____ Federal credit ▶ _____ .00 x _____ % =	67	.00
68	Farmland preservation credit. a. Schedule FC, line 17	68a	.00
	b. Schedule FC-A, line 13	68b	.00
69	Repayment credit	69	.00
70	Homestead credit. (Full-year Wisconsin residents only)	70	.00
71	Eligible veterans and surviving spouses property tax credit	71	.00
72	Refundable credits from Schedule CR, line 40	72	.00
73	AMENDED RETURN ONLY – amount previously paid (see page 49)	73	.00
74	Add lines 65 through 73	74	2618.00
75	AMENDED RETURN ONLY – amount previously refunded (see page 49)	75	.00
76	Subtract line 75 from line 74	76	2618.00

I-050a1



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 77 (610.00), 78 (610.00), 79 (0.00), 80 (.00), and 81 (.00).

Third Party Designee section with fields for name, phone, and PIN, and a declaration checkbox.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section with lines for signature and date.

Mail your return to: Wisconsin Department of Revenue (if tax is due) and (if refund or no tax due) with addresses.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

Table for Schedule 1 with 9 rows detailing medical expenses, interest, gifts, and casualty losses, ending with a total credit of .05.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 8 rows detailing wages, self-employment, and qualified earned income, ending with a total credit of .03.



Part I - Personal Information

<p>Taxpayer: First Name <u>NITHIN REDDY</u> Middle Initial _____ Last Name <u>NALLAVELLI</u> Suffix _____ Social Security No. <u>851-61-4900</u> Date of Birth <u>08/06/1989</u> Age <u>28</u> Date of Death _____ Daytime Phone/Ext _____ Extension _____ Home Phone _____ Print this phone number on the forms <input type="checkbox"/> Home <input type="checkbox"/> Taxpayer work <input type="checkbox"/> Spouse work</p>	<p>Spouse: First Name <u>SOWMYA</u> Middle Initial _____ Last Name <u>MEKALA</u> Suffix _____ Social Security No. <u>897-12-0644</u> Date of Birth <u>05/20/1989</u> Age <u>28</u> Date of Death _____ Daytime Phone/Ext _____ Extension _____</p>
Street Address . . . <u>3480 GRENADA AVE</u> Apartment <u>299</u> City <u>SANTA CLARA</u> State . . <u>CA</u> ZIP Code <u>95051</u> Foreign Country . . . _____	

Tax and School District information (Wisconsin residents):

Use City name, above, for the tax district name

Town of . . . _____ Village of . . . _____ City of . . . _____	County <u>ADAMS</u> School district number _____
--	---

Special Conditions:

Special Conditions . . . _____ Special Conditions . . . _____ Special Conditions . . . _____ Special Conditions . . . _____	Special Conditions . . . _____ Special Cond based on the indiv entries in table to left
--	--

Part II - Main Form

Form 1: Resident Tax Return (Long form) ▶ _____
 Form 1A: Resident Tax Return (Short form) ▶ _____
 Form 1NPR: Nonresident and Part-Year Resident Tax Return (select residency below) . . . ▶ _____

<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="text-align: center;">TP</td></tr> <tr><td style="text-align: center;">X</td></tr> </table>	TP	X	<table border="1" style="border-collapse: collapse; width: 20px; height: 20px;"> <tr><td style="text-align: center;">SP</td></tr> <tr><td style="text-align: center;">X</td></tr> </table>	SP	X	(TP - Taxpayer, SP - Spouse: Form 1NPR filers only) Full year resident of Wisconsin Nonresident of Wisconsin - state of residence _____ Part-year resident of Wisconsin from (MM/DD/YY) _____ to _____ Nonresident/Part-Year Resident allocations on Form 1NPR Worksheet ▶ _____
TP						
X						
SP						
X						

Part III - Filing Status

Single
 Married filing joint return
 Married filing separate return
 Married filing separate or head of household and lived with spouse during the year
 Head of household Married
 Qual First name _____ MI _____ Last Name _____ Suff _____

Part IV - Other Information

Claimed as a Dependent

Taxpayer claimed as a dependent on someone else's tax return
 Spouse claimed as a dependent on someone else's tax return

Wisconsin Earned Income Credit:

Children qualifying for Wisconsin Earned Income Credit:
 Number from federal return 0
 Federal Earned Income Credit from Form 1040, 1040A or 1040EZ _____

Use Tax:

Check the box to certify that no sales or use tax is due.

Underpayment Penalty:

Allow the Wisconsin Department of Revenue to calculate the underpayment penalty on Schedule U

Farmer/Fishermen:

At least 2/3 of your total gross income was from **farming or fishing**
 Will file your return and pay all tax due by March 1, 2018

Form 1099-G: Go Paperless

Check this box to acknowledge that the Wisconsin Department of Revenue will no longer mail the Form 1099-G which is used when preparing the federal income tax return, if you itemize deductions and receive a state income tax refund. You will have access to the online Form 1099-G on the department's secure, confidential website at revenue.wi.gov.

Check the box if you would like to receive 1099-G availability notification e-mail from Wisconsin Department of Revenue

E-mail address that will receive 1099-G notification _____
 Taxpayer's email address _____

Nonresident Business Apportionment:

Select the apportionment method (See Tax Help):

QuickZoom to Form A-1, Apportionment Data for Single Factor Formulas ▶ _____
 QuickZoom to Form A-2, Apportionment Data for Multiple Factor Formulas ▶ _____

Part V - Special Credits

Supplement to the Federal Historic rehabilitation credit from Schedule HR ▶ _____
State Historic rehabilitation credit from Schedule HR ▶ _____

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 Wisconsin Department of Revenue, as applicable by law.

[] 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.

Table with 2 columns: Description, Filename. Contains 3 empty rows.

EF Status Dates:

Enter the date return was EFiled _____
Date return was accepted by the state _____
Enter the date Form W-RA was mailed to the state (if needed) _____
Enter the date Form EPV Electronic Filing payment voucher was given to client _____

QuickZoom to Form W-RA Additional Information SmartWorksheet ▶ _____

Part VII - Direct Deposit Information or Electronic Funds Withdrawal Information

See Tax Help for Refund Expectation

Yes No
[] [] Use direct deposit for state tax refund (Electronic Filing Only)
[] [] Use electronic funds withdrawal for state tax payment (EF Only)

Bank Information:

For either of above options, fill out information below:

Name of Financial Institution . . . _____
Account type . . . Checking [] Savings []
Routing number _____
Account number _____

International ACH Transaction:

Yes No
[] [] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Enter the payment date to withdraw from the account above _____
State balance-due amount from this return _____

Part VIII - Paid Preparer and Third Party Designee Information

Enter Preparer Code from Firm/Preparer Info . . . 1
Name GLOBAL TAXES LLC
Address 2530 Pebble Creek Ln
City Cumming State . . GA ZIP Code . . . 30041

Do you want to allow another person to discuss this return with Wisconsin Department of Revenue?

[] Yes, the Third Party Designee below
[X] No

[] [] May the State discuss return with preparer?

Designee's name _____ (Limited to 22 characters)
Designee's phone number _____
Personal identification number . . . _____ (Limited to 5 characters)

Part IX - Extension Status

Yes No
[] [X] Has the tax return due date been extended?
Extended due date . . . _____

QuickZoom to Form 1-ES, Extension Payment Voucher ▶ _____

QuickZoom to Form 1	▶ _____	QuickZoom to Form 1NPR	▶ _____
QuickZoom to Form 1A	▶ _____	QuickZoom to Schedule FC	▶ _____

► Keep for your records

Name
NITHIN REDDY NALLAVELLI & SOWMYA MEKALA

Social Security Number
851-61-4900

Income

	Federal Amount	Wisconsin Amount	Non-Wisconsin Amount
1 a Wages, salaries, tips, etc	63,806.	45,306.	18,500.
b1 Military pay exclusion (federal only)			
b2 Reserve or Nat'l Guard exclusion (WI only)			
c Disability exclusion			
d Net wages, salaries, tips.	63,806.	45,306.	
2 a Interest income.			
b U.S. Government interest from 1099-INT			
c Subtract line 2b from 2a (Federal column).			
d State and municipal bond interest received			
e Taxable interest income			
3 a Ordinary dividends.			
b U.S. Government interest from 1099-DIV			
c Subtract line 3b from 3a (Federal column).			
d Taxable dividend income			
4 Refunds of state/local income tax			
5 Alimony received.			
6 Business income or loss			
7 Capital gain or (loss).			
8 Other gains or (losses)			
9 IRA distributions		0.	
10 Pensions and annuities		0.	
11 Rents, royalties, partnerships, estates, trusts, etc.			
12 Farm income or (loss)			
13 Unemployment compensation			
14 Taxable social security benefits			
15 Other income (list)			
16 Add lines 1d, 2a, 2e, 3 through 13, 14b, and 15.	63,806.	45,306.	

Adjustments to Income

17	Educator expenses																							
18	Certain business expenses of reservists, performing artists, and fee-basis gvt officials . . .																							
19	Health savings account deduction																							
20	Moving expense																							
<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">21 a</td> <td style="width: 45%;">Total taxpayer net earnings from a trade or business.</td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>b</td> <td>Taxpayer Deduction for 1/2 SE tax</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>c</td> <td>Total spouse net earnings from a trade or business.</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>d</td> <td>Spouse Deduction for 1/2 SE tax</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>					21 a	Total taxpayer net earnings from a trade or business.				b	Taxpayer Deduction for 1/2 SE tax				c	Total spouse net earnings from a trade or business.				d	Spouse Deduction for 1/2 SE tax			
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25	Alimony paid																							
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	2 Spouse IRA deduction																							
27	Student loan interest deduction																							
28	Reserved for future use																							
29	Domestic production activities deduction																							
30	Other adjustments included in federal Form 1040, line 36 (list)																							
31	Add lines 17-30 (excluding lines 22a & c, 26a1& b1) .																							
32	Subtract line 31, Wisconsin amount, from line 16, Wisconsin amount		45,306.																					
33	Subtract line 31, federal amount from line 16, federal amount	63,806.																						

Tax Payments Worksheet

2017

▶ Keep for your records

Name NITHIN REDDY NALLAVELLI & SOWMYA MEKALA	Social Security Number 851-61-4900
---	---------------------------------------

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	2,618.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	2,618.
15	Date return will be filed and balance paid	15	